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School of Occupational Therapy

# Exploring Early Intervention and Parent Perceptions

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# A Capstone Project Entitled

Exploring Early Intervention and Parent Perceptions

Submitted to the School of Occupational Therapy at University of Indianapolis in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By

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Abstract

The purpose of this study was to examine parent perceptions of early intervention services in the Fort Wayne area. After the completion of a needs assessment, it was determined there was a lack of communication among therapy service providers and caregivers providing and receiving early intervention services. Ten parents and caregivers completed a questionnaire related to satisfaction of early intervention services. The questionnaire focused on receiving adequate resources, comfort level with their therapist, the child's progress, treatment inclusion, and their overall confidence in the therapist's skills. The questionnaires were completed face-to-face at the end of the early intervention session within a two-week span. All questionnaires were anonymously collected and analyzed for an increased understanding of parent perceptions. Overall, results indicated high parent satisfaction of those families receiving early intervention services, thereby demonstrating positive parent perceptions. Future recommendations include the implementation of the questionnaire every three months alongside the completion of a progress report to initiate increased communication among early intervention professionals within this setting.

*Keywords:* Early intervention, parent satisfaction, occupational therapy

The Exploration of Early Intervention Services and Parent Perceptions

## Project Introduction

Early intervention emphasizes the importance of family-centered care to promote positive outcomes for the child and family. While all therapists hope they are providing high quality services to their families, it is critical to address this topic as it plays a vital role in the outcome of services. Whether parental perceptions of early intervention services are positive or negative, articulating these parental insights can assist therapists with providing services that better equip families for success. The purpose of this Doctoral Capstone Experience (DCE) was to examine parent perceptions of early intervention services in Fort Wayne and the surrounding areas through Possibilities Northeast Pediatric Therapies and Autism Services.

## Literature Review

### Occupation Based Model: Person-Environment-Occupation-Performance

Models can be viewed as a way to organize, structure, and provide a basis for creating and implementing client-centered interventions. The model used for this DCE is the Person-Environment-Occupation-Performance Model (PEOP). This is a model that is used along the lifespan which identifies occupational performance as the outcome when taking the person, occupation, and environment into consideration (Cole & Tufano, 2008). The PEOP emphasizes occupations as the focal point, which includes the individual's roles, tasks, or values. Through this model, the person identifies which occupations are most important to successfully complete in their natural environment (Cole & Tufano, 2008).

For this DCE, the focus is on the child successfully performing occupations that are vital to their lives such as age appropriate play, feeding, eating, and meeting developmental milestones. The person identifying these important occupations is typically the client being

treated. In this case, the person identifying meaningful occupations for the child is their family or caregiver, as these individuals are responsible for the child's care and advocate for the child. The children will learn to complete the identified meaningful occupations in their natural environments to assist in the longevity of skill carryover. This model best fits the early intervention setting as it identifies all the important aspects when working with the pediatric population.

**Occupational Therapists' Role**

Early intervention services can play an important role in the lives of infants, toddlers, and the families involved. Occupational therapists working within this realm provide one-on-one services to children as well as education and training to their families (Kingsley & Mailloux, 2013). More specifically, occupational therapists work on a child's occupations including play, feeding, bathing, toileting, leisure, and social interactions (Fishers, 2017). According to the American Occupational Therapy Association (2017), the role of an occupational therapist is to address family concerns, provide appropriate and relevant resources, create outcomes and interventions through family and therapist collaboration, and assist in the transition process after early intervention services cease.

**Legislature**

In 1986, the Individuals with Disabilities Education Act (IDEA) included Part H comprised of early intervention services to infants and toddlers (Epley, Summers, & Turnbull, 2011). Later in 1997, this became known as Part C which specifically state services are provided to children who are at risk for developmental delays from birth until their third birthday (Fisher, 2017). These services should be implemented in natural locations including the child's home, day care, or community. Initially, Congress's hopes for establishing an early intervention

program was to allow infants and toddlers to bridge the developmental gap between themselves and their peers, reduce the costs in schools that would be put towards special education, and provide opportunities and resources for families to feel better equipped to help their child succeed (Early Intervention, Then and Now, 2014). Since then, the core elements of early intervention services have remained the same, with the addition and implementation of new and improved regulations in 2011.

## Parent Involvement

**Family-Centered Practice.** Under traditional services, the American Occupational Therapy Association (2014) highlights the use of a "client-centered approach" when describing an occupational therapist's role in service provision. While providing early intervention services, the child theoretically is identified as the client, and therefore services would be centered around their needs. This is only a portion of what early intervention encompasses as it focuses on creating a "family-centered practice" (FCP) (Fingerhut et al., 2013). FCP is used within this setting because the family unit is described as a constant in the child's life. Members of the family will be incorporated throughout the entirety of the intervention process (Fingerhut et al., 2013). Maintaining family-centered care while providing quality occupational therapy services is a focal point in early intervention.

