

READY?.... OR NOT?

**SLPs' Perceptions of Graduate
Preparation for Early Intervention
Services**



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EARLY On Center for Higher Education



The *Early On* Center provides faculty grants to support research in the field of early intervention and its practical application in the State of Michigan.

Background

- For close to a quarter century Federal laws have recognized, supported & mandated EI services
- Strong body of research demonstrating the power and necessity of providing EI
- Intervening early (using a Family Model) results in better outcomes than intervening later

Background

- Professionals most involved with families:
 - Service coordinator (63%)
 - Speech-Lang. Pathologist (53%)
 - PT/OT (38%)
 - Child Dev. Specialist (32%)
 - Special Educator (29%)

(National Early Intervention Longitudinal Study, 2007)

Background (NEILS, 2007)

- Of the 22 reasons listed by parents for receiving EI services, **speech therapy** occurred most frequently
- Most common EI team composition?
 1. SPED educator/CD specialist
 2. **SLP**
 3. PT or OT
- **Speech Tx** was the most frequent single service provider

(National Early Intervention Longitudinal Study, 2007)

Rationale for the Study

- Significant increases in the numbers of CLD children present a major challenge to monolingual speech-language pathologists .
- SLPs are required to serve children and their families regardless of cultural or linguistic background.
- This challenge is intensified by the high proportion of familial interaction that EI services require.

Rationale for the Study

- Oral language proficiency is an important prerequisite for children's literacy development (Uccelli & Paez, 2007).
- Effective home literacy experiences are highly predictive of higher literacy outcomes and academic achievement (Hart & Risley, 1995; Caesar & Nelson, in press)
- There is a dearth of information regarding *how* or *whether* specific training is being provided to pre-service SLPs in the area of *Early Intervention*.

Purpose of the Study

- To gather information regarding the adequacy of undergraduate & graduate SLP preparation for early intervention services.
- To provide a source of information regarding pre-service & continuing education needs related to service delivery to infants, toddlers and their families.

Questions

1. Are **SLPs** employed in Early Intervention (EI) settings satisfied with the adequacy of EI knowledge and skills obtained during their professional education?
2. What are the perceptions of **department chairs and clinical directors** regarding the adequacy of EI knowledge and skills that their professionals programs provide?
3. Is there a difference in perceptions of training adequacy between **SLPs** employed in EI settings and **MI university personnel**?

Questions

4. Do the present coursework and practicum curricular offerings provide SLP students with opportunities to acquire recommended knowledge and skills in the area of EI?

5. How closely do curricular offerings conform to ASHA/IDEA requirements regarding necessary recommended knowledge and skills for SLP early intervention service providers?

Methods

- Measures
 1. **SLPs' Early Intervention Survey**
 - Data obtained via self-administered mail questionnaire
 - 588 SLPs were mailed a survey packet containing a cover letter, questionnaire, \$2.00 bill, and SASE.

Methods

- Subjects (SLPs)
 - SLPs selected for participation in this study were obtained from the 2010 ASHA mailing list.
- Target group of Early Intervention SLPs who were:
 - (i) certified members of ASHA; (ii) employed in Michigan; and (iii) serving 0-3 populations
- 358 SLPs responded to the survey. Results are based on 189 usable surveys
- Familiar with *Early On*? Yes (54%) No (46%)

SLPs' Early Intervention Survey

- Section 1: Clinician Background & Work Setting
- Section 2: Caseload Composition
- Section 3: Core Knowledge in Early Intervention
- Section 4: Core Skills in Early Intervention
- Section 5: Cultural/Linguistic Proficiency & Training
- Section 6: Demographic Background

Methods

- Measures
 - 2. **University Programs Early Intervention Survey**
 - Data collected via an electronic questionnaire using “Survey Monkey”
 - Sent **18** surveys to chairs and clinic directors of **8** university programs in Michigan with G/UG graduate programs
 - The 25-question survey was adapted and modified from an instrument used by Hammond, Mitchell and Johnson, 2009

Methods

- Subjects (University Personnel)
 - University Program Selection
 - Public and/or private universities
 - Graduate and/or undergraduate program in CSD
 - University Personnel Selection
 - Department Chairs
 - Program Directors
 - Clinical Directors
- Names and contact information obtained from University websites

University Programs Early Intervention Survey

- Background Information
- Section 1: Core Knowledge in Early Intervention
- Section 2: Core Skills in Early Intervention
- Section 3: Students' Academic Preparation
- Section 4: CLD Course Work Availability
- Section 5: EI Course Work Availability

KASA Scales

(ASHA, 2008)

Core Knowledge

- Typical development
- Impact of delay
- Bilingual development
- Educating children & adults
- Family interactions & functioning
- Role of culture, values, beliefs

Core Skills

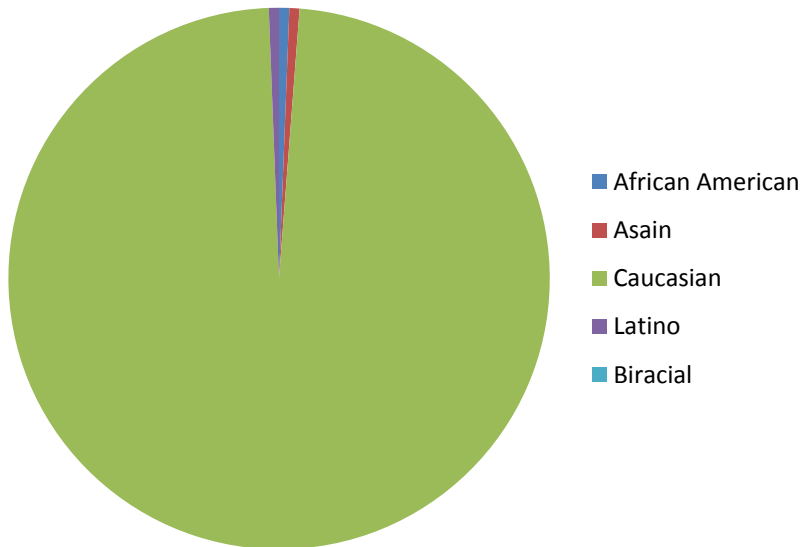
- Family-centered assessment & Intervention
- Family communication
- Providing resources & education
- CLD characteristics that influence decisions
- Coordinating services for families

