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Classroom-based Simulation & Clinical Education Innovations Improve Graduate Education

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PARALLEL

caregiver talking about what the child is doing. The caregiver says what they believe the child might be thinking.

Child: [child holds baby doll and gives it a bottle]
Caregiver: "You're feeding the baby doll."

everyday example
[child points to an airplane flying by]
Caregiver: "Look at that airplane. It is going fast!"

how is this responsiveness?
By using parallel talk, you are responding to your child's actions. This helps you engage with your child's activities and interests and add meaning to them.

"You put a blue block on top. The tower is tall!"

When you engage your child in an activity, will they likely be more to talk. Remember to

EXPANSIONS

expansions
An expansion is when the adult adds more adult-like grammar and complexity to the child's utterance.

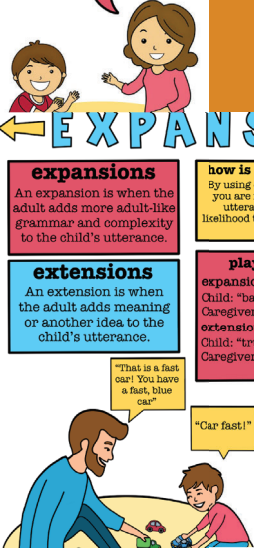
how is this responsiveness?
By using expansions and extensions you are responding to your child's utterances and increasing the likelihood they will imitate and expand their own speech.

extensions
An extension is when the adult adds meaning or another idea to the child's utterance.

play time examples
expansion
Child: "baby sleep"
Caregiver: "Your baby is sleeping."
extension
Child: "truck!"
Caregiver: "You have a red truck."

"That is a fast car! You have a fast, blue car"
"Car fast!"

everyday examples
expansion
Child: [child holding out juice] "ju"
Caregiver: "That's your juice!"
extension
[driving pest at a farm]



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COTL 2024



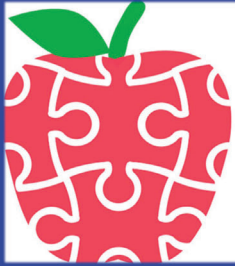
Authors

Brenda Beverly is a Professor in the Department of Speech Pathology & Audiology



Emma Townsend graduated this week with her Master's degree in Speech-Language Pathology

Acknowledgments:



**AUTISM,
PEDIATRIC
LANGUAGE &
LITERACY LAB**

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Kendrea Garand, Kim Smith

Study participants

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Session Overview

1

Implementation Science

Evidence-Based Practices in SLP & Clinical/Practice Gaps

2

SLP Focus Group Study (Eadler, 2020)

Classroom-based Innovation

3

Parent Implemented Intervention Study (Townsend, 2024)

Clinical Education Innovation & Impact

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Implementation Science

- ❑ Bridges the research to practice gap
- ❑ Systematic analysis of variables associated with clinical practice
- ❑ Different from clinical studies, because implementation research focuses on the rates and quality of use

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Family involvement is federally mandated in early intervention (EI) services.

Parent-implemented interventions:

- Characterized by a direct role for the caregiver in services provided in a child's daily routines.
- There is an evidence base:
 - increases in children's effective communication (Roberts & Kaiser, 2011);
 - increases in children's rate of language growth (Roberts et al., 2021);
 - increases in caregiver responsivity (Brown & Woods, 2015); and
 - decreases in parenting stress (DeVeney et al., 2017).
- Despite the evidence-base and federal mandate, parent-implemented intervention is not consistently used according to parents.
- Graduate students do not have adequate opportunities to gain clinical experience with this model (Dunst et al., 2014; Fleming et al., 2011; Francois et al., 2015).

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EADLER (2020) THESIS PARTICIPANTS

Four focus groups with 2-5 participants in each group

13 participants

- 151 responded, 56 indicated they would like to participate, 35 agreed to the Zoom meeting, and the final 13 participants were available at the times offered
- Most common workplace: university or outpatient clinic
- Majority were under 50 years of age
- Majority reported 11-20 years of experience with EI

