

Spring 5-10-2012

## Parental Involvement in Speech-Language Intervention

Victoria Beech Finley  
*University of Southern Mississippi*

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The University of Southern Mississippi

Parental Involvement in Speech-Language Intervention

By

Victoria Beech Finley

A Thesis

Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of the Requirements for the Degree of  
Bachelor of Arts  
in the Department of Speech and Hearing Sciences

March 2012



Approved By

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Jennifer Salgo PhD, CCC-SLP  
Assistant Professor, Speech and Hearing Sciences

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Steven Cloud, PhD, Chair  
Department of Speech and Hearing Sciences

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David R. Davies, Dean  
Honors College

## **Abstract**

This thesis examines how parents of children who are successful in therapy are involved, from the parent's perspective. Literature on parental involvement in therapy is limited, especially findings from the parent's perspective. This thesis follows a phenomenological qualitative design. The investigator interviewed three mothers regarding their participation. The investigator then transcribed the interviews and cyclically analyzed them to find salient themes across all three. There were two shared themes, acceptance and emotions. It is hoped that this study will provide insight for other parents so that they can contribute to their children's success in speech-language intervention.

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## **I. Introduction**

Speech-language pathologists (SLPs) are reforming the way that they administer speech and language intervention. By tradition, the SLP was considered the expert in the field and therefore controlled every aspect of the intervention process with young children. This therapist-centered model is being replaced by a family-centered model, which is now considered the best practice (Crais, Poston Roy, & Free, 2006). Clinicians serve whole families, rather than the child alone. According to a national survey of SLPs, 80% indicated that they gave parents activities to complete at home (Pappas et. al., 2008). This shift has mainly occurred over the past half century (Hanna & Rogers, 2002). It is important for clinicians to understand the extent to which a parent is willing and able to be involved in their child's intervention as clinicians move towards family-centered practices.

Despite the increased parental participation in children's speech intervention, studies supporting the positive impact of the participation are limited. One relevant study examined how parent-child interaction therapy would benefit young children who stuttered (Millard, Nicholas, & Cook, 2008). This was a longitudinal study involving six subjects over the period of a year. The parents video recorded the activities that they participated in each week and speech samples were obtained and analyzed. The investigators found that four of the six children studied significantly reduced the frequency of their stuttering in conversation with one parent, and the remaining child made significant progress when a direct fluency management program was introduced.

Tufts and Holliday (1959) found that when speech-language pathologists informed parents of their child's intervention goals and appropriate instructional methods, parents were almost as adequate at helping correct their child's mild misarticulations.

Hagstrom (1994) completed a case study to examine how parents can contribute to their child's language intervention process in home-based therapy. According to Hagstrom (1994), parental involvement is seen as "essential to assessment and treatment because the talk of the child is jointly constructed with them and within home activities" (p. 243). However, his study only involved a single child participant. John Muma (1998) addressed parental involvement and its importance as well. He discussed some outcomes of parent participation in speech intervention. He explained that children usually do better with their parents present during sessions, as children want to show parents they have the skills to perform the intervention tasks. Also, parents learn how to take home what their child is working on in therapy and become involved in overcoming their child's language challenges.

A limited number of studies have been conducted from the parents' perspective of their child's speech intervention. The studies were primarily experimental in nature. Also, the studies failed to describe the type of parental involvement, such as reading to their children and providing stimulating experiences. Furthermore, they did not discuss the amount of time each day parents spent working on intervention activities with their children. Therefore, this study seeks to investigate how parents of children who are successful in intervention are involved and richly describe their involvement from the



parental perspective. The research question is as follows: How are parents of children who are successful in speech-language intervention involved?

## **II. Literature Review**

The current trend of speech-language pathologists is to involve parents in speech intervention (e.g. Crais, Poston Roy, & Free, 2006; Pappas et. al., 2008). Although the scope of the literature is limited, the literature does indicate that parental involvement positively impacts a child's progress in intervention.

### **Parental Involvement**

Fudala, England, and Ganoung (1972) examined the effect of parents attending regularly scheduled therapy sessions. The investigators randomly assigned 92 elementary school children to either Group 1 or Group 2. In Group 1, the parents did not attend therapy, but helped with short homework assignments. In Group 2, mothers were divided into two halves with the first half attending sessions once per month and the other half attending sessions every week. Evaluation included a series of tests. The investigators found significant differences between the two groups, with most children whose parents attended each week having even better intervention results than those who attended monthly.

Hagstrom (1994) conducted a case study to explore and explain how important parents were in assessment and treatment of language intervention for children. The focus of the study was Teddy, a three and a half year-old male diagnosed with Duchenne muscular dystrophy (DMD). His speech was echolalic and difficult to understand. Another identified problem included his difficulty with controlling his oral motor functions such as eating. Speech therapy goals were to improve verbal communication, to teach him to better control oral functioning, and to assist in proper school placement. Hagstrom observed Teddy and individualized a treatment plan according to Vygotskian theory, which stresses the central role of social interaction in cognitive development. The plan was centered around the mother working with Teddy at home on intervention goals. Teddy did make progress with his mother and Hagstrom concluded that parents did more than strictly enhance intervention. Parents are the basic units in their child's cognitive and social growth.

Millard, Nicholas, and Cook (2008) showed that four of six children significantly improved their stuttering when the parents were active in the intervention. The remaining two children did show improvement, but not to as great an extent as the other four, due to individual differences. Buschmann et al. (2009) investigated the effect of parents' involvement in their child's therapy for language delay. Most parents, according to the study, adopted a 'watch and wait' mindset. The study took 47 two-year olds with a language delay and divided them into groups. Half went to the program that involved parents and the other half received therapy without parental involvement. After a year, they found that 75 percent of children in the intervention group had normal expressive

language whereas only 44 percent in the waiting group had normal expressive language. Also, 26 percent of children in the waiting group still qualified under specific language impairment compared to 5 percent in the intervention group.

### **Programs and Training**

Studies have found that parents can be effective at implementing speech intervention if trained by a professional SLP (Tufts & Holliday, 1959; Sommers, 1962). Rustin and Cook (1995) studied the effects of parental involvement on children who stuttered. They broke their study into three phases based on the children's ages. The first phase was conducted with 2- to 6- year olds. The goals of intervention in this phase were to find what type of parent-child interaction would aid in increasing the child's fluency skills by way of external demands and enabling the parents to understand what helped their child succeed. The second phase involved 7-to 14- year olds. Due to the assumption that children at this age were forming self-concepts, the goals of phase two were to help both children and parents understand stuttering, make changes to increase effective communication, practice those changes, and follow-up on progress. The group that comprised phase three consisted of adolescents of ages 15 to 18. The treatment plan that emerged for each child in this group was very individualized. However, overall goals for the adolescents included the goals of the other two groups, along with increasing the participants' understanding of consequences of stuttering and how to deal with it effectively, as well as continuing to improve their communication strategies and skills. Rustin and Cook (1995) concluded that parents could not be ignored when it came to

developing interventions for children. With the parental involvement, intervention goals can be worked on at home as well in the clinic.

The abovementioned literature on parental involvement in intervention is limited and experimental in methodology. This study seeks to investigate parental involvement in children who are progressing successfully in intervention, using a qualitative research design. The research question, as mentioned above, is: How are parents of children who are successful in speech-language intervention involved?