Summary of Survey Results - SLPs

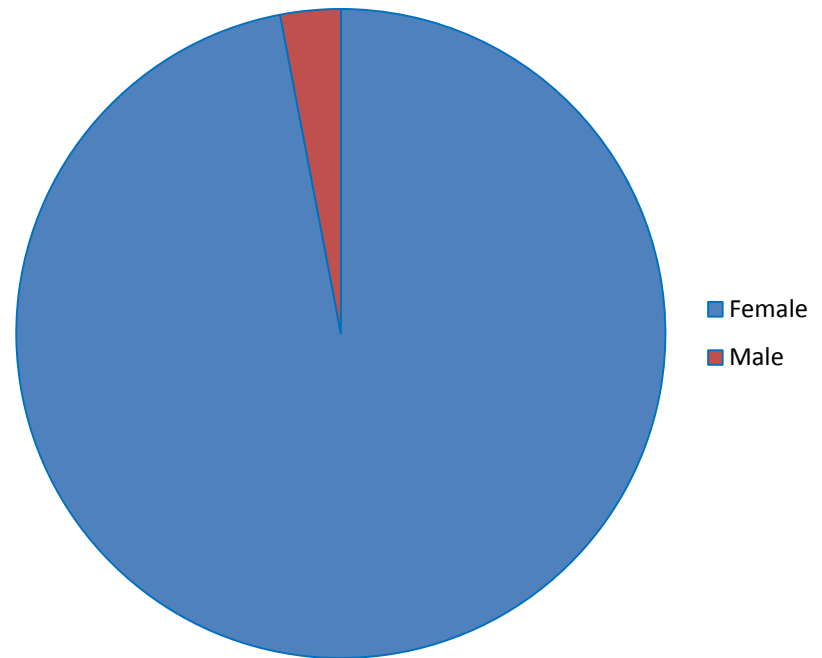


Demographic Profile - SLPs

Race/Ethnicity

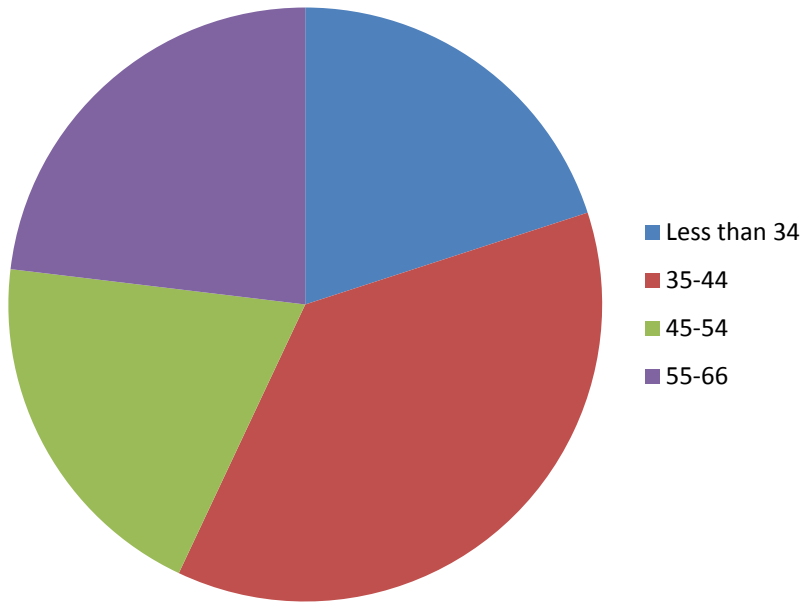


SLP Gender

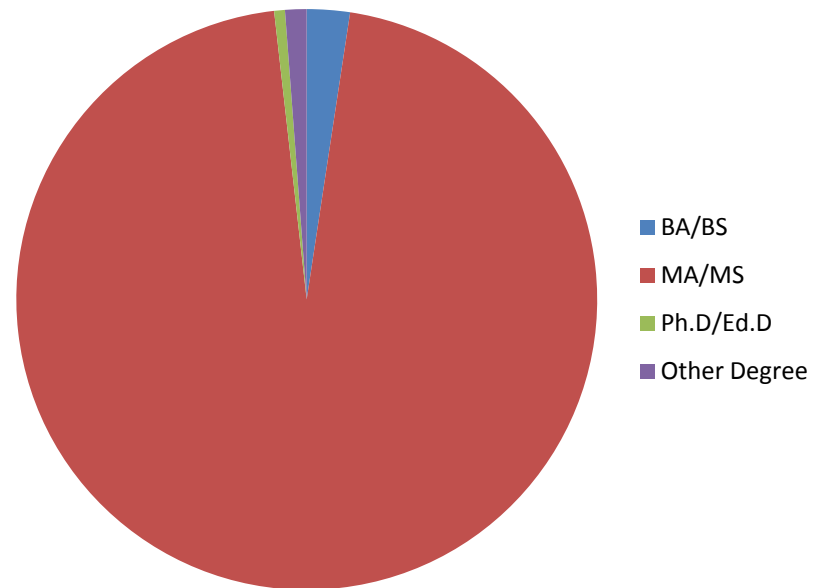


Demographic Profile - SLPs

SLP Age

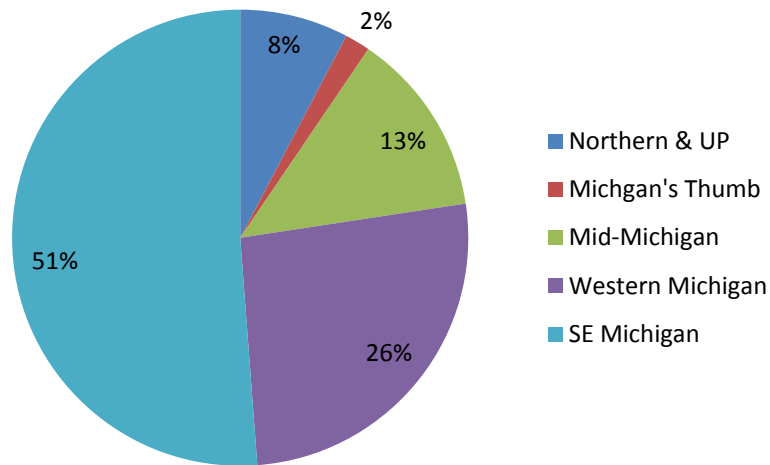