Fingerhut et al. (2013) completed an interview-based study with occupational therapy practitioners to better understand FCP within the home, clinic, and school-based settings. Results indicated therapists understood the term FCP but were unable to identify how it was being implemented into their daily services. Barriers to achieving FCP were identified as cultural incompetence, lack of communication, decreased collaboration with the families, and lack of time (Fingerhut et al., 2013). The researchers also identified that although literature

provides evidence of the positive outcome FCP has in early intervention, some therapists were not willing to use the FCP principles. This was due to a lack of support from colleagues, a gap in current literature and practice delivery, and/or decreased education on the implementation of FCP (Fingerhut et al., 2013). Ensuring proficiency with the implementation of FCP principles implies therapists understand the concept of family-centered services. This means therapists can identify the occupations meaningful to the family unit, assess the changes being made in the family, and assist the family unit with participating in their meaningful occupations (Degrace, 2003).

Another way in which FCP can be implemented within practice is by listening and providing support to families (Case-Smith & O'Brien, 2015). Support can include mental and emotional assistance as completing typical daily tasks can become difficult with an infant or toddler requiring additional developmental needs. For example, suggestions on how to make daily routines flow easier for the family is a form of support. Another example is by creating interventions based around already existing family routines so that additional work is not placed on the family (Case-Smith & O'Brien, 2015).

**Goal Setting.** Parent involvement incorporates a variety of components. This can consist of discussing what the family identifies as most important to address while receiving early intervention services. During the initial evaluation, goals will be discussed and outcomes created in the Individualized Family Service Plan (IFSP) resulting in a starting point for treating therapists to begin intervention during therapy sessions (Epley, Summers, & Turnbull, 2011). Outcomes and interventions are based upon the current circumstances of the family with an emphasis on the family's strengths, routines, and ways of living. This is to promote positive results for the child receiving services (Rodger, O'Keefe, Cook, & Jones, 2012). Rodger,

O'Keefe, Cook, and Jones (2012) completed a study on the Family Goal Setting Tool identifying four characteristics that assisted in a positive perception of early intervention services. This included the Family Goal Setting Tool aiding with collaboration of creating goals, maintaining focus on the child's strengths, ensuring a family-centered approach, and giving a sense of control to the family (Rodger, O'Keefe, Cook, & Jones, 2012). These characteristics were identified as improving the overall perception of services.

**Parent Perceptions.** Meeting the needs of the family is an important aspect to consider when promoting the success of the child. Ridgley and Hallam (2006) addressed a disconnect between early intervention providers and families receiving services. The researchers found that many IFSPs did not address the needs of the family but instead addressed the needs the professionals observed during the evaluation. In result, outcomes were created without collaboration and were not focused on what is important to the family (Ridgley & Hallam, 2006). This may create a negative disposition of early intervention services, and therefore parents are less likely to be involved in influencing the overall outcome. While providing direct care to the child is crucial, maintaining a positive therapist and parent relationship is also important, as the parent is the individual providing the carryover throughout day to day activities. Little research has been completed on parental perceptions of early intervention services, as the focus has been on ensuring FCP is occurring. When FCP is not occurring during the implementation of services, the perception of services from families may be more negative.

## Summary

Understanding the dynamics of legislature, early intervention services, and ensuring family-centered practice can be a difficult task to accomplish. All components discussed must come together for quality care in this setting. Recognizing legislature surrounding occupational

therapy in early intervention ensures the safety of the child and therapist, as well as provides the means for ample resources and opportunities through the state. Literature demonstrates that providing quality family-centered services provides the family with opportunities to succeed. Currently, early intervention service providers through Possibilities Northeast Pediatric Therapies and Autism Services do not have a tool to assess parent perceptions of services and therefore are unable to gain an objective parental insight.

## Screening and Evaluation

The screening and evaluation process of the DCE entailed two components. Semi-structured interviews were completed with early intervention providers face-to-face as well as via telephone. A questionnaire was also developed to gain an insight of parent perceptions of early intervention services. According to Rodger, O'Keefe, Cook, & Jones, (2012), a parent provides an expert insight into what the child needs and assists with directing therapy intervention. The interviews and questionnaires were means of gathering data from both early intervention providers and parents receiving services. The development of the questionnaire was based on existing literature in addition to the analysis of service provider responses from the semi-structured interviews to enhance understanding of what is lacking from early intervention providers.

