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## Parent perspectives on effectiveness of speech language pathologists during home visits for early intervention

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PARENT PERSPECTIVES ON EFFECTIVENESS OF SPEECH LANGUAGE PATHOLOGISTS DURING  
HOME VISITS FOR EARLY INTERVENTION

by

Madeline Judisch

A thesis submitted in partial fulfillment of the requirements  
for graduation with Honors in the Speech Pathology and Audiology

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Spring 2017

All requirements for graduation with Honors in the  
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Parent perspectives on effectiveness of speech language pathologists  
during home visits for early intervention

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### **Abstract**

Within the fields of counseling and psychology, the client-clinician alliance has been identified as an important factor for therapeutic change (Wampold, 2001). The current study aims to extend this finding into the realm of home-based early intervention services. Because these services are conducted in the home, families interact frequently with speech language pathologists (SLPs). Therefore, characterizing the relationship between parent and clinician has important implications for positive perceptions of therapy. Thematic analysis of surveys and interviews completed by two parents revealed their perceptions of how effective their SLPs were during the early intervention process. They identified two specific components that led to positive experiences: the logistics of therapy and the parent-clinician alliance. Similar to the findings in other fields, the relationship between clients and clinicians play an important role in the home-based early intervention process. SLPs need to develop interpersonal skills that facilitate a strong client-clinician relationship. Specifically, agreeing with parents on the role of therapy and teaching parents strategies to use with their children were important themes in our study. Likewise, open lines of communication, in both written and oral modalities, as well as clinician comfort with parents and children were highly valued factors for a clinician to possess. Teaching SLPs how to develop positive client-clinician relationships will lead to positive early intervention experiences.

*Keywords:* early intervention, home-based therapy, parent perceptions, parent-clinician relationship

Parent perspectives on effectiveness of speech language pathologists  
during home visits for early intervention

### **Introduction**

The Individuals with Disabilities Education Act (IDEA) enacted a policy shift towards early intervention for toddlers with delays in development in 1986. The latest re-authorization of IDEA in 2004 reiterated the emphasis on family centered, multi-disciplinary intervention that occurs in natural environments for children under the age of three. A ‘natural environment’ has come to encompass ‘where’ intervention is provided in addition to ‘what’ is occurring during these services, and ‘who’ is involved. Research follows the policy in recognizing the importance of involving parents and caregivers as primary service providers in early intervention practices.

Several recent studies have investigated parent perceptions of health care providers during the course of therapy, although these are limited in early intervention. Wampold (2001) developed a common factors model or contextual model for therapeutic change which is used in counseling and psychology to explain all factors in a therapeutic setting that can lead to positive therapy outcomes. One of the central features of the common factors model is the inclusion of the impact of the therapist in understanding the outcome of therapy. The clinician-client alliance and competence of the therapist interacts with the specific therapy strategies to create change. Therapeutic alliance has been defined (Bordin, 1979) as the relational bond between the client and therapist. It also includes agreement on the goals of therapy and on the tasks of therapy. It is also described as the healthy, collaborative, and trusting relationship between the client and clinician (Frank & Frank, 1991). Wampold (2009) describes a variety of meta-analyses and systematic reviews that specify the role of therapeutic alliance on outcomes of therapy. The findings range from 0 to about 50% of the variance explained by therapist effects.

A systematic review of the literature exploring patient-clinician relationships across various healthcare services found that these factors had a modest, but significant effect on therapeutic outcomes (Kelley, Kraft-Todd, Schapira, Kossowsky, & Riess, 2014). The factors that they assessed fell into two categories: emotional and cognitive care. Emotional care included qualities such as trust and empathy and cognitive care included qualities such as educating the patient and helping to manage expectations. This study focused solely on the adult population. More research is needed to discover whether these effects can be generalized other populations, such as parents who are part of family-centered early interventions.

In speech language pathology, the area of stuttering has incorporated the idea of common factors in treatment effectiveness (Bernstein-Ratner, 2010). A study conducted by Plexico, Manning, and DiLollo (2010) investigated factors that adults seeking therapy for stuttering considered important to an effective therapeutic relationship. These included professionalism, confidence, a clinician-focus, patience, and a nonjudgmental attitude. Conversely, therapist attributes that contributed to a negative therapy experience included lack of understanding for both the condition and the client, as well as a focus on therapy alone.