SLP Highest Degree Earned

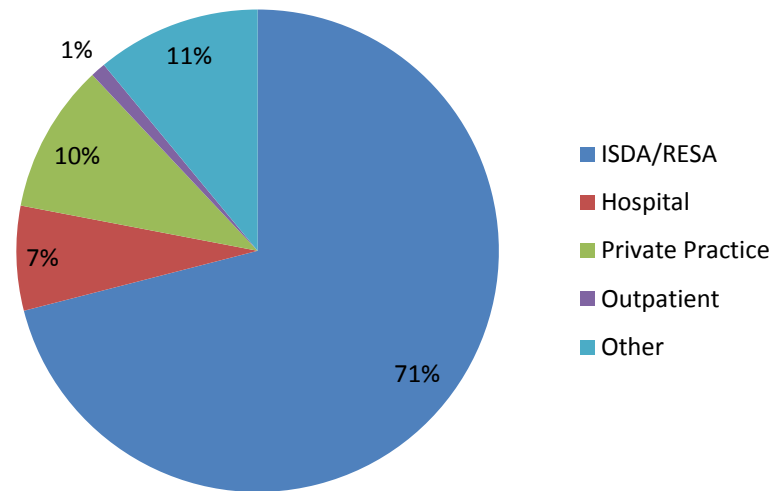


Employment Context - SLPs

SLP Geographic Work Region

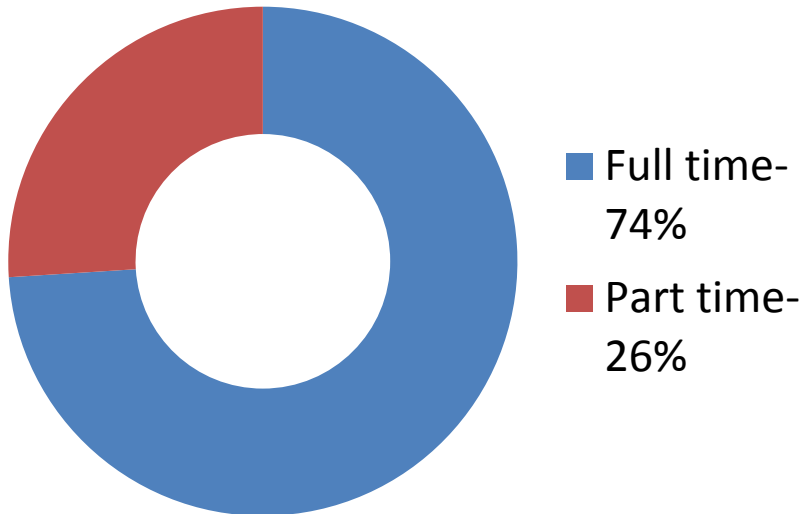


SLP Employment Settings



Employment Context - SLPs

Full Time vs Part time



Total vs EI
Experience
(years)