### Needs Assessment

Based on the current literature, parent perceptions and satisfaction can determine the outcomes of early intervention services. To assess whether this was a problem within Possibilities Northeast Pediatric Therapies and Autism Services, a needs assessment was completed via semi-structured interviews with current early intervention therapists. Based on information from the Family and Social Services Administration website, IN.gov, as well as

semi-structured interviews, a Quarterly IFSP Review is set in place and is completed every 3 months with families while early interventions services are being provided. This is given to the family by the Service Coordinator and is a 9-question conversation parents are to complete discussing topics such as finances, ensuring family is being provided with face-to-face sheets after each service is complete, discussion on how comfortable family is with the service provider, and overall parent satisfaction (Family and Social Services Administration, n.d.). Finally, a re-evaluation takes place every 6 months by the Evaluation Team to assess the skills and outcomes of the child receiving services.

Once services cease, the Indiana First Steps Early Intervention System Exit Summary is sent to the family to complete regarding their overall experience. This summary includes the identification of information and resources provided on the transition process as well as the Family Outcomes Survey. This is illustrated in Appendix A. The survey includes questions regarding parent rights, communication with service providers, and how helpful service providers were with needed resources (Family and Social Services Administration, n.d.). Both forms are quick and simple methods to address state requirements but lack personal insight throughout the service provision process. Although state forms are used to provide parent insight at the end of services, no specific tool is being used by individual service providers to gain information based on parent satisfaction of services.

Interviews were completed with several early intervention therapists from a variety of disciplines through Possibilities Northeast Pediatric Therapies and Autism Services, including occupational therapists, speech language pathologists, developmental therapists, and physical therapists. The questions from the semi-structured interview can be located in Appendix B. Based on discussion through the interviews one theme was evident: a lack of communication

among all early intervention providers. One individual explained she felt she had a good relationship with the family she was providing services to, but the family had been expressing concerns to their service coordinator. The service coordinator did not keep the therapist up-to-date, and therefore the therapist was unaware of the family's dissatisfaction. With the lack of interdisciplinary communication and collaboration among service coordinators and service providers, there could be a decrease in overall parent satisfaction in early intervention services.

Other early intervention providers expressed similar encounters with a lack of communication including unknown requests to transfer therapists, unknown outcomes wanting to be addressed by family, and lack of collaboration among service providers treating the same child. When working in early intervention, a personal relationship is built with families as the therapist is typically providing services within their home. This can create a closer relationship between therapists and families, as therapists can observe how day-to-day activities occur in the home. This may be different from individuals who receive services in other settings like an outpatient clinic because they are not receiving services in their natural environment and may not have the opportunity to get to know the family and their routines. Connecting emotionally with therapists allows parents to find strength in the challenging times (Scaffa, Reitz, & Pizza, 2010). Although a closer personal relationship may be built in the family's home, interview discussions demonstrated that it makes it more difficult to express dissatisfaction with services. Understanding personal experiences from the service providers assisted with the development of a questionnaire assessing parent satisfaction.

**Development of Questionnaire**

After research was completed, one questionnaire was used as a basis in the development of the Early Intervention Parent Satisfaction Questionnaire. This questionnaire was developed to

assist therapists in the understanding of parent perceptions of early intervention services. Broggi & Sabatelli (2010) completed a study using a self-created parent satisfaction questionnaire, along with other forms of data collection, to gain a better understanding of parent satisfaction of early intervention services provided by physical therapists. Through this questionnaire, parents were asked about a variety of topics ranging from satisfaction, how comfortable they were with the therapist, resources, and how considerately the therapist treated them. These statements were answered using a 5-point Likert scale (1 being strongly disagree to 5 being strongly agree) (Broggi & Sabatelli, 2010). This questionnaire can be viewed in Appendix C.

Statements from the questionnaire created by Broggi &Sabatelli (2010) were modified for overall use of early intervention providers and the purposes of this study. It was then used in the development of the questionnaire used for this project focusing on parent satisfaction, interdisciplinary communication, and parent overall perception of early intervention services. Appendix D provides the modified questionnaire. These statements include feeling confident about the therapist's skills, available resources provided to families, collaboration about intervention decisions, flexibility and willingness to work with the family, overall satisfaction, being comfortable with the therapist, and satisfaction with the progress being made.

The questionnaire created contains 10 qualitative questions all assessing the satisfaction of early intervention services. The short questionnaire assisted in the understanding of parent perceptions of the services their family is receiving. To answer, a 5-point Likert scale was implemented to allow a simple way for parents or caregivers to gauge their satisfaction by. The 5-point Likert scale ranges from the individual scoring a 1 to 5 with a lower score indicating the individual strongly disagreed with the statement and a higher score indicating the individual strongly agreed with the statement.

**Other Areas of Occupational Therapy**

There are many similarities and differences among the practice areas that encompass the field of occupational therapy. When working with all clients, occupational therapists strive to assist with engaging in meaningful occupational participation. For this DCE, a needs assessment was completed by developing a questionnaire and completing semi-structed interviews with other therapists working as treating therapists in early intervention. These are two forms of gathering data that are commonly used when assessing an individual's meaningful occupations.