Given that early intervention occurs in natural environments, often in families' homes, the relationship between a therapist and family may be more vital in the perception of positive outcomes. In this vein, limited research has been conducted looking at parent perceptions of the therapeutic teams they encounter during early intervention services for their children. One exploratory study of five mothers whose children were at risk for autism spectrum disorder (ASD) found four separate themes that parents identified as valuable during their therapy experiences (Coogle & Hanline, 2016). One theme centered around therapists making the family feel both like they were making progress and that they were competent. Another theme focused

around interpersonal skills, which involved strong communication with parents, trustworthiness, and other therapist factors like confidence and helpfulness. Giving the family proper access to information and the decision-making process were also seen as incredibly valuable. The final theme centered around valuing therapists who tailored the intervention to their children and who were flexible to their children's needs.

James and Chard (2010) were interested in parent perceptions during early intervention as well, but they focused on interventions for preschool children with physical disabilities. At various points in therapy, parents had different factors they were looking for in a therapist. Early on, parents felt overwhelmed by the process and appreciated a therapist who was willing to look at the big picture and who could help coordinate all the new information coming in. Later on in the process, some parents wanted to be more involved, but received no real guidance on how to go about it. During the duration of therapy the relationship between therapist and parent changed, but overall, parents appreciated having a competent therapist who viewed the parent as an equal.

Lee (2015) also conducted a study looking at parents' evaluations of therapy over time. She focused on one parent's perceptions and how she felt over the course of the Individual Family Service Plan (IFSP) process. The results indicate that the parent was satisfied with the knowledge of the professionals, but felt that she wasn't fully a member of the decision-making process. Overall, she felt that her expertise as the child's parent wasn't acknowledged and that the professionals oftentimes didn't treat her with any emotional support. She believed that interpersonal factors like emotional and psychological support are just as important as competence when providing family-centered early intervention services.

No study has been conducted with speech language pathologists working in early intervention settings. It is important to determine if the factors mentioned in other areas of

research, such as therapist competence, equality between therapist and parents, and caring, interpersonal relationships hold true for speech language pathologists in home settings as well. By identifying these factors, speech language pathologists can make the early intervention process less stressful, which could potentially help facilitate growth. This information could then be applied to the training of future speech language pathologists, in the hopes of improving early intervention best practices overall.

## **Methods**

### **Participants**

The participants were residents of the local town and were recruited through one of two different means, as was approved by the IRB. One of these means was through local early access agencies that provide home-based early intervention services and the other was through a recruitment flyer, sent both through email. The inclusion criteria were (a) the family received home visits from a speech language pathologist (SLP) to address delays in their child's speech and/or language skills, (b) were willing to respond to survey questions via email or regular mail, and (c) were open to a phone or in-person interview. The goal was to include as many as three participants in the qualitative study, consistent with the norm of a small sample size for qualitative research (Merriam, 2009). The two parents who responded were included in the study. We refer to them as Grace and Frankie (not their real names). Both families had received home-based early intervention services from an SLP, but were not currently receiving home-based services. In addition, they both had experiences with other speech language pathologists in the school system, themselves, or in private clinics. Frankie commented on the relationship of all of her children who had received therapy and their/her relationship with all the speech language pathologists. However, the authors deleted the comments that did not apply to early intervention



and analysis only included information regarding the child who received home-based early intervention.

### **Procedures**

Initially, the participants were asked to complete a written survey. The questions in the survey were as follows:

1. What is your relationship like with your child's speech-language therapist?
2. What is your child's language like now compared to before the early intervention process began?
3. What do you like about the home-based early intervention process?
4. What would you change about the home-based early intervention process?
5. Describe the qualities of your child's speech-language therapist that you value.
6. Describe qualities of your child's speech-language therapist that frustrate you.
7. When was a specific instance when you felt positive and optimistic about the early intervention process?
8. What do you feel is your role in the early intervention process?
9. How does the speech-language pathologist view your role in the process?
10. What has been your biggest challenge during the home-based early intervention process?
11. How has the SLP influenced your perception of the process?
12. Having been through the experience, what advice would you give to other parents in your position who are looking for an SLP for their child?

Upon completion of the survey, one of the researchers had either a face-to-face or phone conversation with the participants that was recorded. The questions asked during these conversations were determined in a meeting where both researchers met and discussed what further information was desired from the earlier responses. The conversations were transcribed by the first author and was de-identified to preserve the participants' anonymity.

### **Analysis**

The results from the conversations were analyzed using thematic analysis to identify themes and subthemes among the questions. The analysis followed the steps outlined by Braun and Clarke (2006). Adaptation occurred to step one, in which the method provided by Attride-Sterling (2001) was used to consolidate the data into meaningful units.

Transcripts of the responses were read at least twice by each investigator individually and preliminary remarks were made. Then, based on relevance to the research questions, meaningful units were identified and irrelevant responses weren't included. The investigators then used the contrastive comparative method (Glasser & Strauss, 1967) to code the meaningful units. The meaningful units were coded for unique features individually by the investigator and some units were given more than one code. The data was organized by these codes by each investigator individually. The investigators then, individually, identified specific candidate themes by identifying themes found both within and across meaningful units and codes. Upon completion, the investigators worked to increase the validity of the themes by discussing them amongst themselves. After this review process was finished, the themes were finalized and the transcripts were be reread to ensure the themes accurately represented the responses given. The themes were then named and defined, along with examples of the themes from the interview responses.