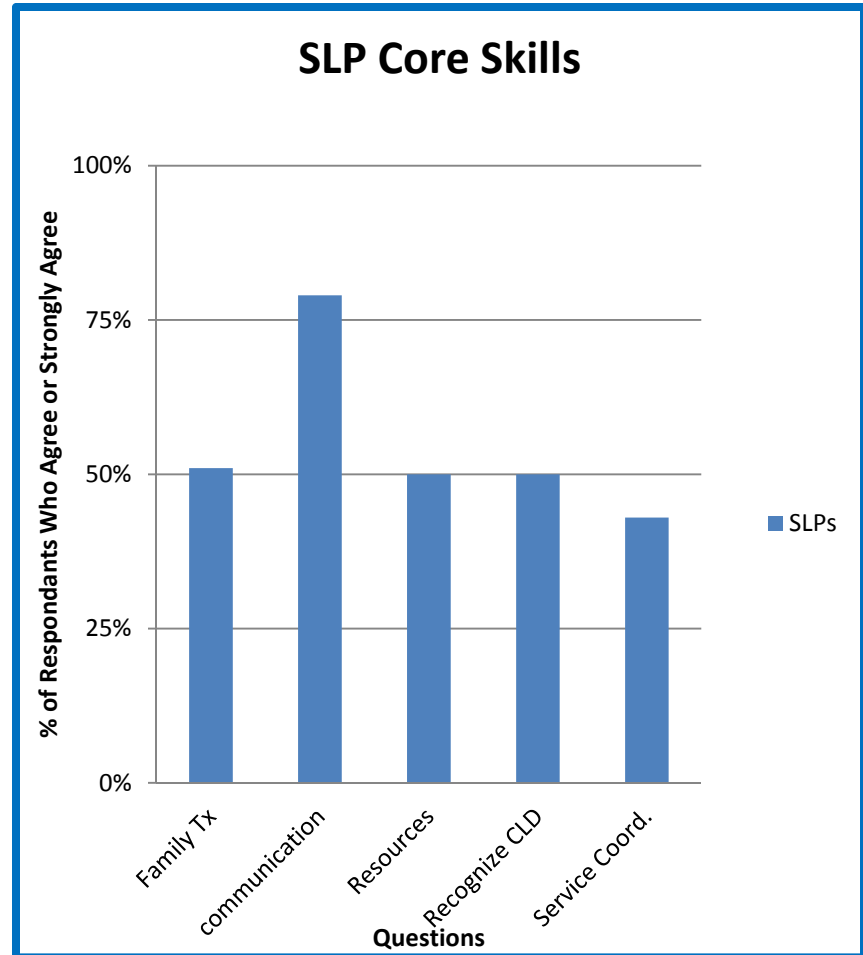
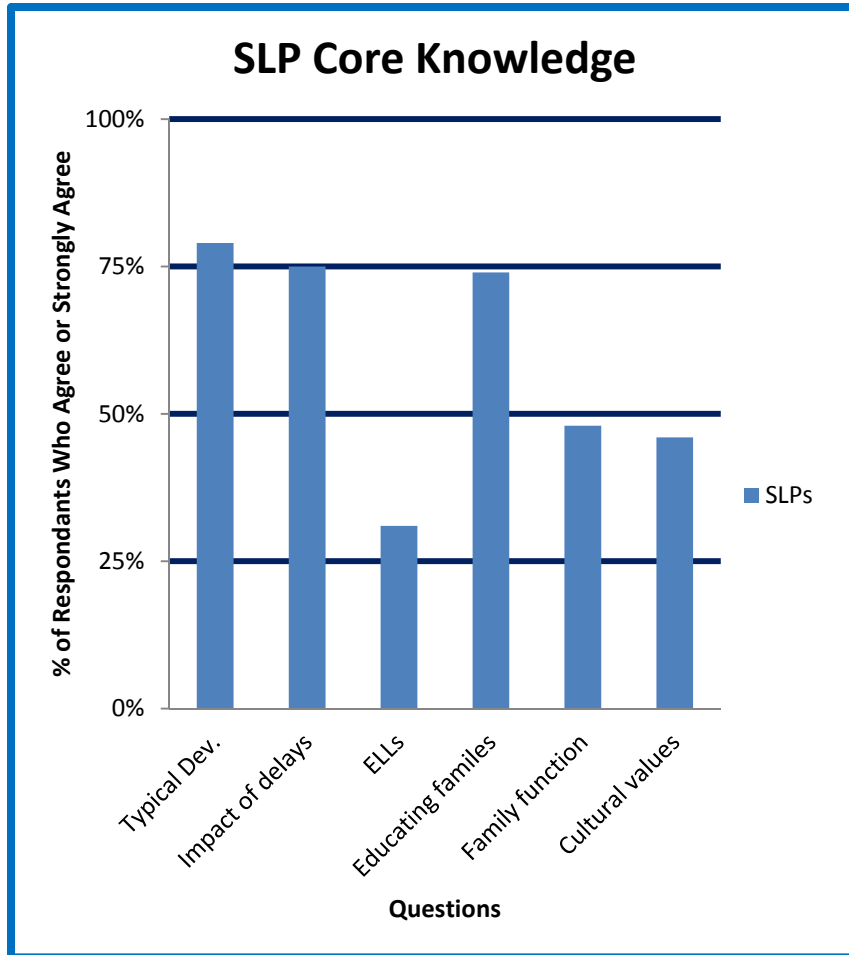
Total=18.46

EI=10.19

Caseload Context

- Caseload/Workload
 - # of families currently served: **0-200, mean=20.18**
 - # of bilingual families served: **0-63, mean=3.13**
 - # of Racial/Ethnic groups represented: **20+**
 - # of Racial/Ethnic groups represented: **20+**
 - Most frequent diagnoses:
 - **Autism (84%)**
 - **Motor skill delays (78%)**
 - **Genetic/Chromosomal disorders (72%)**
 - Average EI sessions: **45 minutes, 2x weekly**

Results



Cultural/Linguistic Proficiency & Training	% (SA+A)
1. I speak a language other than English with enough fluency to communicate	6
2. My education provided sufficient theoretical knowledge about CLD populations	45
3. My education provided sufficient practical experience with CLD populations	25
4. Continuing education related to CLD is sufficient	61
5. I am qualified to assess CLD infants & toddlers	69
6. I am qualified to provide services to CLD families	73



UNIVERSITY PROGRAMS EI SURVEY

UP Demographic Profile

(N=12)

- Current Role:
 - Dept. Chair:- 5
 - Grad Program Director:- 1
 - Clinic Director:- 7
- No. of Years in Role: 2-19 (X=5.125)
- Gender: M= 1 ; F= 11

