**Project Title**: Parent Training for Children with Communication Delays and Communication Disorders

Alisha S. Richmond Ph.D.

**IRB Synopsis of Proposal**

1. The subjects for this study will be recruited from the department of Communication Disorders Speech and Hearing Clinic as well as speech and hearing clinic and physician offices in south west Texas. It is anticipated that 30 participants will participate in this study. Child participants will be between the ages of 24-60 months. The adult participants will be the primary caregivers of the child participants. The adult participants will have received no previous parent training in joint attention or communication facilitative techniques. Each parent is required to have internet access in the home environment in order to log into a secure site for the training sessions. Each adult participant will be loaned a laptop computer, a laptop carry case, and a webcam. These items will be needed for the videoconferencing sessions via Adobe Connect and to access the online training modules.
2. Participants will be recruited from the Texas State Speech and Hearing Clinic and the surrounding southwest Texas region. Flyers will be posted in speech and hearing clinics, and physician offices (see Appendix A). Adults who agree to participate in the study with their children will give written consent. The consent form will explain that this research study will be a parent training to assist young children diagnosed with communication delays and disorders. Adult participants will be asked to sign a consent form for the information gathered during the study for research purposes. The second consent form will allow the data to be used for educational purposes. The consent for the information to be used for educational purposes is optional.
3. **Data Collection**

Data will be collected over a 14 week period and will be obtained during baseline, treatment, and post treatment sessions.

**Baseline Data**

Baseline data will be obtained from (1) an assessment battery, (2) a videotaped clinic observation, and (3) a home observation.

Assessment Battery

The assessment battery will be administered at the Texas State University Speech and Hearing Clinic over a two day period by the primary investigator or a research assistant. The assessment battery will include the following:

Goldman Fristoe Test of Articulation (GFTA-2; Goldman & Fristoe, 2000), which assesses the speech abilities of persons from 2-21 years of age.

Khan Lewis Phonological Analysis Second Edition (KLPA-2;Khan & Lewis, 2002), which assess the phonological skills of persons between 2-21 years of age

Vineland Adaptive Behaviors Scales (Vineland-II; Sparrow, Cicchetti, & Balla, 2005) is a parent interview that evaluates the personal, social, and self-care skills from birth-adulthood

Preschool Language Scale Fourth Edition (PLS-4; Zimmerman, Violette, Steiner, and Pond, 2005), evaluates the receptive and expressive abilities of the birth-six year old population

Social Communication Questionnaire Parent Questionnaire (SCQ; Rutter, Bailey, & Lord, 2010), screens children’s’ communication and social functioning skills in respect to Autism Spectrum Disorder for children over 4 years of age with a mental age of 2 years

Mullen Scales of Early Learning (MSEL; Mullen, 1995) is a standardized measure used to assess the cognitive and motor ability of the birth-six year old population

Parental Stress Index (PSI; Abidin, 1995), is a parent self report questionnaire that assess parent-child relationships and potential high stress situations and circumstances.

Child Case History Form ( created by the primary investigator) is a form that will provide valuable information concerning the child’s global development (see Appendix B).

Videotaped Clinic Observation

The adult and child participants will also complete a videotaped parent-child interaction observation. The observation will consist of a play, daily skills, and book reading activity. The primary investigator or a research assistant will videotape the interactions without participating in the activity (see Appendix C).

Home Observation

Each parent and child participant will also complete a one-hour long videotaped home observation in the child’s home. The adult participant will be told to interact with the child as they would on a normal day and choose 3-5 activities from a list of naturally occurring activities. The primary investigator will also collect data on the parents’ preferences for interacting with their children (see Appendix D).

Treatment

Each adult participant will be taught three language enhancing strategies through clinic sessions, reviewing online modules, and videoconferencing with the primary investigator via Adobe Connect. The adult participant will review modules provided through an online website to review the strategies that were taught during the clinic sessions. The parents will complete a treatment fidelity form after each session (see Appendix E). The parent will also complete the PSI short form weekly as well as a parent child communication survey biweekly (see Appendix F).

After 12 weeks of treatment, the parent and child participants will return to the Department of Communication Disorders Speech and Hearing Clinic at Texas State University and will complete the identical assessments from the baseline sessions. The parent and child participants will also complete one final home videotaped observation. The parent will answer questions concerning the treatment during this last visit (see Appendix G).

Data Analysis

The primary investigator and a research assistant (who will be blind to the purpose of the study) will code the data for engagement states, child communicative acts, and adult participant use of communication facilitation techniques. The primary investigator and research assistant will both code twenty percent of the data samples for reliability purposes. The data will be analyzed through descriptive and non descriptive methods. SPSS and Sigma Plot will be used to analyzed and graph the data.

1. The research protocol does not pose any risk to participants. The baseline and treatment guidelines for this study are standard in the assessment and treatment of communication disorders in young children. Telehealth and self directed therapy models have also been used in previous studies to treat and assess children with communication disorders (Hill & Theodoros, 2002; Koegel, singer, & Gerber, 2010).
2. All data will be stored in the lab of the primary investigator and will be kept in a locked file cabinet. The participants’ personal information will only be made available to the primary investigator and the research assistant. The primary investigator will create an individualized code for each participant. This code will be used by research assistants during data coding and data analysis. All data will remain confidential and HIPPA compliance will be maintained at all times.
3. The participants are not required to pay for this treatment study.
4. Each adult participant will receive three gift cards worth ten dollars each. The gift cards will be disseminated after (1) collection of baseline data, (2) the sixth week of treatment, and (3) the collection of post assessment data.
5. There are not additional risks to the participants than would occur during a typical speech and language evaluation or treatment protocol.
6. N/A
7. N/A
8. N/A
9. This research project was funded by the Texas Speech-Language-Hearing Foundation and awarded to Dr. Alisha Richmond. Results of this study will be presented at to the funding committee. It is expected that the results will be presented at conferences and potentially published in nationally peer reviewed journals. Participant confidentiality will be maintained during presentations and publications.
10. Dr. Alisha Richmond will have access to the results of this study during and after completion of its completion. Dr. Richmond’s access is not dependent upon the results being published.