Plexico et al. (2005) outlined a four-step credibility check. Three of the steps were completed in this study. This method ensures the trustworthiness of the results found and is frequently used within qualitative research (Lincoln & Guba, 1985; Patton, 1990).

The first step in this procedure was to record all oral interviews conducted within the course of the study and to transcribe them exactly as they were heard on the audio recordings. Second, prior to conducting the interviews, the investigators met to discuss any biases they had toward particular responses given by the participants. With discussion, the awareness of biases was realized in order to make data interpretation as objective as possible. Next, two triangulation methods, as explained by Denzin and Lincoln (2005), were employed. The first, use of multiple investigators, was demonstrated by the two investigators separately coding the data for meaningful units and potential themes. Upon completion of this tasks, the investigators worked

collaboratively to identify final themes. The second method of triangulation, use of multiple sources of data, was demonstrated by the collection of data from the participants in both written and oral forms.

## **Results**

The main goal of the study was to identify and describe the factors parents deemed important in a speech language pathologist they were collaborating with in a home-based early intervention setting. Email and in person/phone interviews were analyzed for meaningful units, which were then grouped into themes. Overall, ten different themes were identified.

### *Theme 1. A trusting, comfortable relationship between parent and clinician is important.*

Both Grace and Frankie commented on how much they valued being able to have open conversations with the clinician. Frankie stated that this openness soothed her: “But I also appreciated talking with her, you know, it calmed my nerves a lot” (S2-2). The clinician’s willingness to have this kind of interaction helped the participant to alleviate her anxiety. Grace provided another reason why she valued this comfortable relationship: “If you don’t feel comfortable talking to your SLP about things then you’re not gonna be able to figure out those little triggers that are sometimes more important than you actually realize” (S1-2). Beyond making the parent calm, a comfortable relationship is perceived to be important for therapeutic progress. Therefore, a trusting relationship between parents and clinicians eases stress for parents and may also inform the therapeutic process.

### *Theme 2. A trusting, comfortable relationship between child and clinician is important.*

Grace and Frankie also remarked on the child-clinician relationship, but their specific experiences were different. Grace stated that, “[her] son didn’t really build a trusting relationship with her as she was only in every so often” (S1-1). In this case, the child and clinician weren’t

able to build a strong relationship because they didn't have sufficient time together. Frankie observed a more positive relationship between child and clinician and expressed how important it was: "[...] it's someone who makes them comfortable enough to relax [...] if they're not comfortable to relax, then they will probably not be as well pronouncing these items when they are not comfortable with the speech therapist" (S2-2). According to Frankie, a comfortable relationship fostered participation from her child. Grace felt there was something left to be desired in the child- clinician relationship, but both Grace and Frankie felt that a comfortable relationship was important.

*Theme 3. Open communication, in both oral and written modalities, between parents and clinicians is crucial.* Both Grace and Frankie felt that communication was vital and one of the most important factors for therapy. When asked about what she would want changed about her home-based early intervention experience, Grace replied, "well the big one that came to mind to me is the lack of reporting" (S1-1). Frankie provided a specific scenario in which she appreciated the level of communication he received: "And so like she gave examples, signs that he was going to be fine intelligence wise" (S2-2). She valued hearing observations the clinician was making during the course of therapy. She also stressed the importance of written communication: "I would say communication's a big one and I like it in writing because I would often forget, you know? I would say that was probably my number one for me as a parent" (S2-2). Both Grace and Frankie stress their desire to be kept informed and to be knowledgeable of what is happening in therapy. They wanted the clinician to verbally share information with them, as well as give them written information so they could refer back to it if they forgot something that had been discussed.

*Theme 4. Parents want progress updates from SLPs.* Both Grace and Frankie felt strongly about receiving statistics from their clinician. Grace cited that statistics would have helped her feel more confident about therapy: “I wanted the program to statistically show me we were moving in the right direction” (S1-1). She also felt that statistics would help her understand how her child was doing relative to others: “I know the team met every Friday to discuss the notes they take over the week or what they have seen but I wanted statistics. How is my child comparing to other kids there age? What is the percentage that this should has improved etc)” (S1-1). Frankie felt similarly: “And I imagine someone would find numbers as a sense of security of where they placed” (S2-2). They both wanted more statistics from the clinician than they received. They felt that statistics would have helped them gain a better understanding as to the success of the therapy and how their children were doing compared to typically developing children. This numerical information would make them feel more confident about the therapeutic process.