Demographic Profile

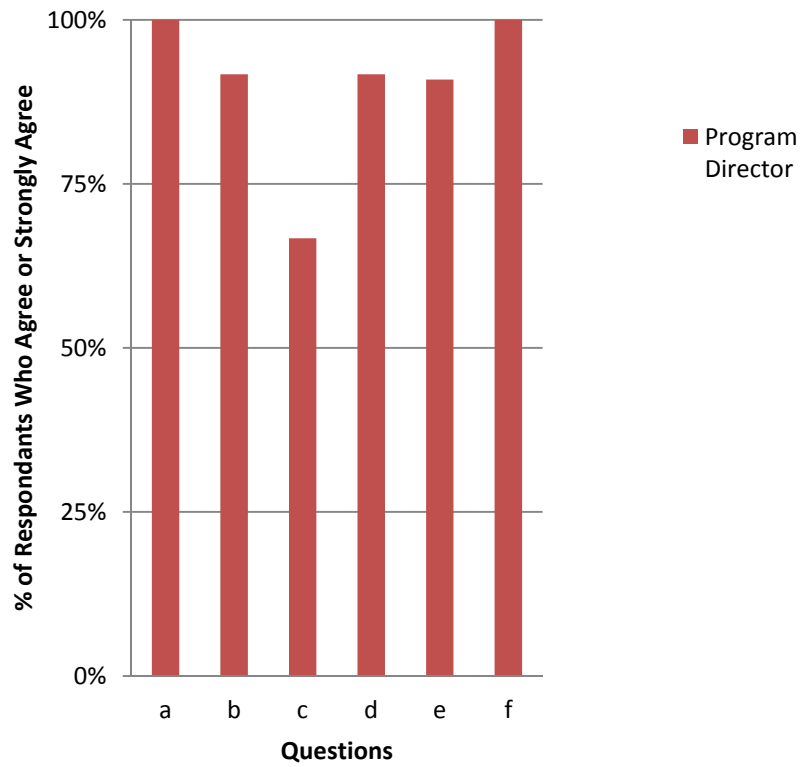
University Personnel x Location

(N=12)

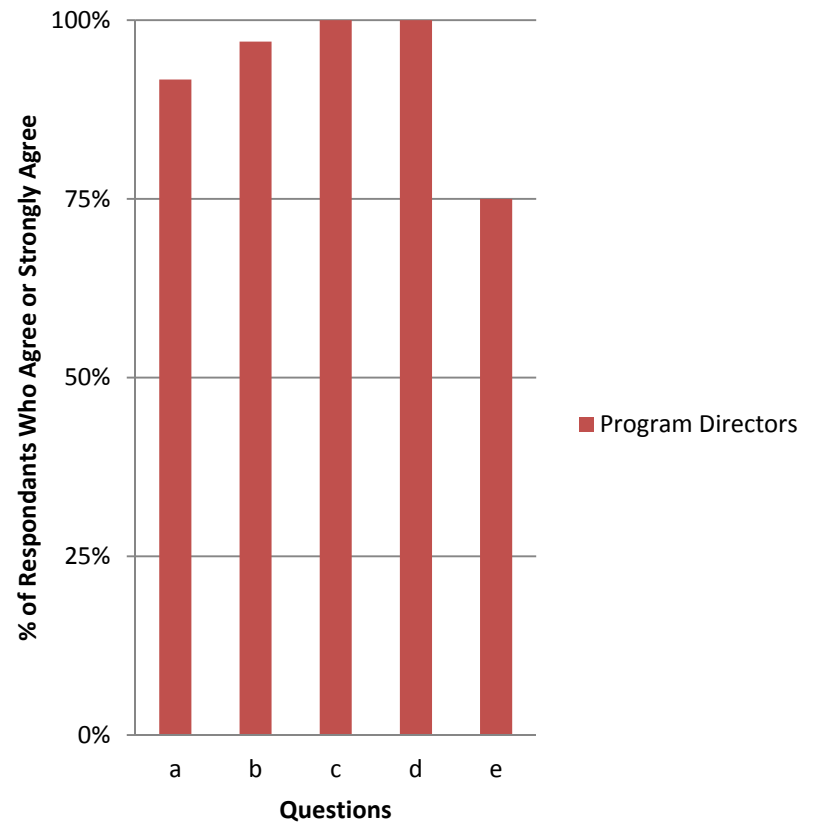
<u>City/Town</u>	<u># of Respondents</u>
Detroit, MI	2
East Lansing, MI	1
Kalamazoo, MI	3
Grand Rapids, MI	2
Marquette, MI	1
Mt. Pleasant, MI	1
Ypsilanti, MI	2