Throughout the project, information was gathered for two different entities including service providers and parents. Unlike traditional services, for this project the semi-structured interviews were completed with other early intervention service providers and not a specific client. Traditionally, an occupational profile would be used as an interview to gather information about the client (American Occupational Therapy Association, 2014). This could be viewed as individually client-based rather than population-based. However, throughout the DCE the purpose of the interview was to better understand the difficulties early intervention providers were experiencing causing dissatisfaction from parents as a population. The questionnaire was then developed with the emerging interview discussion topics in mind to assess parent satisfaction. For this project, the questionnaire was developed to be completed by parents. This concept contrasts other areas of practice such as home health in which the questionnaire is completed by the client receiving services.

**Overall Identification of Needs**

The overall needs assessment and evaluation process for the DCE allowed the researcher to better understand and implement the Early Intervention Parent Satisfaction Questionnaire. The data collected from the semi-structured interviews provided a basis for the development of

the questionnaire. The interviews ensured critical topics were addressed throughout the questionnaire to allow service providers to obtain parental insight needed to understand positive parent perceptions and overall satisfaction with intervention services. Overall satisfaction from parents can promote positive outcomes for the child receiving services.

## Implementation Phase

Program planning and implementation that occurred throughout the DCE included taking the developed questionnaire and identifying the best way to distribute the questionnaires to parents and caregivers. I discussed several options for distribution with several early intervention providers, including the use of a paper copy of the questionnaire to be completed face-to-face, or an electronic copy to be completed during the session, or on the parent or caregiver's own time. It was also important to consider the most effective way to maintain anonymity of the participants, as well as receive the questionnaires back in a timely manner.

For this DCE, the implementation phase of this project included the distribution and the collection of a short questionnaire which assessed overall parent satisfaction of early intervention services. The questionnaire was distributed in-person at the location in which services were being provided including the home, care provider's home, daycare, or community center. It was determined to distribute the questionnaire face-to-face as it provided the parent or caregiver an opportunity to complete it during a time of the day that would not seem stressful. The questionnaire was given prior to the start of the early intervention session. This ensured the parent or caregiver was provided with enough time to complete it as well as have time to interact throughout the session. A brief overview of the questionnaire was provided including the description of the purpose and an explanation of the evidence found in the literature. After the early intervention session and documentation was completed and signed by the parent, the

collection of the questionnaire took place. It was then placed in a folder upside down in no specific order by the parent or caregiver containing no identifying factors on the questionnaire. This ensured all responses remained anonymous throughout the implementation process. The distribution was completed by the researcher as well as the site mentor at the clinic.

**Leadership Skills**

A variety of leadership skills were essential to demonstrate throughout the implementation phase of the DCE. These skills were required as completing this phase of the project required independence and structure to achieve goals and outcomes. After assessing my strengths via *Strengthsfinder 2.0*, the results identified my top strengths as achiever, developer, discipline, empathy, and responsibility (Rath, 2017). These strengths have translated into practice throughout the DCE and proved to be my main form of leadership skills. The project has required skills such as communication, discipline, responsibility, feedback, and positivity. While completing different portions of the implementation phase, I was required to have discipline and communicate to remain on a timeline and complete specific goals and tasks for that week.

During the distribution of the questionnaires, I utilized organization and discipline to ensure all families receiving services were provided with a description and the opportunity to participate in the completion of the questionnaire. The families also had the option to decline the questionnaire after a description was provided. Communication and responsibility were both used to gain the trust of parents and caregivers prior to the distribution of the questionnaires and in turn they were trusting that all responses remained anonymous throughout the project. These two characteristics were also utilized while creating a schedule. This required trial and error as the day-to-day schedule over the 16-week project were unknown. Communication was used

frequently while explaining the purpose of the questionnaire and the entirety of the DCE with parents, caregivers, and early intervention providers. During this time, I used effective communication to build rapport with those individuals that played a significant role throughout this experience including parents, caregivers, and early intervention providers.

Accepting constructive feedback was also a leadership skill required to succeed throughout this phase of the project. The individuals who completed the questionnaires, as well as early intervention providers, were vital in providing me with feedback throughout this process. This feedback was toward both the DCE as well as early intervention services in Fort Wayne. Discussing both positive and negative feedback with a variety of individuals assisted in the understanding of the overall parent perception of early intervention services on a more personal level. Reviewing the feedback and reflecting on what I could learn from the responses was important, as it was key to learn from my mistakes and enhance my understanding of early intervention services.