*Theme 5. The home setting of early intervention has benefits for both parents and children.* Grace and Frankie cited multiple benefits for how home intervention benefited them. Grace stated that, “I loved having therapy in my home. It was such a blessing to not have to get him ready and out the door everytime we needed speech” (S1-1). For parents of young children, it was convenient to not have to relocate one or multiple children for therapy several times a week. In addition, both parents felt that they could observe and learn from home-based therapy. Frankie stated that she appreciated “the opportunity to watch the speech therapist to try to mimic. It was also great to get to talk to her on what we are working on, what she hears (I don’t hear it as well) and how to proceed to grow” (S2-1). Being in the home gave the participants the opportunity to observe the clinicians and to learn strategies for helping their child themselves.

Both also expressed how beneficial home-based therapy was for their children. The biggest benefit was that the children were comfortable in their own environment. Frankie even went as far as to state that “[her] son might never have talked if we weren’t in our own home” (S2-1). For such young children, the home is a safe environment that facilitates progress. Home-based early intervention was convenient and educational for parents, while also being safe and comfortable for children.

*Theme 6. Home intervention can be hectic and frustrating.* While there were many benefits to home-based intervention, Grace also felt that at times home-based intervention was frustrating. She commented that it was hard to keep all her children occupied: “And your other kids want to play with them too. And so sometimes that would be kind of a drawback that they wanted to do stuff with just [child’s name] and you’d hafta try to find a place to put the other kids or keep the other keeps occupied” (S1-2). Sometimes having therapy in her home seemed overwhelming: “But there were days where I was like, ‘Ugh I wish it wasn’t here because I don’t want to clean up breakfast right now. And like get his area all set up’” (S1-2). Having to entertain her other children and use part of her home for therapy sessions multiple times a week was taxing and stressful. In addition, therapy wasn’t always scheduled at a convenient time: “I think the SLP, as well as the people coming out, if they could have been more flexible on that that would have been good” (S1-2). The therapists’ schedules were rigid and their schedules didn’t always work well for Grace. Home-based intervention can place additional demands on parents who must open up their home multiple times a week and rework their schedules to accommodate therapy.

*Theme 7. Parents valued aspects of the clinician’s personality.* During the interviews, Grace and Frankie emphasized specific factors they appreciated in the clinicians conducting

therapy. A no-nonsense attitude, friendliness, and excitement were all highly valued characteristics. Grace stated that she “loved that she never let my son get away with anything. She pushed him! He needed it, she knew it and I was thankful!” (S1-1). She appreciated that the clinician wasn’t lenient with her child, but challenged him to do his best. Frankie expressed why she felt friendliness was an important personality characteristic: “It is important for the child to be comfortable with the speech therapist” (S2-1). The importance of their children feeling comfortable was a common theme among Grace and Frankie and clinician friendliness was one way in which this feeling was achieved. Both mothers commented on the value of a fun clinician. Grace expressed that “just being overly animated helps my child a lot. Like if they’re excited about it it’s a lot easier for him to be excited” (S1-2). They perceived that a fun clinician made the process more enjoyable for their children. Grace also summarized the important personality factors of clinicians: “I loved how patient they were, reliable, and there was a genuine love for my kiddo” (S1-1). Grace and Frankie valued clinicians who both challenged and bonded with their children.

*Theme 8. It is important for the parent and clinician to agree on the parent’s role in the process.* In general, Grace and Frankie were looking to play a more active role in therapy. Frankie stated that both she and the clinician felt that her role was to work with her child, but states that the hardest part of therapy was “sitting quietly and letting her work with him. I wanted so badly to help and understand so I could continue to work with him” (S2-1). Grace felt even more uninvolved: “And she [the clinician] just kind of wanted us to be, you know, like play with him and give him a relaxed, calm space to be and don’t be doing exercises and stuff with him” (S1-2). They wanted the clinician to tell them what she was doing and to involve them in various activities, but the clinicians didn’t seem to mirror this sentiment. Grace chose to disregard this:

I just decided that what is gonna work for us is for us to feel comfortable and if we feel more comfortable doing exercises with him then that's just what we're gonna do and I just kind of let that go and we just did our own thing and she just kind of kept her opinions to herself. (S1-2)

Grace and Frankie felt strongly about being involved in the early intervention process. For Grace, she felt so strongly that she was willing to disregard the clinician and work with her child, even when instructed not to.