Results

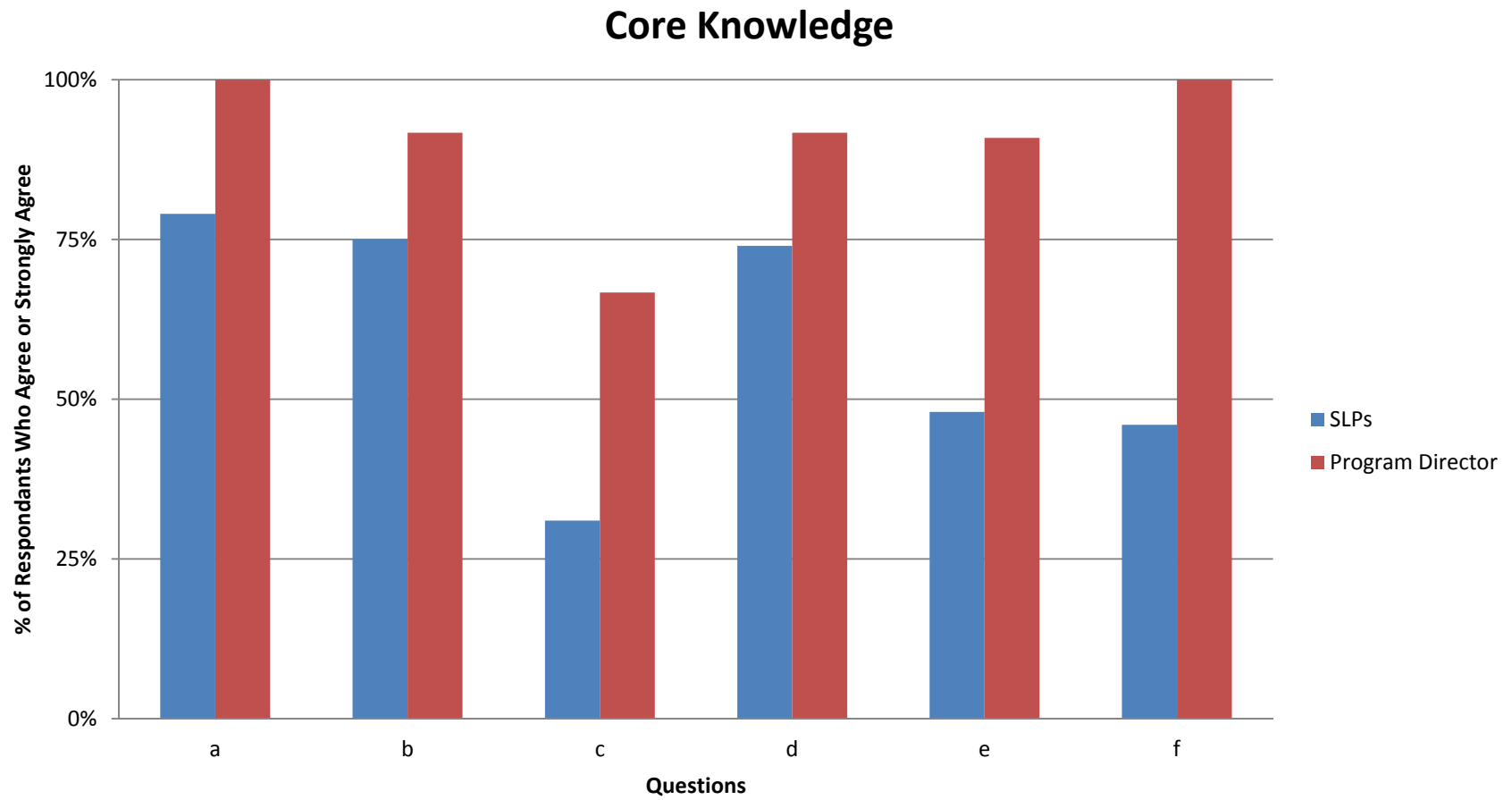
Program Director Core Knowledge



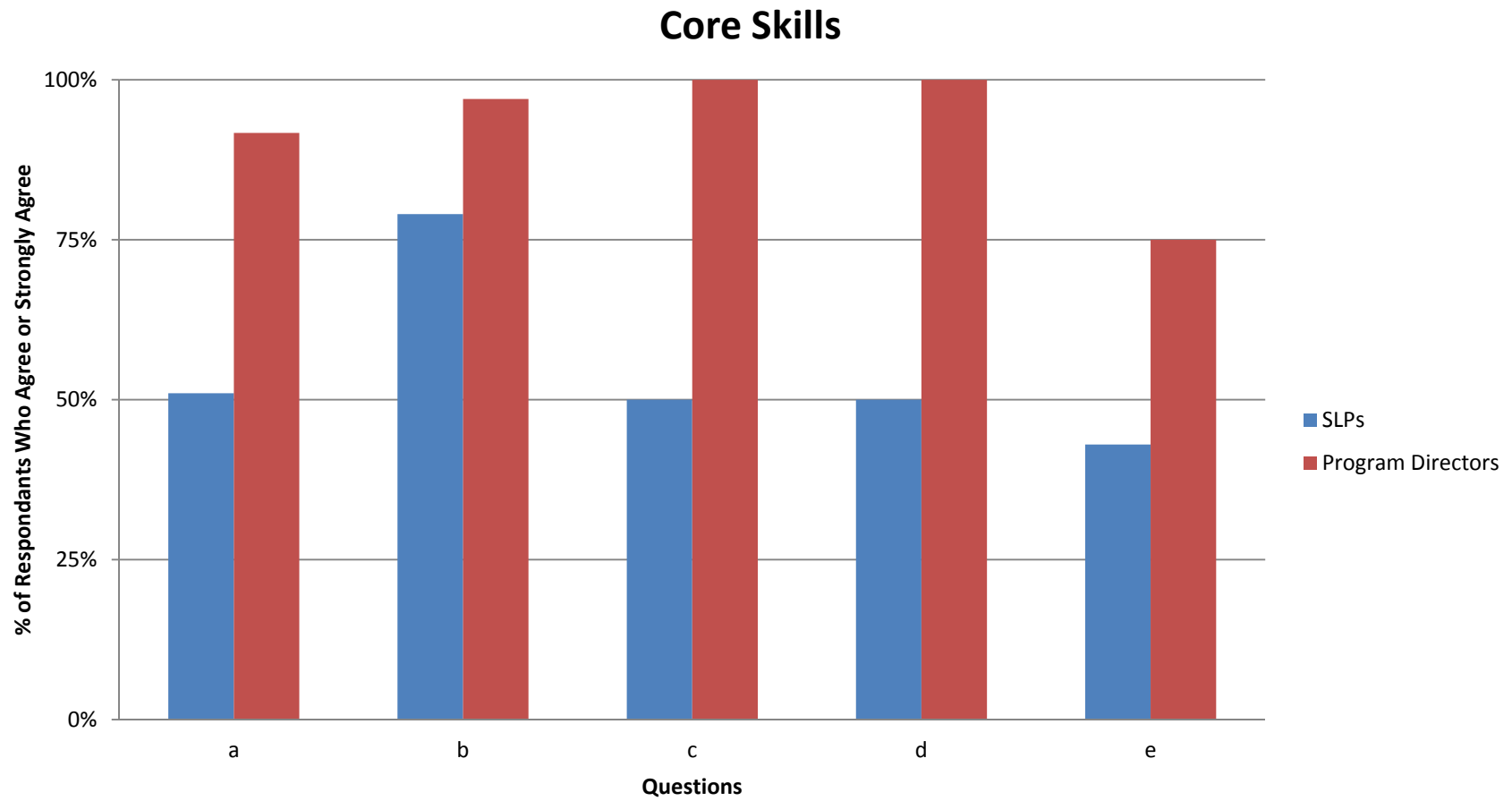
Program Director Core Skills



Comparative Results



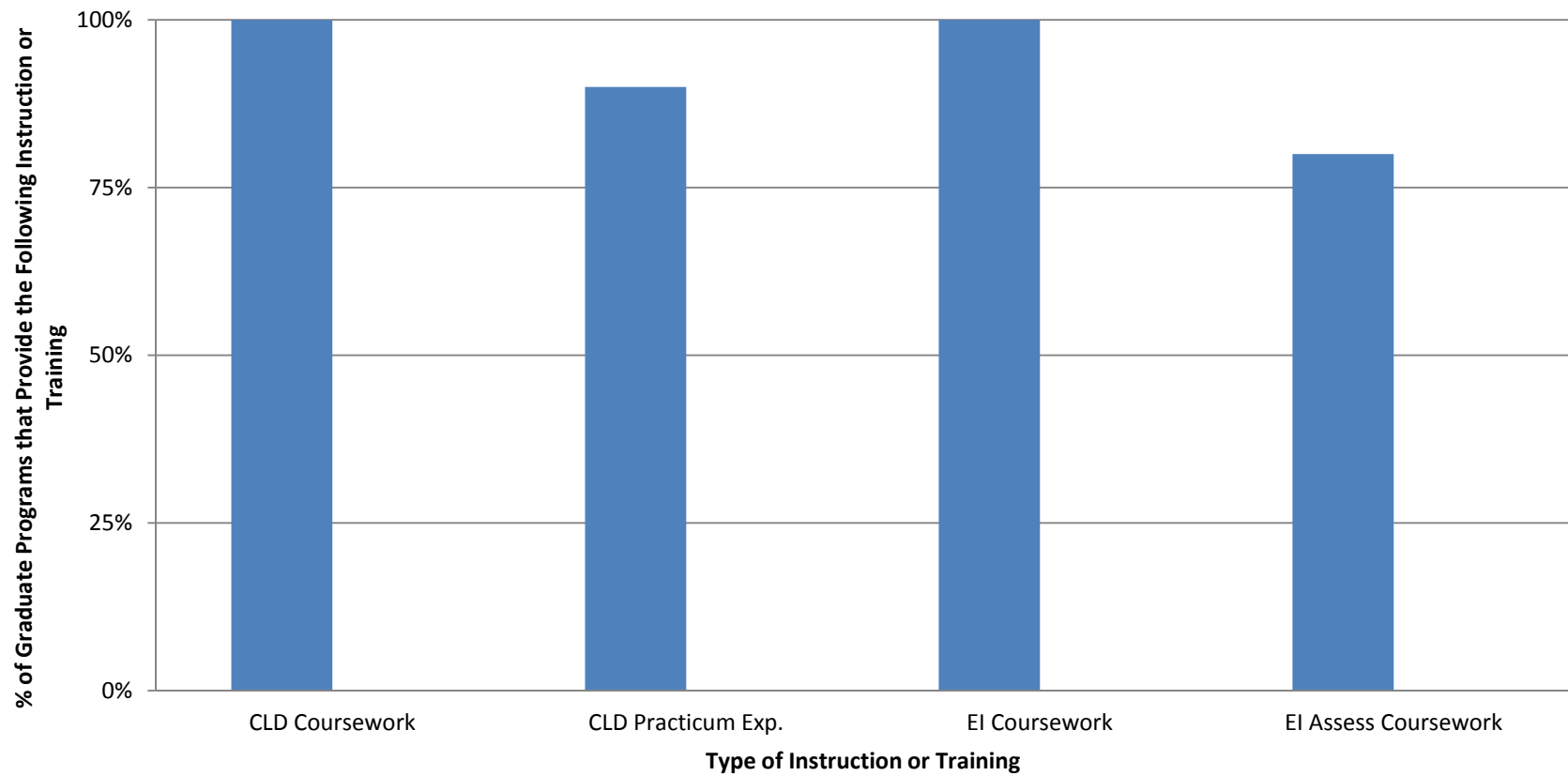
Comparative Results



Coursework Adequacy

CLD and EI

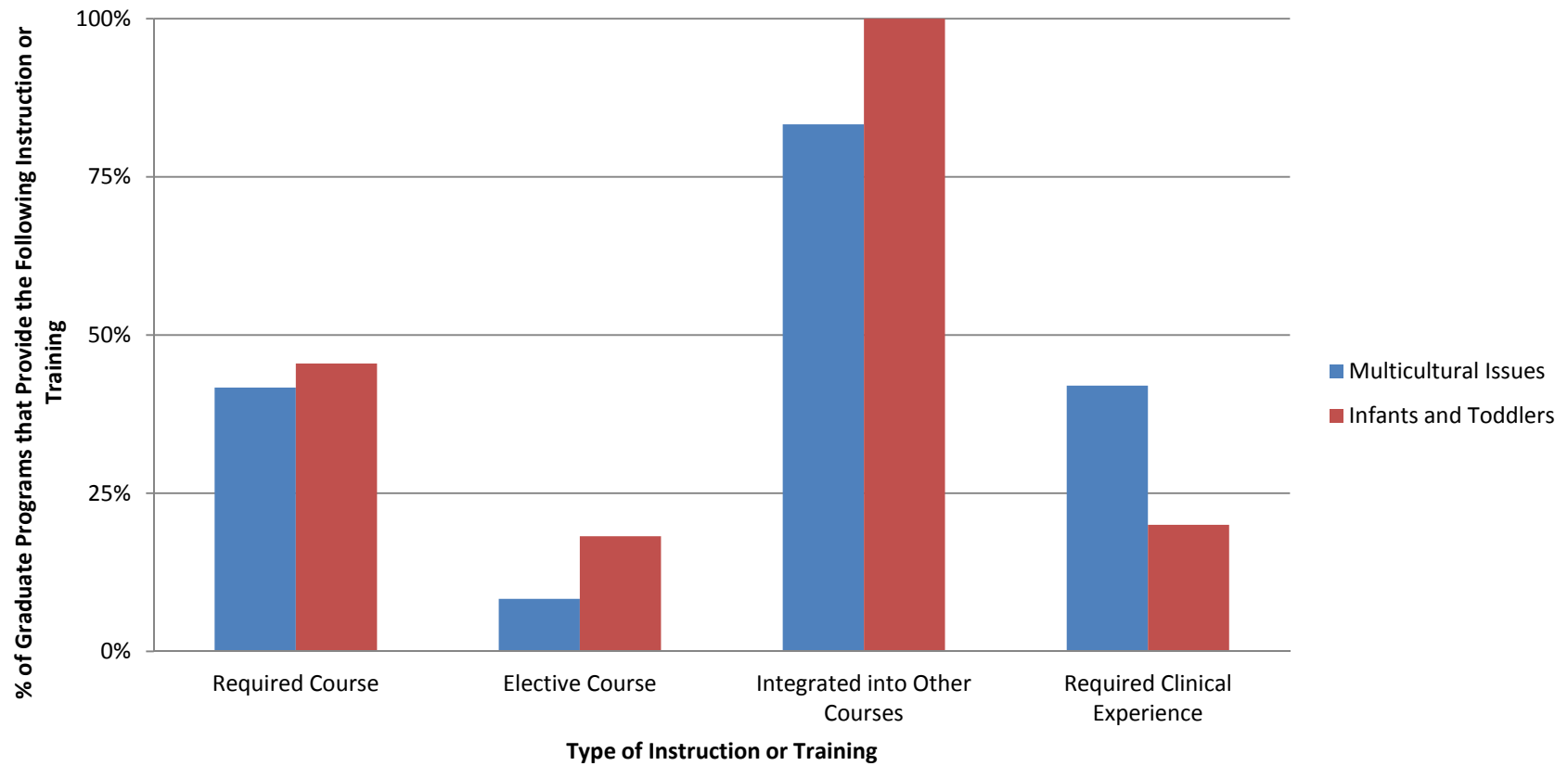
Graduate Program Offerings



Coursework Availability

CLD vs. EI

Graduate Program Offerings



Summary of Results

- Significant discrepancy between perceptions of SLPs and University personnel (UP).
- UP perceive adequacy but list minimal specific coursework.
- SLPs perceptions of inadequate preparation counter balanced by perceptions of competence.
- Skills training (clinical practicum) may be more lacking than knowledge (academic coursework).