### **III. Methodology**

The purpose of this study is to discover describe how parents are involved in the intervention of children who are progressing successfully in therapy, from their perspective. “Success” is measured by the impression of the child’s clinician/clinic supervisor. In order to obtain the parent’s perspective on their child’s speech intervention, the investigator interviewed three mothers of children who were achieving “success”. Three participants were chosen due to feasibility, more would have been beyond the scope of this project. The investigator asked questions about what the parents did at home to aid their child’s progress, how they involved themselves during the therapy sessions, and their overall experience with their child’s therapy. The interviews were transcribed and cyclically reviewed to identify salient themes.

## **Selection of Participants**

Participants in this study were three mothers whose children were currently receiving speech-language pathology services at a clinic housed in a public university in the southern United States and were progressing successfully, according to the abovementioned criteria. A list of children who were considered successful was compiled and their parents were contacted. The first three to respond were selected as participants. The participants happened to be female. Only three participants were selected due to time constraints of this investigation. However, ethnographic interviews with each participants yielded much rich data. The participants' children ranged in age from seven to nine and had been receiving speech-language pathology services for at least six months.

Participant A is a mother of a seven-year-old girl who, at the time of data collection, had been receiving therapy at the university clinic for a full year. Her daughter began receiving services at 20 months old and at the time of the study was receiving therapy three days a week at a public school. She also received outpatient therapy at a school for language-disordered children in the southern United States for two years.

Participant B has a seven-year-old daughter who has been receiving services from the university clinic for two years. Her daughter received one year of intervention in the school system, but that ceased when she began attending the university clinic. The

participant has four children and home schools using a special curriculum for her children with disabilities.

Participant C has two sons receiving therapy at the university clinic. One is age nine and the other is age seven. They had both been receiving therapy at the clinic for two years at the time of data collection and both began receiving intervention via the school system at age four.

### **Data Collection**

This study utilized a phenomenological qualitative design following Smith and Osborn (2003). Phenomenology examines experiences of a person and allows for gaining knowledge through descriptions rather than explanations. The investigator used semi-structured interviews to collect the data, which means the interviews were guided, not dictated by an interview schedule. There was an attempt to establish rapport, questions were not in a particular order, and the interviewer followed the responses of the interviewees.

After agreeing to participate in the study, the investigator interviewed each participant separately, and audiorecorded the interviews. The interviews took place in the thesis advisor's office near the University clinic during the children's therapy session, by choice of the participants. The interviews began with similar demographic questions about the participant's children such as age, where else they had received therapy, and how long they had received therapy from each place. The rest of the interviews consisted of open-

ended questions about their experience with therapy, how they were involved during sessions, what they did at home to stimulate speech and language, and what they did outside of the clinic to gain information such as training programs or courses.

## **Analysis**

The investigator transcribed the audio recording of each interview. A cyclical analysis was then used to review the transcripts and code salient themes that appeared in each interview. The investigator then compared themes across all three interviews.

## **IV. Results and Discussion**

Although there was a low number of participants, there was a great amount of data collected. The interviews yielded 748 total lines of transcript. Although there were some differences across the three interviews, clear patterns emerged. The two most salient themes were acceptance and emotions; these will be detailed. The shared themes were organized into a table (see Appendix D).

### **Acceptance**

All three of the participants discussed acceptance of their child's disorder. They all demonstrated a desire to learn more about their child's disorder(s) by either attending conferences or meetings, or by talking with clinicians and supervisors about their child.

Participant A reported attending several informational meetings held at her child's school related to her child's disabilities. She also took a course on the method used when her daughter was receiving services at the school for communication disorders so she could understand the method and how it would help. She stated, "So anything I can go to to find out more about her, how to help her, I like to go if I can." Participant B stated that she talks with the student clinicians before and after intervention sessions as well as the supervisor while watching sessions. She stated about the supervisor, "I talk to her the whole time and ask her opinions and stuff." Participant C also mentioned that the student clinicians answered any questions and the supervisor was available to "chat" with and ask questions.

All of the participants also mentioned the benefits of being able to observe therapy sessions and how they have taken what they see and used it at home. Participant C stated, "I was really empowered because I could watch through the window and I have tried to take advantage of that as much as possible". She also explained how she bought games after seeing them played in therapy and did them at home, such as mad-libs. Participant A also talked about how watching therapy has influenced what she does at home with her daughter. She said "I'm not a therapist so I wouldn't know anything to do if I didn't watch and learn that way." Participant B simply stated that she typically watches the therapy sessions and uses that knowledge to help correct her children's speech during homeschooling.



Additionally, all participants discussed working on speech daily during home schooling or homework and also through daily activities. Participant A said that she used labels during conversation with her daughter, she "...tr[ies] to incorporate everything with speech and language", and that "We've always found in you can incorporate everything into your just every day, all the time, then it doesn't seem like therapy to them".

Participant C talked about how she uses games as a fun way to incorporate speech into daily life.

The participants also all demonstrated being in-tune with their child's abilities and progress. Participant A talked about incorporating music with her daughter because "even though she can't really put many sentences together she can sing whole songs." She also recalled that her daughter's vocabulary "exploded". Participant B explained that she knows what her daughter has difficulty with during reading and speaking. She said "right now she's having trouble with the 'ool' sounds like the "-o-u-l" and "o-o-l" so I'll stop her and we'll work on it for a minute". Participant C described in great detail how much she noticed differences in her sons' speech. One instance was when she noticed her son was saying Jesus differently when the children were singing at church for a performance. She explained that "when he said Jesus it was like 'Thesuh'".

## **Emotions**

All participants discussed emotions they had experienced throughout the process of learning about the disorder and seeking and receiving services. All of them explained

how they enjoyed coming to the therapy sessions at the University clinic, being able to know what is going on and gaining knowledge through observing. They also discussed experiencing worry. Participant A explained that she was worried when they left the school for language-disordered children that her daughter would “crash and burn”. Also, when it came time to change clinicians for the next semester she thought “having someone new every time would be a hindrance”. However, she has noticed that everyone has been able to “speak to [my daughter] in a way that has helped her.” She explained how positive everything was and how amazing her daughter’s progress was. Participant B explained that she loves coming to therapy and that even though switching clinicians has been hard for her daughter “they do a great job” and “I’ve been really happy.” Participant C talked about how she loves coming to therapy and having input stating “But here, this has been a dream come true, it’s a very very very good setup, thumbs up.” She also expressed that her sons really enjoy coming to therapy and that they “feel comfortable” during the sessions.

### **Implications and Limitations**

The information from this study provided insight into the perspective of parents’ who have a child achieving “success” in speech-language intervention. Insight was gained into how the parents participated in intervention, both at home and during therapy sessions. It is hoped that this preliminary study will serve a step towards helping other parents contribute to their children’s success.