Focus Group Prompts	Themes (Count)	Examples
1. Talk about your experiences with parent-implemented intervention.	Parent coaching (6)	"But I also <u>coach the parents</u> . So in early intervention we will model something and then coach the parent through doing it as well" "And we use a <u>parent coaching model</u> , but it's here in the clinic."
	Parent involvement (6)	"I try and have the parent in the room <u>so they're part of the therapeutic intervention</u> ." "With my outpatients I have <u>a lot of parental involvement</u> . A lot of them are in this session and are responding a lot to, to what I'm saying, and using it at home to, you know, kind of improve their kids' feeding outcomes."
2. Tell me about your clients. How does parent-implemented intervention relate to your client population?	Disorder/Diagnosis (8)	"And then I have the <u>kids that are identified</u> . We already have delay or disorder identified here and I need to work with their parents." "And then so much of that really <u>depends on the client</u> , the kiddo themselves and what <u>the diagnosis</u> of the kiddo is."
	EI (7)	"So I'm home-based <u>early intervention</u> , so the families are (are) there all the time." "And with those children <u>part of our mandate is to coach the parents</u> ."
		"And that if I can teach them the techniques I'm using and with all the other time and get them to buy into that I have a lot <u>better carry-over</u> ."
3. Describe how parent-implemented intervention fits in your work setting.	Carry-over (6)	"I mean, that <u>carry-over</u> means everything because, yeah, we can't fix them in just that hour."
	"Fixed"/"Fix-it" (6)	"I find ... parents ... who are really invested in the therapy that want to take over what I'm doing, or learn what I'm doing, those children seem to progress a lot faster than the <u>parents who just want me to fix it</u> and do it all." "But definitely we have, you know, at least one parent every semester that just is there because <u>they want us to do the work and fix their child</u> in one hour a week."
4. Talk about graduate students' exposure to parent-implemented intervention during placements with you.	Graduate students' confidence (12)	"And in my particular setting there's definitely lots of opportunities for the student to be involved in ... parent-implemented intervention, but I definitely think that they <u>struggle with feeling the confidence</u> that they might know enough to help with that."
	Graduate students' experience (11)	"If they don't have a lot of <u>experience</u> with practicing it you know it's going to be really hard then to conceptualize that information and share it with someone else just, you know, as a bottom line."
5. Doing what you do, when is it best to choose parent-implemented intervention compared to clinician-implemented treatments?	Advantage of using parent-implemented intervention (8)	"I mean I can see choosing parent-implemented for everything I do because they need to be in there when I'm doing even clinician-implemented treatment...." "I just feel strongly that parent-implemented is the way, that that's where you're going to see the most progress...."



Would 13 speech-language pathologists (SLPs) in focus groups report that they supervise graduate students carrying out parent-implemented intervention?


Yes –University-based SLPs reported concentrated efforts to supervise graduate student clinicians in parent-implemented intervention.

How would SLPs describe factors that support or hinder implementation of parent-implemented intervention?

Two primary barriers emerged:
(1) parents who want their children to be “fixed”
(2) student clinicians’ limited confidence

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EDUCATIONAL CHALLENGE & CLINICAL PRACTICE OPPORTUNITY



Beverly created an assignment in a graduate course for students to role play EI treatment strategies with parents.

Beverly began to design a small-group parent-implemented intervention in our campus clinic, APLL Seed.

Townsend initiated an undergrad independent study with Beverly & APLL Seed was created.

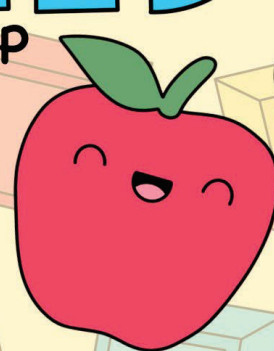
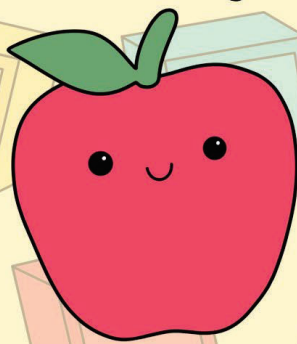
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Autism, Pediatric Language and Literacy Lab presents

APLL SEED

PARENT-CHILD GROUP

By learning how to support and foster your child's development, we can work together to help them learn and grow.



In three sessions, you will learn important strategies to use in your everyday lives that will help your child communicate!

For more information on joining our parent-implemented therapy group, contact Dr. Brenda Beverly.
251.445.9362 • bbeverly@southalabama.edu

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Townsend (2024) thesis

STUDENT PARTICIPANTS

12 Students in the Intervention Groups

- 1st-year graduate students in their second or third semester of clinical practicum.

Demographics

- mean age 22.5
- highest reported population with the most clinical experience was school-age

10 Students in Control Group One

- 1st-year graduate students in their second or third semester of clinical practicum.

Demographics

- mean age 26.2
- highest reported population with the most clinical experience was birth to 3

6 Participants in Control Group Two

- Recruited participants just graduated the program.