**Staff Development**

Rapport was built early on with early intervention providers, parents, and caregivers based on the completion of the needs assessment at the beginning stages of the project. During this time, the 16-week DCE was discussed and the purpose behind the project was identified. While this occurred, the early intervention providers at the clinic expressed their personal experiences and voiced their support of this project. Future use of this questionnaire was informally discussed with early intervention providers to use as an individual self-assessment to ensure parent satisfaction of services. This is one way in which staff development can be promoted throughout early intervention providers at Possibilities Northeast Pediatric Therapies and Autism Services.

Another way in which staff development occurred was through the adaptation process for the satisfaction questionnaire. This included further informal discussions with early intervention providers within the Possibilities Northeast Pediatric Therapies and Autism Services clinic. During these discussions, therapists felt there could be a variety of statements on the questionnaire specific to each discipline utilizing the tool. Through the multiple conversations with other early intervention providers, I discussed the purpose of the questionnaire and educated therapists on the importance it has in the early intervention setting. In result, it was determined the most effective way to address parent perceptions and satisfaction of services in a more effective manner was to develop a questionnaire specific to each discipline.

## Discontinuation and Outcome Phase

### Results

In all, ten questionnaires were completed by parents or caregivers receiving early intervention services in the Fort Wayne area. The demographics of the participants who participated in the data gathering process included seven mothers, two foster mothers, and one father. Ten out of ten individuals asked to participate in the study completed the questionnaire. The results of the data collected via questionnaires indicated all participants were satisfied with early intervention services and therefore demonstrated a positive perception of the overall early intervention experience. Table 1 provides a depiction of the percent of individuals who responded with ‘strongly agree’ to questionnaire statements.

Table 1

*Percentage of individuals who responded with ‘Strongly Agree’ on the Early Intervention Parent Satisfaction Questionnaire*

| Statement | Percent (%) ‘Strongly Agree’ |
|---|---|
| 1. I am confident in the skills of my child’s therapist. | 100% |

| | |
|---|---|
| 2. I have been given appropriate resources by my child's therapist. | 80% |
| 3. I am a part of the decision making regarding treatment outcomes. | 90% |
| 4. I am well informed of any changes made to the intervention program. | 100% |
| 5. My child's therapist is flexible and willing to work with the family. | 80% |
| 6. I am satisfied with the progress my child is making. | 100% |
| 7. I am comfortable speaking with my child's therapist about concerns. | 100% |
| 8. My child's therapist includes the family into the treatment sessions. | 100% |
| 9. I am satisfied with the services being provided. | 100% |
| 10. Overall, I am satisfied with my child's therapist. | 100% |

Overall, the questionnaire identified parent satisfaction of the early intervention services being received by all participants indicating they either 'agreed' or 'strongly agreed' with the statements provided. By analyzing the results of the parent satisfaction questionnaire, I can associate their satisfaction with perceptions and gain an increased understanding of parent perceptions of early intervention services.

**Continuous Quality Improvement**

Once data was collected and analyzed from the questionnaire, I completed a SWOT analysis to identify the questionnaire's strengths, weaknesses, opportunities, and threats (Bonnel & Smith, 2018). This form of analysis can be used to ensure continuous quality improvement is occurring once the implementation process has occurred. The questionnaire displayed many strengths that have the potential to benefit individual early intervention providers in the future. The SWOT analysis identified a strength of the questionnaire as providing therapists with a simple and effective way to initiate communication between all individuals involved in the case. Implementing the questionnaire within the first few months of services also allows the therapist

to address problems the family may be experiencing that the therapist is unaware of. The questionnaire also assists with building rapport with parents and caregivers as it demonstrates the therapist is willing to address problems arising and modify services to best fit the family. Overall, the questionnaire can be utilized as a form of self-development to assess individual strengths and weaknesses as an early intervention therapist as well as build rapport and communication among families.

By completing the SWOT analysis, I also identified weaknesses that could be adapted for more effective use in the future. Based on the observations made during the implementation phase, one adaptation includes creating a separate questionnaire for each discipline providing early intervention services. This was identified as an area of weakness as the questionnaire used for the DCE encompassed all early intervention services. It became difficult for parents and caregivers to generalize their overall satisfaction regarding all early intervention services they have received. Several individuals reported having varying satisfaction levels based on the different disciplines and the varying early intervention providers on the case. Along with separating the disciplines, the statements on the questionnaires will have to be adjusted to be more discipline specific. By altering the statements, it would allow the therapist to gain a better parent perception of each early intervention discipline, understand parent satisfaction of their child's skills in that area, and promote discipline specific concerns necessary to address during the session.