There were some limitations in this study. There were only three participants; future studies could include a larger number of participants. Also all three of the participants were mothers; future research involving other family members (e.g., fathers, grandparents) might offer a different perspective. Future research could include similar methodology with a larger pool of participants. In addition, further studies could compare involved mothers to fathers or compare involvement of parents of children who are not successful in therapy to parents of children who are successful. Also, the involvement of parents of children with particular disorders (e.g., autism, articulation disorders) could be investigated. Finally, this study examined children ages seven to nine. Different age groups (e.g., preschool, adolescents) could be further researched as well in order to expand the literature on parental involvement.

## **Conclusions**

This study was conducted to gain information about parents of children who are “successful” in speech language intervention and how they are involved. This was accomplished via ethnographic interviews with three mothers of children “successfully” receiving speech-language intervention. The commonalities across all participants included acceptance of their child’s disability by wanting to learn more about their child’s disability, going over homework with them and incorporating speech and language into everyday activities, and emotions such as really enjoying their experience with therapy or being worried about switching clinicians or being in a new setting. This allowed the participants to share their stories and experiences to hopefully benefit others in similar circumstances.



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Appendix A

- 1 R1- Now Molly is seven, right?
- 2 A- Uh huh, she just turned seven
- 3 R1- And she's been coming here since...spring?
- 4 A- She...I have to think about this. She started last year this same
- 5 semester.
- 6 R1- Right, last spring
- 7 A- Right, so a full year
- 8 R1- And she's also getting therapy at school?
- 9 A- She does, she get's three days a week at school
- 10 R1- How long has she been having school therapy?
- 11 A- At school since she was three, and before that she started at like 20
- 12 months. Not really speech therapy obviously but you know a speech
- 13 therapist would come.
- 14 R1- Ok. Was she anywhere else? Was she getting therapy at the Dubard
- 15 School for a while?
- 16 A- We did the outclient therapy at Dubard for two years. And we
- 17 stopped that; we didn't start back in August.
- 18 R1- Ok, so would you tell me about your involvement with her therapy?
- 19 A- Like, right now? Or over time?
- 20 R1- At any point, yeah start from the beginning whatever you want
- 21 A- Well, anything that she brings home from school, she has a notebook
- 22 at school she always has homework and we go over that with her



23           which obviously that's just based on her goals and most of that has  
24           more to do with language building.

25   R1-    Uh huh

26   A-    And you've seen the book

27   R1-    That binder, yes

28   A-    That we had from Dubard, she maintains that book at school and so  
29           we go over her phonemes and her drop drills and we do all that pretty  
30           much daily. I guess. So it's kind of not-stop really.

31   R1-    Yeah

32   A-    We try to incorporate everything with speech and language. We, a lot  
33           of her, we try to incorporate music really. She really seems to respond  
34           to that and even though she can't really put many sentences together  
35           she can sing whole songs. So I use that too at home. Little videos just  
36           to try to help her build you know words together. It seems to work  
37           for some reason when it's set to music.

38   R1-    Yes. Could you give me an example of just going through, going over  
39           homework with her?

40   A-    Well, yesterday they sent home I don't know it was hats or something  
41           and each one was a different color and they were working on yes and  
42           no so you're supposed to ask, this one was no, so everything was the  
43           wrong color. You point to yellow and say, "Is this red?" and she's  
44           supposed to say "No, it's yellow". So that was an example of that. They  
45           do placement like above, below, up, in, out. They do things like that for

46 homework. Right now we're trying to work on the /k/ sound. I can't  
47 get that out of her at all, no matter how hard I try, I mean she sends  
48 home a tongue depressor and everything and it hasn't, I haven't had  
49 luck so...Maybe I'll go back to school one day. So a lot of the  
50 homework just depends on like we want her yes no questions, the  
51 positional things, sometimes it's counting or I don't know it's  
52 something different all the time.

53 R1- Yeah, so you just kind of look at the binder and go through?

54 A- M Hm

55 R1- Would you give me an example of a song you do with her?

56 A- Well, she has different videos, like kids, I don't know if you've ever  
57 seen Cedar mont kid's videos but it's...most of the ones we do are bible  
58 songs that everybody knows.

59 R1- Yeah

60 A- And we also do signing time videos which we started forever ago. She  
61 used to sign when she was little a little bit but it didn't really take off  
62 because she struggles with fine motor stuff too. But she just likes...I  
63 don't know, they teach her vocabulary because they're learning signs  
64 for different things, emotions even. So we use those a lot too. And it's  
65 also to music

66 R1- That's good, more about what you do at home. Tell me about bringing  
67 her to therapy and being here.

68 A- Well I used to watch a lot but honestly I've watched so much therapy  
69 over the years I kind of got burnt out so I haven't watched this  
70 semester at all. I need to do that. And I do like to watch therapy  
71 because then I know what the therapist is doing and how they're  
72 going about something or the words they're using because I think  
73 sometimes for her if you try to get her to do something or say  
74 something or give a command, the wording, if I use a different  
75 wording it makes a difference

76 R1- Right

77 A- She might not get, she might not understand what we're asking of her  
78 if it's different. You know what I mean?

79 R1- Yeah, right

80 A- So I need to get back to that

81 R1- How about training that you've done with her therapist over the  
82 years?

83 A- Well, I've, sometimes the school system will have parent  
84 informational sessions, kind of, where they give you tips on how to  
85 work with your kids at home so I've gone to those. Whenever they  
86 have those I go. I took the Association Method when she was at  
87 Dubard, I did that course so that I would know because that's so  
88 precise.

89 R1- Right

90 A- Have you taken that?

91 R2- Yes mam

92 A- You know they want it to be (precise) so I took that and mostly a lot of  
93 watching, learning that way.

94 R1- One of those school sessions with the training tips, could you give me  
95 an example of what one was like?

96 A- Usually they'll have one or two speakers come in, it's usually about  
97 more than speech, it may be about developmental stuff just in general  
98 so they'll have several speakers come in and a lot of times they'll have  
99 a packet of milestones and ways to help reach the milestones. I'm  
100 trying to think...they haven't had one this year that I've been to, but  
101 usually it's speakers coming in and giving different ideas on how to  
102 work with them at home or like her therapist sent something home  
103 last week reminding parents now that Spring's here to keep working  
104 on speech because I guess now we're going outside all the time and  
105 it's easy to slack off and so she had a calendar of something to do  
106 every day to help work on the language and the speech and just  
107 simple little things. Does that answer your question?

108 R1- Yeah that's good. So how has the training and observation helped you?

109 A- The school trainings aren't usually things that are new for me. Because  
110 Molly's not my first. We've been doing this for 12 years. I have a son  
111 with special needs too and he's older so we've been doing therapy  
112 with him since he was pretty much born. Not speech therapy but you  
113 know. So those don't tend to be a lot of new things for me, but there

114 was another part to your question I was going to get to and I lost my  
115 train of thought. Oh the observations.

116 R1- Right

117 A- Well I'm not a therapist so I wouldn't know anything to do if I didn't  
118 watch and learn that way. And of course it started out in our home  
119 when she was little and they would come to us and it was more play  
120 therapy and so I guess just observations and imitating what they do.