Demographics

- mean age 25.6



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Language Facilitation Strategies

- 1 Responsiveness and Following the Lead
- 2 Parallel Talk and Self-Talk
- 3 Expansions and Extensions

With Coaching Group

- Direct Teaching
- Demonstration
- Narration
- Guided Practice with Feedback
- Caregiver Practice with Feedback
- Problem Solving and Reflection

Without Coaching Group

- Direct Teaching
- Demonstration
- Narration

SPEECH-LANGUAGE DEVELOPMENT

by 2 years

- talking**
Can use some words to make requests and label objects. Can use words together.
- listening**
Can understand questions like "Where is...?" and "What's that?"
- speech sounds**
p, b, m, h, n, w

by 3 years

- talking**
Can use 3-4 words together to make simple sentences like "I want the ball." Can use words to describe things like "big" and "small."
- listening**
Can understand simple instructions like "Pick up the blocks."
- speech sounds**
k, g, d, t, ng

by 4 years

- talking**
Can use 4-5 words together to make simple sentences like "I want to go to the park."
- listening**
Can understand more complex instructions like "Put the blocks on the table."
- speech sounds**
k, g, d, t, ng

APLL SEED

APLL SEED is a program designed to help children with language delays learn to use language in a functional way. It focuses on teaching children to use language to express their needs and wants, and to follow simple instructions.

Activities include:

- Identifying objects and actions.
- Using simple words to describe objects and actions.
- Following simple instructions.
- Using language to express needs and wants.

Illustration of a red apple.

Parent-Implemented Intervention



Parents then practiced using the EI strategies with coaching from the student clinicians.

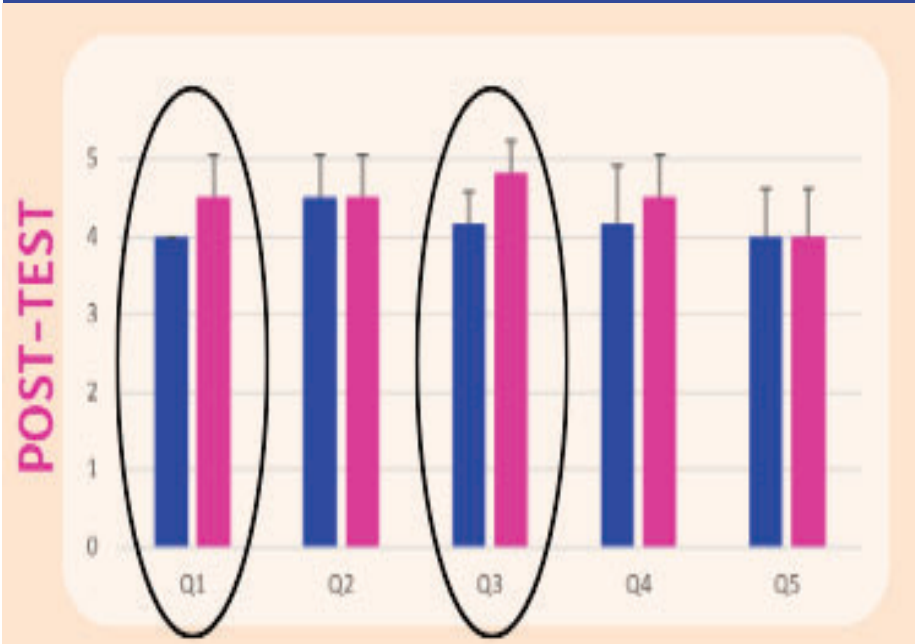
Graduate clinicians practiced EI treatment strategies to model for parents.



Research Question 1: APLL Seed Clinicians versus Control

Graduate student clinicians who participated in APLL Seed reported significantly greater knowledge and confidence for parent-implemented intervention compared to SLP graduate student who do not participate?





Research Question 2: Without Coaching versus With Coaching

Significant group differences at Post-test for 2 Survey questions:

Q1: I feel prepared to work in an early intervention (EI) setting

Q3: I feel prepared to coach parents to successfully use intervention strategies.

One Theme – Importance of Parent-Implemented Intervention

“I think it is very important for the parent to be involved during the session so they can carry over the strategies at home.”

I think it is important for parents to learn these strategies with their young kids, so I like being a part of their education to implement these at home.”

“It’s still easier to work with the kid only but it’s super important for the parents to implement at home.”

✓ Benefits for SLP graduate students:

1. Improved classroom-based learning for an EBP
 - Feedback for role play simulations
 - Demonstration videos
2. Opportunities for innovative clinical experience
 - Intervention manual and materials prepared
 - Increased knowledge and confidence

✓ Benefits for Clinic Patients/Community:

1. Access to needed services
2. Chance to be with other parents of children with developmental differences

✓ Benefits for authors:

1. Addresses faculty teaching, research, and clinic goals for 1st author
2. Research experience and job preparation for 2nd author as well as student participants