*Theme 9. The large caseload of the clinician negatively impacted the parent.* Grace repeatedly mentioned how the clinician was too busy to spend a significant amount of time with her child. She commented, "She had so many kids to see and to be fair only saw him one to two times a month and my child could have benefited from more time spent individually with her" (S1-1). She felt that the clinician's caseload involved too many children, which resulted in her child receiving less than attention than he needed. She also cited difficulties in contacting her clinician: "you could email her, but it would take her a week or so to get back because she had like, what'd she say, like 35 or 40 kids that she was responsible for being the SLP for" (S1-2). Not only did her child not see the clinician often, but Grace had a hard time receiving correspondence as well. As a result of this, she felt dissatisfied and had many questions that she didn't get the answers to. The clinician's extensive caseload negatively impacted this participant and her child.

*Theme 10. It is important for clinicians to give parents learning strategies for their children that they can incorporate later on.* Both Grace and Frankie felt strongly about developing skills to facilitate development in their children when the clinician isn't around. Grace states how the early intervention process was an ideal situation to learn:



I felt like there was so much that I could learn from the ladies in my home that I sat in on every session. Soaked up all the knowledge that I could. Here was a wealth of activities, drills, and examples being presented in the comfort of my own that I could implement and work on when we were getting ready for dinner or riding in the car. I felt like it was my job to carry this forward, take this information and add it into every aspect of our life that I could. (S1-1)

Grace felt that it was her personal responsibility to observe what the therapists were doing and implement that into her daily life. The clinician and therapists didn't directly instruct her on different strategies, so she learned strictly through watching them. Frankie felt similarly: "I would like to sit and watch the interaction. I would like the therapist to point out things that they notice, things that they're hearing, so I would be better at catching it" (S2-2). She felt that, through observation and direct instruction, she could learn how to help her child. Both Grace and Frankie were eager to do what they could to help their children, but could have used more support from their clinicians to learn strategies for doing so.

### **Discussion**

The results of the qualitative analysis indicated that the early intervention experience was predominantly positive for both Grace and Frankie. They felt that the services they received were beneficial for their children and they were grateful for the services they received. Grace expressed how important early intervention services are: "As a result of all of this hindsight the one thing I can say confidently is just to start. Start with an slp, somewhere, anywhere, just start! The sooner your child is receiving services, the sooner things will come to light. Other doors will open, frustrations will lessen, things will start to get better" (S1-1). In general, this process was positive and these parents would suggest early intervention services to other parents.

Two overarching themes impacted parents' positive perceptions of the early intervention process. These themes included the specific logistics of therapy and the parent-clinician alliance.

With regards to specific logistics of therapy, the parents in this study felt that obtaining progress reports was crucial. This mirrors the findings found in Coogle and Hanline (2016), where parents desired to have access to information and the decision-making process. The importance of information generalizes past early intervention for children with autism to other early intervention services as well. The parents in our study also highlighted their wish for activities they could conduct with their child to help their child's development, a sentiment also identified by parents in the study by James and Chard (2010). The parents in both of our studies wanted to work with their child beyond the few hours a week spent with a therapist, but did not always know the best way to implement this. More guidance from the clinician about specific activities for facilitating development would be greatly appreciated for these parents participating in early intervention.

The second overarching theme identified in this study was the value of the parent-clinician alliance. Developing trusting, comfortable relationships, open communication, agreement on roles, as well as specific personality traits of the therapist all contributed to the strength of this alliance. These findings are similar to those found in the study conducted by Plexico et al. (2010), where empathy was crucial for the positive experience of the clients. Likewise, the parents in the Coogle and Hanline (2016) study valued communication and therapists who were confident and compassionate. This study expands on these other studies to suggest that specific therapist factors are necessary for a positive home-based early intervention experience.

Speech language pathologists should be aware of the research regarding the specifics of therapy and the client/parent-clinician alliance. Some of the findings in this study, such as the occasional stress associated with home-based intervention and the large caseload of therapists, cannot be alleviated only by SLP's. Policies by ASHA and other state agencies ensure that the caseload is appropriate for early intervention providers. Additionally, other logistical issues that were brought up in terms of scheduling cannot completely be managed by practitioners. In terms of the client-clinician alliance, Bordin (1979) describes it as agreement on the goals for therapy, activities used in therapy, and the personal relationship between client and clinician. One of the themes noted in this study was to ensure agreement on roles. To accomplish this, the SLP should be in constant communication with the parent and collaborate to make sure their needs are being met. They should make time to answer questions the parents have and genuinely address any concerns that arise. Aside from the provision of information, it is crucial for the speech language pathologist to learn how to develop a relationship with parents. Asking parents for their input, questions, and concerns are simple ways to facilitate this relationship. Relatedly, taking the time to listen and act genuinely toward both the child and the parent can also facilitate a positive relationship.