121 R1- Yeah. Could you give me an example of something you've imitated  
122 that you've learned through?

123 A- The first thing that popped into my head when I said at home, she had  
124 one man that came when she was little and he would bring animals to  
125 try to get sound, you know the animal sounds, but what he finally got  
126 was...He tried to teach her walk. He would take a horse or whatever  
127 and he would "walk, walk, walk" and then he would say "walk horse,  
128 walk horse" and he would do that and she would never say anything  
129 and I told him in a about a week she's going to say this. And about, it  
130 was probably more than a week, but sometime later she picked up  
131 something and "walk, walk, walk". And we weren't doing it at all. She  
132 just, it came out. You know, so that would be an example of something  
133 that I saw him doing, we practiced it at home, and then she ended up  
134 picking up on it.

135 R1- I've seen her do that in therapy, she'll do walk, walk

136 A- Yeah, we still do walk, walk!

137 R1- That worked. How about your participation in conferences, IEP  
138 meetings, anything else?

139 A- Oh lots of IEP meetings. Yes, parents are a big part of that. Or parents  
140 should be a big part of that if they're not. They probably hate to see  
141 me coming, I've got my notebook, I've got all my notes written down.  
142 I'm that mom. Our meetings always take longer than they're supposed  
143 to. I don't know I just sit down and think about what I want for her,  
144 and what I think is reasonable, which usually shoots a little higher  
145 than what the school shoots for. But better to shoot high and not  
146 achieve than if you could have gone higher. So yes, always IEP  
147 meetings. What else, conferences. I've been to I don't know, a lot.  
148 When Dubard would have them I'd go periodically when she was in  
149 that. And not just speech, but other things related to her. Speech is  
150 her primary, seems to be her primary disability, but it's not the only  
151 one she has, so I think a lot of it is it's not just this is here and this is  
152 here, it all kind of overlaps and makes her who she is. You know what  
153 I mean?

154 R1- Yeah

155 A- So I've tried to go to other types of like, she has ADHD. I went to a  
156 seminar about that and learned about that and before we got real far  
157 into that. So anything I can go to to find out more about her, how to  
158 help her I like to go if I can.

159 R1- Yeah. Kind of go back to where you were talking about how you do  
160 things at home all the time to help with her speech and language.  
161 Could you give me some examples of that?

162 A- Well, she can't have anything unless she asked for it. And if I know  
163 she can ask for it in more than one word then she asked to ask for it in  
164 more than one word. We try not to let her be lazy about it. I mean I  
165 don't expect her to say "Mom may I please have a drink of water in my  
166 cup?" But we condense it down. If she wants water she either has to  
167 say I want water please or I want water, or something to that. Lately  
168 because her vocabulary's just exploded this last year, and you might  
169 not realize that because she wasn't coming here before that

170 R1- Well I knew from Summer into Fall it was a huge-

171 A- It's huge, it's amazing and so she's able now to repeat things that you  
172 say, whereas she was never do that even a year ago she couldn't do  
173 that. And so we try to do a lot more or that if we're saying something  
174 and she doesn't try to say it and we try to get her to say it or  
175 approximate or whatever. And we try to use the wants thing a lot  
176 because if she wants something that's important to her she's more  
177 willing to try when she wants something. Like, she has the different  
178 shows that she likes to watch and if she wants to watch a show she  
179 has to say exactly what she wants. And it's not perfect every time, she  
180 still gets frustrated trying to get -I don't know what she wanted

181           yesterday. She wanted Yo Gabba Gabba, have you ever seen that  
182           show? It's a crazy show.

183   R1-    I've never seen it

184   A-    It's very weird, but she loves it. But we watch it on demand and she  
185           wanted a particular one, something about a man but I don't watch  
186           them with her and I didn't know which one it was and she got very  
187           upset with me. Very upset with me because I did not put the right one  
188           on, and she was trying so – and that's the frustrating thing as a parent  
189           – she was trying so hard to tell me which one she wanted and I could  
190           tell she wanted something with a man but I didn't, I never did get it.  
191           So that's hard to – it's hard to know she's really trying and I can't get  
192           it.

193   R1-    Right

194   A-    But that's really come a long way. Before we wouldn't even know if  
195           she was really trying. It used to just sound like gibberish and there  
196           was no chance of figuring anything out. Even though I think she was  
197           really trying. So we do a lot of listening for things. What else do we  
198           do at home? We label everything in conversation. It's hard to know  
199           with her if she knows what something is or if she knows what you're  
200           saying, if she gets it because she can't always say it back so we just  
201           keep – everything has a label.

202   R1-    That's great.

203   A-    Yeah, so those are some things.



204 R1- What do you do when you're listening and you don't get what she's  
205 trying to communicate?

206 A- Well I always ask her to say it again at least once. And if I just really –  
207 like yesterday – I just wasn't going to get it. And I'm just like I'm sorry  
208 I don't know what you're saying. Sometimes, this didn't apply  
209 yesterday because it was on demand, but I can hold up the choice of  
210 what I think it might be and let her pick that way. But when she gets  
211 frustrated she gets kind of wild. A lot of times it turns into a discipline  
212 action because she'll throw something at me or – yeah she's so sweet  
213 at church, people say oh she's so sweet and quiet; it's like what are  
214 you talking about?

215 R1- That's how it is for parents, huh?

216 A- Yeah. So yeah we try our best to figure it out, sometimes we just don't  
217 figure it out, and if we don't we just say I'm sorry we don't understand  
218 you and we try to direct her to something else or make her happy with  
219 what we found.

220 R1- Here's a question, I'm kind of branching off but what do you attribute  
221 her progress in therapy to?

222 A- That's a good question. I've thought a lot about that actually. The  
223 timing of it seems, well, she's had what seems like different stages of  
224 progress because before she started at Dubard she could say almost  
225 nothing on command but she might come out with a whole sentence  
226 that makes perfect sense another time. But when she started there she

227 couldn't even open her mouth on command, she couldn't do it,  
228 couldn't do anything like that. So that phase was kind of a, what  
229 seemed to me like training her brain to be able to make the mouth  
230 work with it, if that makes since. And then since we started coming  
231 here, we started seeing a lot more progress when we doubled Dubard  
232 and here this time last year. We started seeing a lot more progress  
233 then and then the vocabulary exploded. And who knows if it's  
234 attributed to if she was ready or a combination of things, but I think  
235 for her, she doesn't really like to sit still it's hard for her, especially at  
236 three in the afternoon but I think her leading the therapy, the play, her  
237 leading that helps her. It helps her just being able to explore and pick  
238 up something that she's interested – and she's interested the whole  
239 time.

240 R1- Right

241 A- She's not sitting there having to do what's scheduled in this five-  
242 minute period. Do you know what I mean?

243 R1- Yes

244 A- And while that was very effective for some things, I think that the  
245 therapy here is effective for other things you know?

246 R1- Yeah, that makes since.

247 A- And there's so much, so many things, that she gets to play with here.

248 And they do tons of stuff there's lots of labeling going on in therapy

249 too and she has so many more opportunities to practice her speech

250 here, her language here, than she did in the other settings. Before it  
251 was so structured.

252 R1- Exactly

253 A- Yeah, so I think just the way it's set up here has really helped increase  
254 her skills.

255 R1- And she started coming four days a week, right?

256 A- In August

257 R1- In August

258 A- Cause last spring we did two days here, two a Dubard. So she was still  
259 getting four days a week plus three at school but she was in the two  
260 different settings.