Opportunities and threats were also identified as a portion of the SWOT analysis. An example of an opportunity acknowledged throughout this experience was the initiation of discussion among early intervention providers. Discussion was focused on the overall lack of communication between all parties involved within early intervention services. This not only

includes the providers and service coordinators but also the families involved. It can become easy to get into a routine and complete an early intervention session without connecting with families and addressing the difficulties occurring at home. Although the results displayed parental satisfaction with early intervention services, it promoted communication and provides therapists a chance for a reflection of their services in the future. This form of analysis also considers external threats. Overall, the early intervention providers varied in their agreement with the questionnaire. A threat identified after the completion of the questionnaire was the "buy-in" from other early intervention providers. Although many providers saw the benefit from completing the parent satisfaction questionnaire, a couple providers felt it may take up valuable treatment time and displayed less interest than their colleagues. By assessing the questionnaire via SWOT analysis, changes could be made for continuous quality improvement.

To ensure continuous quality improvement and sustainability, the adapted questionnaires will be distributed via email to the early intervention providers working within Possibilities Northeast Pediatric Therapies and Autism Services clinic. A binder will also be created and placed in the clinic including hard copies of the questionnaire for individual use in the future. The questionnaire allows early intervention providers with the opportunity to check in with the families while they receive services on a more frequent basis. This can be used as a stepping stone to enable increased communication between provider and family. By providing copies of the questionnaire to other early intervention therapists at the clinic, it will increase the use of the questionnaire and allow for continuous feedback to occur. It can also be used as an individual professional development tool to assess which areas need the most improvement in regards to the provision of services and which areas the provider is excelling in. The most important aspect is to ensure positive parent perceptions of early intervention services.

Lastly the needs of society are continually changing, more specifically for the parents, caregivers, and the children being served within this setting. These societal needs can be identified and then addressed by implementing the developed questionnaire to families receiving early intervention services. This promotes overall increased communication among all individuals participating in therapy. Once the needs are identified, the results can assist with improved early intervention services and overall improved outcomes. By developing and implementing the parent satisfaction questionnaire, early intervention providers can continually receive parent satisfaction feedback of their changing needs, resulting in the promotion of an improved early intervention experience. Based on observation and professional opinion, it is recommended that the questionnaire is completed with the family every three months at the time of each progress report. By continually receiving feedback via questionnaire, the early intervention provider is initiating the assessment of their own performance. Overall, the continual updates from parents allow early intervention therapists to adapt their services as the needs of society are changing. Whether these societal changes include changed environments, new diagnoses, or altered family dynamics, the therapists will be able to meet the needs of the parents, caregivers, and children through the questionnaire feedback.

## Overall Learning

Learning took place in a variety of settings throughout the Doctoral Capstone Experience. These settings included homes, daycares, community play areas, and libraries. In these locations I interacted with early intervention providers, biological parents, foster parents, daycare providers, aunts, siblings, and grandparents. One form of interaction used was effective verbal communication. This was important to initially build rapport so we could then discuss the child's medical history, recent hospitalizations, pediatrician appointments, educate the parents

and caregivers, and communicate with other early intervention providers on the case. The verbal interactions were an important aspect of early intervention as it assisted with building the parent-therapist relationship needed to be an effective occupational therapist. Once a relationship was established, effective verbal communication was used to educate families on important developmental milestones their child was working towards and ways in which the parents could address these skills in their everyday lives. Effective verbal communication with other early intervention providers on the case was also a necessity in order to relay important information in a timely manner or to discuss strategies with other disciplines.

Effective nonverbal communication goes hand-in-hand with verbal communication within this setting. Some days, the best form of therapy I could provide to the family was to be a listening ear, display empathy, and offer education to the parents or caregivers. During these sessions, the role of the occupational therapist was to use therapeutic use of self and to assist the parent or caregiver as best as I could. This seemed prevalent as the population served over the DCE included children in foster care, single parents, first-time parents, medically fragile children, children with severe developmental delays, severe feeding difficulties, Autism spectrum disorders, and genetic malformations. It was also important to demonstrate effective nonverbal communication while parents or caregivers are trialing new techniques and skills given to them by the therapist. Parents and caregivers rely on an encouraging and supportive therapist to teach them strategies to improve the child's daily life. Nonverbal communication is key during these teaching moments as parents and caregivers feel they should be perfect at implementing the strategies and often feel overwhelmed.

Written communication was used each session during the documentation process. Within this setting, documentation occurred at the end of the session and incorporated education for

parents and caregivers as well as a brief synopsis of what was completed throughout the session. The face-to-face documentation also included specific skills or activities the early intervention therapist would like the family to work on until the next session. Documentation within this setting also looks different than other areas of practice as it focuses on using family-centered language. This provided parents and caregivers with an understanding of what occurred during the session, what to work on, and when to expect services next. This form of communication is also important when services are provided at a daycare or when only one parent can be present at the time of the session. Clear and concise family-centered language is the best way for other family members to read and understand what occurred during the early intervention therapy session that day.