This study emphasizes the importance parents put on factors beyond the specific treatment or intervention approach their child is receiving. As speech language pathologists, it is important to develop the skills and knowledge necessary to build strong relationships with clients and their families. Being sensitive to parents' needs and the parent-clinician alliance can result in improved perception of therapy for parents involved in the home-based early intervention process. These should also be incorporated in the clinical education process and in coursework during training programs. Teaching student clinicians therapeutic strategies as they relate to the

children, while also working with the parents in creating open communication, and developing a strong client-clinician alliance is recommended. Ensuring that the students learn techniques, like coaching and demonstration with explanation, for teaching adult caregivers is important.

One of the limitations in the study include the limited number of participants. While a qualitative study can be conducted with only one participant, gathering information from additional parents with different perspectives will help to enhance the validity of the findings. In addition, the current study interviewed only mothers; in the future fathers' perceptions can be investigated as well. Both parents were speaking about past early intervention services their families received, but a valuable perspective could stem from parents who are currently in the process of receiving home-based early intervention services. Within the niche of home-based early intervention speech and language services, little research has been conducted into parents' perceptions of the effectiveness of the therapists providing services to their families. It is important that more research is generated in this area so we can learn how to best serve this population.

## References

- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, *1*(3), 385-405. doi:10.1177/146879410100100307
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, *16*(3), 252-260. doi:10.1037/h0085885
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Coogle, C. G., & Hanline, M. F. (2014). An exploratory study of family-centred help-giving practices in early intervention: families of young children with autism spectrum disorder. *Child & Family Social Work*, *21*(2), 249-260. doi:10.1111/cfs.12148
- Denzin, N. K., & Lincoln, Y. S. (2005). 2005. *Handbook of qualitative research*, 3.
- Glaser, B. G., & Strauss, A. (1967). The discovery of ground theory. *Alpine, New York*
- James, C., & Chard, G. (2010). A Qualitative Study of Parental Experiences of Participation and Partnership in an Early Intervention Service. *Infants & Young Children*, *23*(4), 275-285. doi:10.1097/iy.0b013e3181f2264f
- Kelley, J. M., Kraft-Todd, G., Schapira, L., Kossowsky, J., & Riess, H. (2014). The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *PLoS ONE*, *9*(4), 1-7. doi:10.1371/journal.pone.0094207

- Lee, Y. H. (2015). The meaning of early intervention: A parent's experience and reflection on interactions with professionals using a phenomenological ethnographic approach. *International Journal of Qualitative Studies on Health and Well-being*, *10*(1), 1-10. doi:10.3402/qhw.v10.25891
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Sage.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation: Revised and expanded from qualitative research and case study applications in education*. San Francisco: Jossey-Bass.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, inc.
- Plexico, L. W., Manning, W. H., & Dillolo, A. (2010). Client perceptions of effective and ineffective therapeutic alliances during treatment for stuttering. *Journal of Fluency Disorders*, *35*(4), 333-354. doi:10.1016/j.jfludis.2010.07.001
- Wampold, B. E. (2001). *The great psychotherapy debate: Model, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.

## Appendix

- Theme 1: A trusting, comfortable relationship between parent and clinician is important.
  - “They looked at me directly in the eyes and told me they understood both of our frustrations” (S1-1)
  - “This was the first time anyone had looked at me sincerely, and thought that I was not crazy. [...] The relief was overwhelming.” (S1-1)
  - “The relationships I made with his workers and a few of the other people were a great support to me in a time when I really needed support.” (S1-1)
  - “it’s somebody that you feel comfortable that you can talk to about anything” (S1-2)
  - “if you don’t feel comfortable talking to your SLP about things then you’re not gonna be able to figure out those little triggers that are sometimes more important than you actually realize” (S1-2)
  - “if you don’t feel like you can talk about that kinda stuff then you might be actually hindering your service” (S1-2)
  - “But I also appreciated talking with her, you know, it calmed my nerves a lot.” (S2-2)
- Theme 2: A trusting, comfortable relationship between child and clinician is important.
  - “My son didn’t really build a trusting relationship with her as she was only in every so often.” (S1-1)
  - “The understanding that these were safe people, that he could trust them.” (S1-1)
  - “Friendliness. It is truly important for the child to be comfortable with the speech therapist.” (S2-1)
  - “[...] never have talked if we weren’t in our own home.” (S2-1)
  - “it’s someone who makes them comfortable enough to relax [...] if they’re not comfortable to relax, then they will probably not be as well pronouncing these items when they are not comfortable with that speech therapist.” (S2-2)
- Theme 3: Open communication, in both oral and written modalities, between parents and clinicians is crucial.
  - “Changes: Well the one big one that came to mind to me is the lack of reporting.” (S1-1)
  - “I like to see things in writing.” (S1-1)
  - “The one thing that I could never wrap my head around was the fact that she could not give her opinion about diagnosis [...] I felt like the whole time, give him a diagnosis so you can target specific areas [...] as a result left me feeling a bit confused.” (S1-1)
  - “I really wanted her to like spend more time and tell us things and answer questions” (S1-2)
  - “[...] kind of a bummer for us because the people that were coming in every day were just doing what she had told them to do, but they couldn’t really answer any questions [...] would have been helpful to have someone, like Anu, who can answer questions and talk to you on a regular basis so that’s kind of why I think our relationship wasn’t very strong I guess.” (S1-2)