261 R1- Ok, so the intensity has kind of been the same with four days a week  
262 somewhere.

263 A- Yeah. And I think too, I was kind of worried last semester about  
264 having the two different therapists, that kind of worried me a little bit,  
265 but they were so in-sync together and they did so many things in a  
266 similar way even though when you watched them they were  
267 completely different, but they were working on the same things. They  
268 both had their own styles but it's worked great. I mean having  
269 someone new, I was afraid having someone new every time would be  
270 a hindrance, but I don't think it is at all. And I noticed like Anna does a  
271 lot of art project stuff with her where she's combining that with the  
272 fine motor stuff and it's all, it's great. It's different from even the girls

273 last semester, she has her own style and I think each person has really  
274 been able in some way to speak to Molly in a way that has helped her.

275 R1- Anything else you want to add about the therapy experience?

276 A- It's been very positive. Like I said I was so worried about leaving [the  
277 school for language-disordered children], I was so worried that she  
278 would just crash and burn so it was very refreshing, very positive  
279 when we came full time and everything just, I mean has just exploded.  
280 It's amazing. I might cry talking about it.

281 R1- And obviously participated back here vs. her school therapy is  
282 different because just the nature of the setting. Like here you can  
283 come, you can observe in the back

284 A- Right, I've never observed her in school. And she's actually in a small  
285 group setting at school; she's with two other kids which can be good  
286 too. So, and her therapist at school this year, she does some oral  
287 motor stuff too they don't always do that at school but this one likes to  
288 do it and so I like it. I think it helps too.

289 R1- Are you using that at home or just at school?

290 A- She doesn't send that homework home, I know she's doing it because  
291 I'm friends with her and she tells me about it. We used to do a lot with  
292 John, I had lots of homework with him because of the low tone and all  
293 of that and we would do a lot of stuff with him. But she doesn't send  
294 that stuff home; she just does it at school.

295 R1- Anything, [R2], to add on?

296 R2- Can't think of anything

297 R1- I think we covered it all

298 A- We've always found if you can incorporate anything into your just  
299 everyday all the time then it doesn't seem like therapy to them. I don't  
300 know if someone ever told me that or if I just figured it out with John a  
301 long time ago but it works if you just all the time, and to have high  
302 expectations. Reasonable, but high expectations. If you have too high  
303 expectations you get discouraged yourself.

304 R1- Right. Is there anything you wish would have happened or you would  
305 have known along the way?

306 A- I'll just say it's easier to take a blood type or a blood draw and know  
307 what your disability is going to be than it is to have to figure it out  
308 over seven years. It's been very difficult to not know and to have to  
309 search because everyone has an opinion and a lot of times they don't  
310 coincide with everyone else's opinion. It's been a different road; it's  
311 been a lot more difficult.

312 R1- Yeah, I mean parents are such an important major part of that being \*  
313 your child and figuring out and getting a label and figuring out what to  
314 do with it.

315 A- Yeah and it's hard for some parents because they don't want the label,  
316 some parents want a label but they don't need a label

317 R1- Right, so true

318 A- But it is what it is and all we can do is take it day by day and help her  
319 the best we can and God will do the rest. Took me a long time to  
320 figure that out.

321 R1- Well, we appreciate your help

322 A- No problem

323 R2- Yes thank you so much, it was nice meeting you

Appendix B

- 1 R1- Ok, so I'll start out getting some information about your daughter,  
2 Katie?
- 3 B- Katie, yeah
- 4 R1- How long has she been coming here?
- 5 B- Summer of 2010
- 6 R1- Ok so it's been—
- 7 B- This one will be two years
- 8 R1- Ok, and does she get any therapy elsewhere or just here?
- 9 B- No, just here
- 10 R1- Is that all she's had?
- 11 B- She started out in the school and thirty minutes with other kids just  
12 wasn't cutting it.
- 13 R1- Right, so she was getting it in the school for a while
- 14 B- Yeah, before she was coming here and after we started coming her we  
15 stopped going to the school.
- 16 R1- Ok well how are you involved in her therapy?
- 17 B- Normally I sit and watch and then of course when we're at home I  
18 correct her, that kind of stuff. Other than that I don't guess I'm  
19 involved a whole lot.
- 20 R1- Well, that's pretty big involvement, just coming and bringing her and  
21 sitting through
- 22 B- Yeah and I live an hour away so
- 23 R1- Oh wow that's quite a commitment

24 B- I mean I work with her at home just not to actually like when she's  
25 sitting down and reading and stuff because we home school.

26 R1- Ok

27 B- So I work with her on sounds and stuff but to actually have a time set  
28 aside I don't really do it.

29 R1- Could you give me an example of when you're sitting down with her  
30 and working on sounds?

31 B- Well, most of the time it's when she's reading because to me that's  
32 when it's evident that she's having trouble. And I'll just correct her,  
33 but her main problems are her r's they give her trouble.

34 R1- So you usually correct her when she's reading?

35 B- Mostly, she's talking too fast I'll slow her down sometimes. And she  
36 was having pronoun usage problems too but she's pretty much  
37 corrected that so I would correct her when she was having those too.

38 R1- Could you give me an example? Something she might say when she  
39 would-

40 B- Us is going to town. And I'd say "No, We're going to town" so that kind  
41 of stuff. She did that a lot. Like right now she's having trouble with  
42 the ool sounds like the oul and ool so I'll stop her and we'll work on it  
43 for a minute or two when she says it wrong like when she's reading  
44 and stuff

45 R1- Yeah. How has it been to sit and watch therapy back there?

46 B- It's fun. I enjoy watching it, I get lots of laughs



47 R1- That's good

48 B- And the students I like watching them. And you see a big difference in

49 how one students interacts and then you have the next semester

50 another one.

51 R1- Yeah

52 B- You hate seeing one go but...

53 R1- How about involvement with meetings or conferences?

54 B- Yes I come, of course and meet them in the afternoon whenever they

55 come and get them. We may talk over it for a minute, what happened.

56 Because normally Ms. Johnson is sitting in the back too and I talk to

57 her the whole time and ask her opinions and stuff.

58 R1- Right. Could you give me an example of talking to one of the students

59 after the session?

60 B- They always tell me what they went over and what they're working on

61 and how she did for the day, that kind of stuff

62 R1- Right

63 B- She cheated in her games cause she likes to cheat.

64 R1- She has to win

65 B- She does! She'll be like "I didn't cheat today momma!"

66 R1- That's funny. How about when she was getting speech in school, how

67 were you involved?

68 B- I sat in there the whole time when she was at speech and they sent  
69 home papers actually from there for us to work on at home so we did  
70 home papers, we reviewed them at home what they sent.

71 R1- What were those like?

72 B- Well they were only using isolation sounds and so it would say like /t  
73 h/ and have a maze of /th/s and you'd have to say the little sounds  
74 that kind of stuff. Pretty simple.