While both effective verbal and non-verbal communication with the parents and caregivers are important, these forms of communication are also imperative to the success of the child receiving services. Through verbal and non-verbal communication, the therapist can build a trusting relationship with the child to promote successful outcomes. By developing this relationship, the therapist can make the early intervention experience as positive as possible through engaging interventions for each individual child.

Through this Doctoral Capstone Experience, I have been provided with a variety of opportunities to learn and grow from. The experiences and knowledge gained over the 16-week Doctoral Capstone Experience have contributed to the therapist I have become and the therapist I aspire to be in the future. This is due to the experiences I have been provided with and the mentors I have had along the way. My confidence in both collecting data and treating young children has increased exponentially. These opportunities have expanded my hands-on experience within the pediatric population, specifically younger children aged six months to

three years of age. I have gained experience when working with a variety of diagnoses including autism spectrum disorder, developmental delay, feeding difficulties, Sensory Processing Disorder, Down Syndrome, and prematurity. Through these hands-on experiences, I have gained clinical skills needed to address developmental delays in young children in the future.

Not only did I gain hands-on experience working with children, I was able to work one-on-one with families on a personal level. This occurs in early intervention due to therapists treating within homes, working alongside family members, and following their routines. I observed the importance of gaining parents' and caregivers' trust, as early intervention providers can be vital to the development of young children. Through the literature reviewed, data collected, and statements analyzed throughout this experience, the theme of parent satisfaction and positive parental perceptions have been determined to be a key factor in the success of the child. I have observed firsthand that when parents begin to establish a relationship with the therapist and begin to trust them, parents increase their carryover at home, which results in increasing the child's overall outcome.

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# Appendix A

**INDIANA FIRST STEPS EARLY INTERVENTION SYSTEM**
**EXIT SUMMARY**
State Form 51310 (R4 / 3-13)

Child's Name:_____ First Steps identification number:_____

Child's date of birth *(month, day, year)*:_____ County of residence:_____

Date Completed *(month, day, year)*:_____ Duration of First Steps participation*:_____ months
* If less than six (6) months, you do not need to complete this Exit Summary.

Service Coordinator:_____ Telephone: (___)_____-_____

**CHILD DEVELOPMENT OUTCOMES**

An important outcome of First Steps is for **children to learn important and essential developmental skills.** Therapists with knowledge of your child have provided the assessment scores below using the *Assessment, Evaluation, and Programming System for Infants and Children* (AEPS®).

| DOMAIN | CHILD'S LEVEL OF PERFORMANCE: ENTRANCE AEPS (STANDARD DEVIATIONS) | CHILD'S LEVEL OF PERFORMANCE: EXIT AEPS (STANDARD DEVIATIONS) | MADE PROGRESS?[1] |
|---|---|---|---|
| ADAPTIVE | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |
| COGNITIVE | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |
| COMMUNICATION | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |
| FINE MOTOR | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |
| GROSS MOTOR | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |
| SOCIAL EMOTIONAL | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ 0 ☐ -1 ☐ -1.5 ☐ -2 | ☐ YES ☐ NO |

[1] Did the child make any progress in learning new skills? Check "Yes" if the child learned one or more new skills for that Domain during his time in First Steps. If the child did not learn a new skill or regressed, check "No."

**TRANSITION INFORMATION**

1. **Why are your child and family leaving First Steps?** ***(Please check one.)***
   - ☐ Our child no longer needs First Steps services.
   - ☐ We have decided to find services elsewhere.
   - ☐ Our child is three (3) years old.

2. **After your child and family leave First Steps, will your child be receiving any services?**
   - ☐ Yes
   - ☐ No

3. **If you answered yes, which services will he or she receive?** ***Check all that apply.***
   - ☐ My child will attend a community child care or preschool.
   - ☐ My child will get therapy from a hospital, clinic or private therapist.
   - ☐ My child will attend a Head Start program.
   - ☐ My child will be enrolled in the public school's Special Education Pre-School program.
   - ☐ Other *(please specify)*:

     _____

Appendix A Continued

**FAMILY OUTCOMES SURVEY**

Dear Family Member,

When children and families leave First Steps, we gather information to evaluate the program. The information we collect is confidential. It is combined with the information we gather from all families leaving First Steps. Please take a few minutes to complete our Family Survey. It will tell us how helpful we have been to your family. It will also help us to improve services for future families. Completion of the survey is voluntary.