Are we ready? Or Not?

(The Issues)

- How much is enough/necessary?
 - The role of experience in professional development
 - The phenomenon of retention/memory loss
- How much is realistic?
 - Generalist vs. the Specialist model*
 - The “burgeoning” of the profession
- How much is feasible?
 - How much coursework + clinical practica can possibly be *done in 2 years?* (Move to a clinical doctorate???)
 - Do we need to prioritize coursework by hi-incidence versus low-incidence populations?

UP Comments **(the problem)**

“ Early Intervention is another area added to the growing list of those that should receive more focus in both academic knowledge and clinical skill areas.... It is simply a challenge to incorporate all these into a generalist curriculum.”

UP Comments

(possible solutions)



“ We ... have an infant-toddler clinic that all students are required to enroll in. It will be a hybrid home/center-based program.”

UP Comments

(stop-gap measures??)



Other ideas:

- Have “families come to class as guest speakers.”
- Provide “case study materials focused on EI.”

Should we be ready?

- Legislative/Professional Mandates:
 - Part C of IDEA
 - ASHA's Knowledge and Skill Documents
- Given the importance of Early Intervention, should this be a priority?
- The Medical Model (Absolutes for the General Practitioner)

READY OR NOT.....



Here we come!

READY OR NOT.....



QUESTIONS/COMMENTS???