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## Caregiver Preferences on Communication Intervention for Toddlers with Disabilities

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### Keywords

Disability, Early Intervention, Child Development, Communication

### Abstract

#### Background

An average of 12% of preschoolers receiving special education services require alternative and augmentative communication (Binger et al., 2006), yet AAC interventions are rarely initiated with toddlers early on during a critical period of early language development (Guralnick, 2017). Without timely intervention, children eligible for AAC are at risk for severe speech, language, and communication impairments which can impact their social-emotional, language, and literacy skills with persisting outcomes (Drager et al., 2010). Individualized, family-centered instruction can prepare caregivers to support AAC use and language learning at home. Incorporating caregivers' preferences and addressing the challenges of using AAC with toddlers at home are crucial to successful uptake of early AAC interventions.

#### Objective

Our goal for this study is to evaluate the acceptability of a hybrid telepractice AAC intervention by exploring caregivers' perspectives and experiences regarding early intervention and AAC. Results from this study will inform aspects of a future intervention design. This study is guided by two research questions to determine caregivers' preferences and needs on AAC intervention components:

RQ1: What are caregivers' preferences for telepractice or in-person service delivery approach used by practitioners delivering an early AAC intervention?

RQ2: What are caregivers' preferences for treatment adherence strategies that may promote AAC system and language support strategy use at home?

#### Method

Using a naturalistic inquiry framework, we conducted 17 qualitative semi-structured interviews with caregivers of children with IDD to evaluate the acceptability of a

telepractice AAC intervention. We used a constructive grounded theory approach to analyze interview transcripts, and derived themes inductively and deductively using multiple rounds of iterative coding and constant comparative analysis.

## Results

Preliminary results indicate strong themes for both research questions. Regarding (RQ1): caregivers identify benefits and problems associated with both telepractice and in-person service delivery. Caregivers expressed that in-person sessions allow for the therapist to support environmental and behavioral management, and the caregiver's self-efficacy in learning new concepts via observation and modeling. The benefits of telehealth sessions identified by the caregiver were flexibility in scheduling, easier for parent coaching or training, and less stress on the family with visitors in the home. Problems with in-person services at home were related to family fatigue, child discomfort with new adults, and limited availability of service times. Problems with telehealth were that miscommunication and misunderstanding occurred more often, demonstrations or modeling was more difficult and technological issues were more likely. Regarding (RQ2): several actions, materials and techniques that promote AAC and language support strategy use outside of therapy sessions were identified by caregivers. This included tailoring to each family, building community and advocacy, access to a comprehensive online resource, consistent communication with professionals, and self-directed continuous learning and practice through connecting with or observing others using AAC.

## Discussion and Limitations

In order for speech therapy to be feasible and acceptable to families, it is imperative to integrate caregiver perspectives early on in communication interventions for children with disabilities. Our preliminary results identified numerous actions, techniques, and approaches that early intervention can adopt when working with families. Caregivers shared their feedback regarding various service delivery methods, including in-person, telepractice, and hybrid approaches. Specifically, caregivers indicated that certain components of early intervention are better suited for telepractice, such as parent coaching and training, while other components, such as initial rapport-building and modeling, are more feasible in-person. Additionally, caregivers in our study identified various factors relevant to embedding AAC in routines such as how caregivers prefer to learn, the family climate, and barriers to attaining and using AAC. Researchers within the field of early child development should learn about the preferences and experiences of caregivers at the onset of interventions, allowing for a tailored and adaptive approach that aligns with the unique needs of each family. Purposive sampling of caregivers in this study reflect Oregon's demographic landscape except in linguistic diversity. Researchers aim to interview two caregivers whose preferred language is Spanish to complete purposive sampling measures.