- “you could email her, but it would take her a week or so to get back because she had like, what’d she say, like 35 or 40 kids that she was responsible for being the slp for” (S1-2)
- “Communication.” (S2-1)
- “[...] the opportunity to watch the speech therapist and try to mimic. It was great to get to talk to her on what we are working on, what she hears, and how to proceed to grow.” (S2-1)
- “But I also appreciated talking with her, you know, it calmed my nerves a lot.” (S2-2)
- “I would say communication’s a big one and I like it in writing because I would often forget, you know? I would say that was probably my number one for me as a parent.” (S2-2)
- “I mean she would say that he understands everything we’re saying, for sure.” (S2-2)
- “And so like she gave examples, signs that he was going to be fine intelligence wise.” (S2-2)
- Theme 4: Parents want progress updates from SLPs .
  - “I wanted the program to statistically show me we were moving in the right direction.” (S1-1)
  - “I know the team met every Friday to discuss the notes they take over the week or what they have seen but I wanted statistics. How is my child comparing to other kids there age? What is the percentage that this should has improved etc.” (S1-1)
  - “But I would never see the results of that [in reference to questionnaires she would fill out].” (S1-2)
  - “But I never got a report saying like this is where he is or this is what we think is going wrong with him or what we should work on.” (S1-2)
  - “[...] they’re not supposed to diagnose or make any sort of conclusions.” (S1-2)
  - “[...] their job was just to try anything so they could get him to talk. And that was it. [...] I’d been doing that on my own so. That wasn’t really the information I was looking for [...]” (S1-2)
  - “Statistics.” (S2-1)
  - “I do think statistics, I mean they give me a sense of security” (S2-2)
  - “And I imagine someone would find numbers as a sense of security of where they placed” (S2-2)
- Theme 5: The home setting of early intervention has benefits for both parents and children.
  - “I loved having the therapy in my home. It was such a blessing to not have to get him ready and out the door everytime we needed speech.” (S1-1)
  - “Also, my son seemed more relaxed in his own environment” (S1-1)
  - “On particularly hard days, he may come out with a toy that then they would work into the activity to help him feel comfortable. None of that would have been possible in an out of home setting.” (S1-1)



- “I felt like there was so much that I could learn from the ladies in my home that I sat in on every session.” (S1-1)
- “We took it in stride and made it work because we needed to and were thankful for the opportunity.” (S1-1)
- “I mean it was great. We loved it.” (S1-2)
- “It was wonderful to have the child comfortable in their own environment” (S2-1)
- “[...] the opportunity to watch the speech therapist try to mimic. It was also great to get to talk to her on what we are working on, what she hears (I don’t hear it as well) and how to proceed to grow.” (S2-1)
- “My son might never have talked if we weren’t in our own home.” (S2-1)
- “I liked the fact that I could see what she was doing. It was, made it easier for me to mimic, maybe easier for me to watch for signs. To see not only like was it beneficial for him, but also beneficial for me. To see the practice, to practice with her not there.” (S2-2)
- “It was also a secure feeling for her to see how he interacted around the house and stuff because he was pretty much nonverbal [...]” (S2-2)
- “And I don’t know if he would have done that if we were outside of his safety zone.” (S2-2)
- “I’m assuming she...going into individual’s houses would make it sort of more of a parental experience” (S2-2)
- “And that became very school like for someone who was so young [...] Whereas my son was in his own environment so she would say, you know, go get a toy.” (S2-2)
- Theme 6: Home intervention can be hectic and frustrating.
  - “The situation in itself was frustrating.” (S1-1)
  - “The biggest challenge for us was the commitment.” (S1-1)
  - “[...] and your other kids want to play with them too. And so sometimes that would be kind of a drawback that they wanted to do stuff with just CHILD’S NAME and you’d hafta try to find a place to put the other kids or keep the other kids occupied.” (S1-2)
  - “But there were days where I was like, ‘Ugh I wish it wasn’t here.’ Because I don’t want to clean up breakfast right now. And like get this, his area, all set up” (S1-2)
  - “I think the SLP, as well as the people coming out, if they could have been more flexible on that that would have been good.” (S1-2)
- Theme 7: Parents valued aspects of the clinician’s personality.
  - “She was a nice lady” (S1-1)
  - “I loved that she never let my son get away with anything. She pushed him! He needed it, she knew it and I was thankful!” (S1-1)
  - “She kept approaching the same thing from different angles till she wore him down.” (S1-1)