75 R1- Were you involved with IEPs?

76 B- Yes, they did IEPs I don't remember much about it. I signed papers.

77 R1- Yes, lots of signing

78 B- That's all I remember. We went there for a school year at the school  
79 before we started up here.

80 R1- I'm kind of curious since you do home school, would you mind telling  
81 me what that's like?

82 B- Just home schooling?

83 R1- M hm

84 B- I enjoy it. Just like our schedule or with her...?

85 R1- Yeah anything, anything at all that you want to tell me

86 B- Well we use different curriculums. She's got dyslexia so I use a special  
87 curriculum for her which is a little bit different. For Katie we use Bob  
88 Jones, I don't know if you've ever heard of them, it's a Christian  
89 publication and when they teach to read they use the word families  
90 you know like for at, so you'd read cat, sat, hat, mat. And then they go

91 on, of course they, now she's doing all the long sounds and like she's  
92 working on the double o's now, the oo's and stuff now. But you know  
93 in general I go back and forth between all the kids because Lucy my  
94 five year old she's got dyslexia and APD, she just got diagnosed with  
95 both of those.

96 R1- So you have three kids?

97 B- I have four. I have a three year old he's not doing school. But it is  
98 definitely a challenge and everything taught, especially with the  
99 dyslexia and all that, it makes it overwhelming sometimes.

100 R1- I'd imagine so, that's a job. Well how does Katie's speech tie in to  
101 home schooling?

102 B- Well I actually bought some stuff called superstar speech, have you  
103 ever heard of it?

104 R1- No

105 B- It's for parents to do at home to help with it and I actually was doing  
106 that for a while and I just quit. I was so overwhelmed with everything  
107 else. And coming up her takes up so much time so I feel like if I'm  
108 getting the basics of school down I'm doing good, but mostly it's when  
109 she's reading and just in general conversation. I'll just stop her and  
110 say "Let's say it this way" you know if it jumps out at me but I don't  
111 really have a specific time to sit down and do speech with her. I really  
112 should but...

113 R1- What was that program like, what'd you say? Superstar...?

114 B- Superstar speech. She's a speech pathologist that's written it out for  
115 parents to kind of do at home to help with extra it's not real severe.  
116 It's got some cute little games and stuff to it.

117 R1- Ok, so it's like sound practice

118 B- Yeah, it's kind of like what they sent home, they send home papers  
119 they used to do, it's kind of similar. And little games to play with them.

120 R1: Well how has your experience been here with students?

121 B- I love it. The only downfall is having to switch students because when  
122 you go from someone who's really really good like we had Mallory one  
123 semester, she was great. And then you go to one that's not as bubbly  
124 and that kind of stuff it's kind of hard. And Katie's real outgoing and  
125 so they got along great, her and Mallory did. And the next semester  
126 she had someone who was more sit in your seat, work, work, work, so  
127 it made it hard for her.

128 R1- Yeah, it's different every time.

129 B- Yeah it is but I enjoy it I really do. I think they do a great job. And you  
130 certainly can't beat the price. I have the three in speech so if I was  
131 going somewhere private there's no way I could afford it.

132 R1- I know it's crazy

133 B- But I've been really happy.

134 R1- Good. I don't really have any other questions, is there anything else  
135 you'd like to add?

136 B- Not that I can think of, I feel like I'm no help

## Appendix C

- 1 R2- So, you have two sons in therapy, right?
- 2 C- Yes Will is 9 and Brandon is 7
- 3 R2- How long have they been in the therapy program here?
- 4 C- They started summer of 2010
- 5 R2- Have they received speech therapy anywhere else?
- 6 C- Yes, they started at the school when they were four years old. So I
- 7 wasn't sure what you wanted to know or how I could be helpful
- 8 R2- Just kind of tell me about your experience with therapy.
- 9 C- In general or here?
- 10 R2- In general, both
- 11 C- Ok so when Will started when he was at four year old preschool he
- 12 was at a church based preschool program and they came to see him
- 13 and he hated being pulled from the classroom and he'd throw kind of
- 14 a fit. So they scheduled it to where it was the first thing when I
- 15 dropped him off I dropped him, on the speech days, I took him
- 16 straight to her and that was in a separate room. And he'd still cry I'd
- 17 literally have to carry him there. I don't think he made much progress
- 18 that year. And the second year when he was in kindergarten his
- 19 teacher was on maternity leave for the majority like in October to
- 20 December so I didn't know what was going on. I'd get real frustrated
- 21 and I'd call a lot and ask what I should be doing at home and he had a
- 22 substitute at that time and I think it was just hectic on their part but I
- 23 was paranoid because he was in kindergarten and couldn't say /t/ at

24 all, it was /k/ for everything. I was just like certainly there's  
25 something I should be doing but then around December I remember  
26 he said something about the koilet. No it was he couldn't say /k/  
27 everything was /t/, every /k/ sound was /t/. And all of a sudden he  
28 said koilet and I noticed that was odd. Then I realized he was  
29 correcting what he thought was a mistake when he said toilet and I  
30 realized that he'd been saying /k/ and I hadn't noticed so he had  
31 made, all of a sudden around Christmas time, he had made that  
32 improvement. And that was like the happiest moment when he I  
33 realized he was saying coo-kie and all that stuff. Then later came the  
34 /g/. Anyway, I remember a lot I don't know how much detail you  
35 want but then I got to, when his teacher came back from maternity  
36 leave I got to get more homework assignments and stuff for him then I  
37 felt like I had more participation. And then when Brandon started  
38 when he was, he's two years behind, so by the time Will was in first  
39 grade Brandon started speech so then they were both in speech. And  
40 Brandon's teacher was very, I don't know if it was the teacher of him,  
41 but he was very happy to go and he never resisted and was always  
42 proud of his treats and stickers and stuff. And it was the same  
43 location, it was a different teacher though but I feel like he's always  
44 been making progress and I haven't really had to do a lot of  
45 homework with him and that's good because around the time he  
46 started I had another baby and it was kind of crazy. And then we

47 started here because I felt like Will's progress was slowing down and  
48 maybe it was just gossip but I'd heard the teacher he had been  
49 assigned wasn't that good and I mean just, I decided I wanted to work  
50 with him more and that this program would be a good fit so that's  
51 when I applied here and they started that summer. And that's when I  
52 thought, like I was really empowered because I could watch through  
53 the window and I have tried to take advantage of that as much as  
54 possible. And then I saw the games that they played with Will and  
55 thought 'I can do that' so I started doing a lot of that at home. Then I  
56 started worrying about Brandon because he wasn't making progress  
57 with the /r/ and I could see them getting frustrated with, not  
58 frustrated like, but I could see that they were trying different things  
59 and trying but he still wasn't getting it. I even asked a friend, a co-  
60 worker in City County who was talking about some new device she  
61 had that was like a molded piece in their mouth that would give them  
62 feedback and I was really close to getting Brandon in on that because  
63 she was going to explore whether or not it was covered under  
64 Medicaid or not and if it wasn't I was thinking if it went on much  
65 further I was going to go ahead and maybe pay for it. But then he  
66 started saying /r/ and I was very glad we wouldn't have to do that.  
67 So, that would have been another therapy person I had experience  
68 with but I think we're done this semester with both of them here. I  
69 know we're done here but Will's probably going to continue at school

70 because his teacher has noticed that during his conversation he'll slip  
71 back into his old habits, in conversation and in class that's why we're  
72 being dismissed here because in the room he's doing so well. And so  
73 that's why I'm going to participate in the session later, she's just going  
74 to listen to how he talks to me and see if he slips back into his habits I  
75 guess that's the point. That's my kind of my beginning to end broad  
76 strokes.