☐ I AGREE to complete the Survey ☐ I DECLINE to complete the Survey

Parent Signature: _____ Date *(month, day, year)*: _____

| **Instructions: The Family Outcomes Survey focuses on the helpfulness of the First Steps program. For each question below, please select how helpful First Steps has been to you and your family over the past year: "Not at all helpful," "A little helpful," "Somewhat helpful," "Very helpful," or "Extremely helpful." | Not at all helpful | A little helpful | Somewhat helpful | Very helpful | Extremely helpful |
|---|---|---|---|---|---|
| **Knowing your rights** | | | | | |
| How helpful has First Steps been in … | | | | | |
| 1. giving you useful information about services and supports for you and your child? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. giving you useful information about your rights related to your child's developmental delay or disability? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. giving you useful information about who to contact when you have questions/concerns? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. giving you useful information about available options when your child leaves First Steps? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. explaining your rights and procedural safeguards in ways that are easy for you to understand? | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Communicating your child's needs** | | | | | |
| How helpful has First Steps been in … | | | | | |
| 6. giving you useful information about your child's delays or needs? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. listening to you and respecting your choices? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. connecting you with other services or people who can help your child and family? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. talking with you about your child and family's strengths and needs? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. talking with you about what you think is important for your child and family? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. developing a good relationship with you and your family? | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Helping your child develop and learn** | | | | | |
| How helpful has First Steps been in … | | | | | |
| 12. giving you useful information about how to help your child get along with others? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. giving you useful information about how to help your child learn new skills? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. giving you useful information about how to help your child take care of his/her needs? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. identifying things you do that help your child learn and grow? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. sharing ideas on how to include your child in daily activities? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. working with you to know when your child is making progress? | ☐ | ☐ | ☐ | ☐ | ☐ |

**These questions were developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. DOE.

**SERVICE COORDINATOR ONLY**

If the family was unable to complete this survey, why?

☐ Family could not be reached or did not respond
☐ Family moved
☐ I did not administer the Family Survey
☐ Other: _____

_____

Please list your attempts to reach/contact the family:

Date *(month, day, year)* Contact Method

Appendix B

**Question from the semi-structured interviews:**

1. How long have you been working as an early intervention therapist?
2. What type early intervention service do you provide?
3. What is a positive aspect of working in a child's natural environment?
4. What is a negative aspect of working in a child's natural environment?
5. Do you feel you implement family-centered services?
6. Do you provide services to parent/s families?
    a. What type of services do you provide to the parents/ families?
7. In your opinion, what makes working within early intervention difficult?
8. How would you describe the relationship with your families?
9. Do you feel you know how satisfied families are with your services?
10. Do you use a tool to assess parent satisfaction?

# Appendix C

***Satisfaction Survey***

This questionnaire is designed to assess how satisfied you are with the physical therapy your child has received. You are asked to answer each item on a scale from 1 (not true of you and/or your experience) to 5 (very true of you and/or your experience).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly disagree | | Agree | | Strongly agree |

- I have confidence in the skills and expertise of my child's physical therapist.
- I trust my child's physical therapist.
- I like how the physical therapist interacts with my child.
- I am comfortable discussing my questions and concerns with my child's physical therapist.
- I feel at ease with my child's physical therapist.
- I have been given helpful resources by my child's physical therapist.
- Overall, I am satisfied with the progress my child is making in physical therapy.
- Physical therapy helps both my child and our family.
- My child's physical therapist helps us to be optimistic about the future.
- My child's physical therapist points out what my family and I do well.
- My child's physical therapist is considerate of our family's other responsibilities.

## Appendix D

Parents/ Caregivers,

I am currently a Doctoral student at the University of Indianapolis completing my Doctoral Capstone Experience. I am spending 16 weeks learning and working alongside early intervention providers to gain clinical skills in this setting. I am also gathering data on the perceptions parents have of the early intervention services their child is receiving. I have created a short questionnaire to assess parent satisfaction of services as literature identifies increased parent satisfaction promotes positive outcomes in services. Thank you in advance for your consideration in taking part in this survey.

Sincerely,

Addie Williams, OTS

Appendix D Continued

**Early Intervention Parent Satisfaction Questionnaire**

Answer all of the questions to the best of your ability. Answer 1 (strongly disagree) to 5 (strongly agree).

All responses will remain anonymous.

(1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, (5) Strongly Agree

| | |
|---|---|
| 1. I am confident in the skills of my child's therapist. | 1 2 3 4 5 |
| 2. I have been given appropriate resources by my child's therapist. | 1 2 3 4 5 |
| 3. I am a part of the decision making regarding treatment outcomes. | 1 2 3 4 5 |
| 4. I am well informed of any changes made to the intervention program. | 1 2 3 4 5 |
| 5. My child's therapist is flexible and willing to work with the family. | 1 2 3 4 5 |
| 6. I am satisfied with the progress my child is making. | 1 2 3 4 5 |
| 7. I am comfortable speaking with my child's therapist about concerns. | 1 2 3 4 5 |
| 8. My child's therapist includes the family into the treatment sessions. | 1 2 3 4 5 |
| 9. I am satisfied with the services being provided. | 1 2 3 4 5 |
| 10. Overall, I am satisfied with my child's therapist. | 1 2 3 4 5 |