- “But I loved how patient they were, reliable, and there was genuine love for my kiddo.” (S1-1)
- “They looked at me directly in the eyes and told me they understood both our frustrations. [...] This was the first time anyone had looked at me sincerely, and thought that I was not crazy. [...] The relief was overwhelming.” (S1-1)
- “She was a nice lady.” (S1-2)
- “I definitely think the most important thing for her was just to be consistent with him” (S1-2)
- “But just being overly animated helps my child a lot. Like if they’re excited about it it’s a lot easier for him to be excited” (S1-2)
- “Friendliness. It is important for the child to be comfortable with the speech therapist.” (S2-1)
- “The speech therapist make it fun and they get excited for each little step they make.” (S2-1)
- “So yeah, so that’s why friendliness was most important.” (S2-2)
- “I think it’s [friendliness] is necessary.” (S2-2)
- Theme 8: It is important for the parent and clinician to agree on the parent’s role in the process.
  - “I feel like the slp viewed our role as more of a support system than an implementation system.” (S1-1)
  - “Although she never said anything about us using the drills at home, she never encouraged it.” (S1-1)
  - “It bothered me at first because I wanted her to give us like exercises to do at home because, I mean, I think most moms kind of feel like I wanna help fix this.” (S1-2)
  - “And she just kind of wanted us to be, you know, like play with him and give him a relaxed, calm space to be and don’t be doing exercises and stuff with him.” (S1-2)
  - “I just decided that what is gonna work for us is for us to feel comfortable and if we feel more comfortable doing exercises with him then that’s just what we’re gonna do and so I just kind of let that go and we just kind of did our own thing and she just kind of kept her opinions to herself. But it just kind of worked better for our family. It made us feel like we were part of the process.” (S1-2)
  - “His dad and I worked with him.” “To work with him.” (S2-1) (in response to the questions: what do you feel is your role in the early intervention process and how does the speech language pathologist view your role in the process, respectively)
  - “Sitting quietly and letting her work with him. I wanted so badly to help and understand so I could continue to work with him.” (S2-1) (in response to the question: what has been your biggest challenge during the home-based early intervention process?)
  - “I would like to sit there and watch the interaction. I would like the therapist to point out things that they notice, things they’re hearing, so I would be better at catching it.” (S2-2)

- “I’m assuming she...going into individual’s houses would make it sort of more of a parental experience” (S2-2)
- Theme 9: The large caseload of the clinician negatively impacted the parent.
  - “My son didn’t really build a trusting relationship with her as she was only in every so often.” (S1-1)
  - “seemed a tad overworked” (S1-1)
  - “[...] she had so many kids to see and to be fair only saw him one to two times a month and my child could have benefited from more time spent individually with her” (S1-1)
  - “she was really overworked and couldn’t spend very much time with us” (S1-2)
  - “I really wanted her to like spend more time and tell us things and answer questions” (S1-2)
  - “who can answer questions and talk to you on a regular basis” (S1-2)
  - “[...] you could email her, but it would take her a week or so to get back because she had like, what’d she say, like 35 or 40 kids that she was responsible for being the SLP for.” (S1-2)
- Theme 10: It is important for clinicians to give parents learning strategies for their children that they can incorporate later on.
  - “I felt like there was so much that I could learn from the ladies in my home that I sat in on every session. Soaked up all the knowledge that I could. Here was a wealth of activities, drills, and examples being presented in the comfort of my own that I could implement and work on when we were getting ready for dinner or riding in the car. I felt like it was my job to carry this forward, take this information and add it into every aspect of our life that I could.” (S1-1)
  - “It bothered me at first because I wanted her to give us like exercises to do at home because , I mean, I think most moms kind of feel like I wanna help fix this.” (S1-2)
  - “I liked the fact that I could see what she was doing. It was, made it easier for me to mimic, maybe easier for me to watch for signs. To see not only like was it beneficial for him, but also beneficial for me. To see the practice, to practice with her not there.” (S2-2)
  - “I would like to sit there and watch the interaction. I would like the therapist to point out things that they notice, things that they’re hearing, so I would be better at catching it.” (S2-2)
- Miscellaneous
  - “As a result of all of this hindsight the one thing I can say confidently is just to start. Start with an slp, somewhere, anywhere, just start! The sooner your child is receiving services, the sooner things will come to light. Other doors will open, frustration will lessen, things will start to get better.” (S1-1)

- “I really enjoyed her.” (S2-1)
- “But yes, I would say I think she did a wonderful job.” (S2-2)