77 R1- Yeah, would you mind going back, kind of way back when you were  
78 talking about how Will's teacher came back from maternity leave and  
79 you got some homework, could you give me some examples of the  
80 kinds of things you would do?

81 C- It was, every homework sheet I've ever seen looks like they came from  
82 the same workbook. And it's like repeat the words with the blah  
83 sound and the teacher filled in the blank and it's maybe a person  
84 holding a thing of bubbles and the teacher would right the words in  
85 the bubbles and we would repeat the words three times each and that  
86 would be the homework. And I don't know for sure if Will's teachers  
87 wanted him to do this the whole time or if Brandon was just an  
88 overachiever because Will's kind of like he doesn't know what's going  
89 on half the time, he forgets, he's just in la la land but Brandon is  
90 always aiming to please. So when Brandon started going to speech he  
91 would get those worksheets and they would say, he would say you  
92 need to sign this because I get a sticker if you sign this and I bring it



93 back to say that I did my homework. So he would bring it to me and  
94 I'd make sure I signed it and we did it. I was doing it with Will but I  
95 never turned them back and signed them so I don't know if his teacher  
96 knew if I was doing them or not. But that's what they were; just  
97 repeat this word, or sometimes it'd be in the sentence it would specify  
98 a sentence. But I think after a while Will quit bringing them home or  
99 maybe they don't do them anymore.

100 R1- How much time would you spend going through those worksheets?

101 C- The worksheets themselves maybe just maybe ten to twenty minutes.  
102 Maybe not even twenty, more like ten but the benefit I think of those  
103 sheets, to give them credit, is they brought awareness of the words  
104 with those sounds in it because maybe I wouldn't notice that...I can't  
105 think of an example but some words that aren't spelled with a /s/ still  
106 have the /s/ sound or a /th/ is disguised cause it's like a compound,  
107 like bathroom or something and it'd make me think 'Oh that's a sound  
108 we use a lot and bring it to my mind and I would try to correct him  
109 throughout the day. So for the worksheet for homework itself maybe  
110 just ten minutes and maybe I would remember to do on a non-speech  
111 day when it wasn't in the folder but not often. Then I saw them doing  
112 mad-libs one time where they filled it in with a word bank, words  
113 from a word bank that were his target words and I fell in love with  
114 that idea and got him mad-libs and we started doing those but then he  
115 started resisting so that got old to him after a while.

116 R1- How about the corrections would you tell us about that, what you do?  
117 C- Well, Brandon's, my younger child with the /r/ sound, I didn't correct  
118 because he couldn't say the word, he couldn't say the sound for so  
119 long and when he started to I was afraid to push it I didn't want him to  
120 revert to the wrong sound because he was saying it wrong so long I  
121 didn't want to overcorrect and then him, I don't know I was afraid I  
122 was going to tire him out somehow so I didn't correct, but now he's  
123 kind of corrected on his own. But Will, in retrospect maybe I should  
124 have corrected him more but it was such a sound that throughout his  
125 whole...like he couldn't say a sentence without there being at least  
126 three errors in it because the /s/ is so, it's /s/, /ch/, /th/, /sh/, all  
127 those tongue sounds so like for so long it was just constant so I would  
128 just pick a word and then when he said that word, then that was too  
129 hard for me to remember but the one thing that I started doing that I  
130 noticed was that it was more consistent when the sound was at the  
131 end of the, the last word of the sentence then I would pick that one.  
132 Because then I would let him get his thought out and say "Can you say  
133 theirs again?" and that's when, I think that was when I was able to be  
134 more consistent and I don't know if that was the trick or if it was just  
135 timing but those are two different things that I tried. And then his  
136 therapist recommended when I corrected to see if he would say the  
137 word three times and that would help him, when I correct not just say  
138 it once but say it three times so I tried that. But Brandon has

139 completely incorporated it on his own, I felt like once he started  
140 saying the /r/ sound right it was in everything right so I've been lucky  
141 there.

142 R1- Yeah, that's good.

143 R2- What about when you were looking through the window at the  
144 therapy sessions, what are some things that you saw and kind of  
145 incorporated at home or that you've used from that?

146 C- Like that mad-lib game, that was something, and then I – that was  
147 something I kind of slapped myself on the forehead like a duh moment  
148 because I remember liking mad-libs when I was a kid and I didn't even  
149 have speech therapy so I was like that would be a great idea just for  
150 fun. And so I just went out and bought a whole bunch of those and so  
151 that was a big one. And then also like how they will play checkers and  
152 just talk and then correct kind of subtly and it's not about, it's not like  
153 a speech game it's just a game and they're just trying to get him to talk  
154 and then correct him like sneaky – I've kind of like, that may be like of  
155 course, duh, but watching them do it made me realize that that was a  
156 good idea to do. Like not necessarily have ok this is speech time and  
157 I'm going to correct your speech now but like just play and when he  
158 says something listening for it. That was some. Oh and with Brandon  
159 getting like a I can't remember the name of it but it's like a toothbrush  
160 but it's like a tooth swab – toothette, that's the word, toothette, and  
161 rubbing it to stimulate his mouth and I was going to buy a pack of

162 those and do that at home but he just made so much progress so quick  
163 I didn't have time to do that, but that was one thing I was about to  
164 start doing. Sometimes, I was going to copy the mirror thing like  
165 having to look at themselves in the mirror I still may do that but those  
166 molded mirrors that are like plastic and kid proof that come with like  
167 evaluation kits and speech supply stuff are hard to buy in stores that  
168 aren't baby mirrors and distorted. So I gave up on that. Other things,  
169 oh way back when Will was in preschool and I kept nagging the  
170 teacher to tell me what I should do with him at home she  
171 recommended chewing gum, like that may stimulate his mouth  
172 because he needed some strengthening. And she recommended a lot  
173 of other things, like lollipops or licking off his lips or copying in the  
174 mirror kinds of exercises and the only thing I could get him to  
175 cooperate in was chewing gum so they've always kind of had the  
176 green light on sugar-free chewing gum. And then my friend who's a  
177 dentist said that was good too. So that's something that I've always let  
178 them do to hopefully wake up their mouths or use their tongues and  
179 my two year old who's about to be three has wonderful articulation, I  
180 hope that she never has to be in speech therapy. But she can already  
181 say the /r/ sound, I've heard her say it, not every time but I've heard  
182 her make it like without meaning to I've heard it come out so but she  
183 still says things, substitutions and stuff but she has said the /s/ sound  
184 correctly and she has said the – but she'll still say it wrong most of the

185 time but like when I hear it I'm like oh she said it so like if later if she's  
186 ever not saying it I'm going to jump on it.

187 R1- What about participating in the therapy sessions?

188 C- So far I've just watched through the window, today will be the first  
189 time that I've gone in and participated and I'm excited about that. So  
190 far here they've never been grumpy or like refused to participate in  
191 general. There have been one or two days like Brandon when he had  
192 to get punished right before we were heading to the car to go to  
193 speech and then he just kind of had, he was stubborn didn't want to it  
194 and they were like "I don't know what's wrong with Brandon today",  
195 I'm like I do. But other than that they've always come really happy I  
196 think they like the setup here and our whole day is like planned  
197 around it so it's not like they're missing anything like in preschool it  
198 was different he was missing free play or he was missing outdoor  
199 recess or whatever, but here it's like it 's time to go to speech and both  
200 of them are in it so there's not like, you know your brother's not  
201 having an awesome time in the waiting room while you're hard  
202 working. I feel like I've been obsessed like I said with their speech for  
203 the past two years or more, four year old, five year old, first, second,  
204 so it's been four years for Brandon and six for Will.

205 R1- That's a big deal. What about participating in conferences?

206 C- I feel like that's a funny topic because what I do is early intervention,  
207 I'm a service coordinator and I do IFSPs every single day and I do six

208 month reviews and new updates and revisions, and I'm constantly  
209 going oh you're part of the team and you're opinion is important and I  
210 want to know what you think and what do you think is a good goal  
211 and then I go to their school once a year and the IEP is pretty much  
212 written ahead of time and I just sign it and I feel like I've never been  
213 on the team, ever. But here yall do have a form that says "what do you  
214 want to work on this semester?" and I love that. I'm like ok let's work  
215 on something....I feel like I have input her, a lot of input, but really at  
216 school I've never - it's hard for me to even get them on the phone  
217 sometimes and when Will was in kindergarten I was kind of stalking  
218 them like because I was naïve, I felt like I was supposed to be kept in  
219 the loop more but now I realize that that's just not the system that  
220 they have. So I'm ok with that, that's why I sought outside help. They  
221 have, they pretty much send the progress note maybe once a nine  
222 weeks at school and sometimes I look at that but most of the time,  
223 once they started here, I don't even bother to look at that anymore  
224 because it's pretty much saying what sounds they're working on but  
225 doesn't say what strategies they're doing or anything like tips or  
226 anything like that. They'll say they're working on these sounds and  
227 they'll circle not applicable or not started yet or progress made. I  
228 really had to study it to figure out what it meant and then once a year I  
229 go and sign the IEP, but other than that I didn't even meet Will's  
230 teacher, I really don't meet them until the end of the year. Like they

231 get a new teacher in August and I don't meet them until I'm signing  
232 the May IEP except when Will was in kindergarten and I was obsessed  
233 and stalking and on the phone all the time. But then I let go.

234 R1- Yeah. How is talking to the therapists here?

235 C- They answer my questions all the time. Plus, with Brandon, when I'm  
236 watching the supervisor is in there making rounds too so she'll chat  
237 with me and I feel like I can ask any question I want at that time.

238 R1- And you're observing everything so you don't really need to ask what  
239 to do.

240 C- Right I really don't need to ask that many questions other than when  
241 Brandon wasn't making progress I was asking every time "What can I  
242 do?" But here, this has been a dream come true. It's a very very very  
243 good setup, thumbs up. I think if there weren't a window for me to  
244 watch I wouldn't necessarily know more about the strategies or tips  
245 or whatever but because there is I just feel like I'm in the know and so  
246 it's very beneficial, that observation room. And they don't know that  
247 I'm watching and so they're acting, I've caught them in so many lies  
248 like they'll just lie to their speech teacher. Brandon has told her all the  
249 toys he's had like he's making up a fantasy, like "I've got the Harry  
250 Potter Hogwarts Castle and I built it the other day" and I'm like you  
251 don't have that toy. He said he had a DS that he could use to spy on  
252 people to watch movies on it. We don't have a DS. Anyway I just had  
253 to get up and leave I was almost embarrassed like someone would

254 know he was lying, I just kept looking around like do you hear this?! I  
255 was in there by myself but so I know that they know I'm not watching  
256 every time, they feel comfortable.

257 R1- When you were talking about the form you fill out to say what you'd  
258 like them to work on could you give me an example of something  
259 you'd write?

260 C- Like they have a grandmother named Shelia and she calls herself  
261 "Shee Shee" so I was just, I know one time he wasn't saying Shee Shee  
262 right, he was "Thee Thee" and so I was like can we work on Shee Shee,  
263 saying that right? Because I know he'll say that a thousand times a  
264 day. That was something that was unique that I knew that was a word  
265 that they didn't know that we said, that wouldn't be in their  
266 vocabulary but it is in ours. Another thing was, I emphasized this  
267 semester, the conversation outside of the speech room thing. That's  
268 probably why they came up with the group idea. Jesus, the word  
269 Jesus, Will because his J's were wrong too, something weird about the  
270 way he said J sound. I just noticed one day when the children were  
271 singing at church when he said Jesus it was like "Thesuh". Everyone  
272 else had their pretty little smiles and Will's Jesus was a little bit  
273 different, that's when I noticed it because it was the performance but I  
274 guess when I notice words that are in our vocabulary that he says a lot  
275 I brought those up. I can't think of any like I know there was  
276 something else besides that that I put on there. But it wasn't



277 necessarily a goal that yall hadn't already established from testing. It  
278 was just, I guess pointing out our quirks. When Will was in  
279 kindergarten his Townsville therapist, I wrote her a note letting her  
280 know that he was in karate and they said "ush" for everything like that  
281 was like "yes mam" like they said "ush" and I wrote her a note saying  
282 that was something he could work on and that his grandmother's  
283 name was Shee Shee so I wrote her that note and she was very  
284 appreciative of that but by the time we were here they weren't in  
285 karate anymore so that wasn't an appropriate one but I did  
286 participate that was back then with them. I can't think of anything  
287 else.

288 R1- Ok, I think we covered everything if you don't have anything else to  
289 add. You have any other questions?

290 R2- Not that I can think of.

Table of Themes

<b>Themes</b>	Interview A	Interview B	Interview C
<b>Acceptance</b>			
- Learning more about disability	157 “anything I can go to to find out more about her”	56-57 “I talk to her the whole time and ask her opinions and stuff”	235-236 “she’ll chat with me and I feel like I can ask any question I want at that time”
- Using therapy sessions to guide what is done at home	117-118 “I’m not a therapist so I wouldn’t know anything to do if I didn’t watch and learn that way”	17-18 “I sit and watch and then of course when we’re at home I correct her”	51-53 “I could watch through the window and I have tried to take advantage of that as much as possible”
- Working on speech daily with routines or games	298-299 “incorporate anything into your just everyday all the time”	27-28 “I work with her on sounds and stuff (during reading) but to actually have a time set aside I don’t really do it”	155 “ ok this is speech time”
- Being in-tune with strengths, weaknesses, and progress	232-233 “we started seeing a lot more progress then and then the vocabulary exploded”	33 “her ‘r’s, they give her trouble”	28-29 “realized he was correcting what he thought was a mistake”
<b>Emotions</b>			
- Enjoyment of therapy	253-254 “I think just the way it’s set up here has really helped increase her skills”	129 “I enjoy it, I really do. I think they do a great job”	241 “but here, this has been a dream come true”

-Worry	276-277 "I was so worried about leaving [the school for language-disordered children]"	121-122 "the only downfall is having to switch students when you go from someone who's really really good...to one that's not as bubbly"	23-24 "I was paranoid because he was in kindergarten and couldn't say /t/ at all"
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