

**Rocky Mountain University of Health Professions
Parental Permission/Consent**

The Effect of Anticipatory Coarticulation in Conjunction with Augmented Feedback
on Production of Final /r/ Words in People with Speech Sound Disorders

INVESTIGATOR

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RESEARCH STATEMENT

You are being asked to allow your child to participate in a research study. The purpose of this parental permission/consent form is to give you information that you will need to help you decide whether to allow your child to be in the study or not. Before you give your permission for your child to participate, it is important that you read the following information and ask as many questions to understand what your child will be asked to do. This process is called ‘informed consent.’ I will give you a copy of this form for your records.

PURPOSE

This study is for people who have trouble producing the /r/ sound. In this study, we will use the word *red* to help say the /r/ words like ‘air’ and ‘ear’ correctly. The word *red* will be added to the end of each word where /r/ is the last sound. This is called coarticulation. Instructions, called feedback, will be used to help people correct the /r/ at the end of words. Examples of this feedback includes “Pull your tongue back” and “Make an eee sound.” All sessions will be take place online where we will use a computer and video camera to see each other and work on /r/.

WHAT YOUR CHILD WILL BE ASKED TO DO

To determine if your child is eligible to participate, you will be asked some questions about your child’s health history. If your responses indicate that your child is eligible, he/she will be asked to participate in the training and testing portion of this study.

If your child is not eligible to participate, the information obtained from him/her during screening will be omitted from this study and shredded to protect your privacy.

NUMBER OF PEOPLE NEEDED

Four people will be recruited for this study.



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TO BE ELIGIBLE

1. Child must be 8 years of age or older.
2. English must be your child's primary language.
3. Your child needs to have passed a hearing screening in the last 6 months and can show proof of hearing status.
4. Not currently in private speech therapy or willing to stop therapy during study.
5. Have access to the Internet.
6. Have a computer with webcam or tablet that can be used every session.
7. Have a headset with a microphone that can plug into your computer or tablet.
8. Must live in North Carolina or Illinois as I am only licensed in these states.

STUDY LOCATION

This research study will be completed entirely online using a web platform. This is called *telepractice*. We will login and complete tests, screenings, and therapy online. It is strongly recommended that your child logs in from home while participating in sessions online.

TASKS TO BE COMPLETED

Before participating in the study, you and/or your child will be asked to do the following. Your child will be free not to answer any question that he/she does not wish to answer.

1. **TRAINING SESSION:** Attend an online training session for about 45 minutes. This may take more time if we encounter any technical difficulties. During this session your child will learn how to get online using a company called Zoom.
 - a) Your child will learn to locate the camera, how to work the camera, and turn up the volume.
 - b) Your child will learn where to put the computer or tablet for testing and therapy sessions.
 - c) You may need to raise or lower the placement of the device so the camera is level with your child's nose.
 - d) You will need to measure the distance from your child's nose to the camera to reach 20 inches using a tape measure. This measurement will be taken again during the pretesting session.
 - e) You will use the spoon side of a teaspoon (spoon side down) to push down the back of your child's tongue while saying 'ahh'. This is similar to using a tongue depressor at the doctor. This is done so I can see your child's tonsils. It will be completed again during the pretesting phase.
 - f) You will aim a flashlight at the back of the throat during this process.
2. **PRETESTING:** Attend an online session for Pretesting for about 45 minutes. Your child will be asked to do the things listed below:
 - a) Set up the computer/tablet on the table or desk as previously discussed in the training session.



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- b) Take a test of /r/ words. In this screening, your child will be asked to repeat words with /r/ in the beginning of the word, middle of the word, and end of the word. This will confirm difficulty with /r/ and diagnosis of a speech sound disorder.
- c) Repeat a list of 70 words with /r/ at the beginning and receive a score of 70% or higher.
- d) Take a vocabulary test where your child will be read a word and will select the picture that goes with that word out of 4 choices. Your child will need to receive a score in the average range to pass.
- e) Complete an oral examination which will include:
- f) How the jaw opens and closes.
 - i. The roof of your mouth (palate) will be examined for height of the arch and any other signs of differences outside of a normal palate.
 - ii. The range of motion of the tongue and how well your child can move it in and out and wiggle it side to side.
 - iii. Your child will be asked to repeat the word 'kitty' until told to stop.
- g) You (or your child) will put the spoon side of a teaspoon, spoon side down, on the tongue while sticking your tongue out and saying "ahh". You will use a flashlight to light up the inside of the mouth and your child lean forward into the camera. This will allow me to see the tonsils and their size. This observation will be judged using a tonsil rating scale. If the tonsils are too large, your child will be excluded from the study.
- h) Measure distance from the nose to the camera to make sure it is 20 inches just like in the training session.
- i) Part of the oral exam will include having your child open their mouth as wide as you they can. I will measure this on the screen. I will have your child do this three times and then calculate an average. It is to determine the range of motion with your child's jaw.
- j) Then, your child will open his/her mouth as wide as they can again and touch their tongue right behind their top teeth. This will also be measured on the screen three times and an average calculated. This is to find out how your tongue moves with and without the jaw. It also looks at range of motion of the tongue because it is important for the /r/ sound.
- k) Your child will be asked to follow 5 different sample directions.

Additionally, if your child is a current client of the private practice Expressions Speech & Language Center, I will be allowed to access your child's records for the study.

TASKS TO BE COMPLETED DURING THERAPY SESSIONS

Your child will be asked to do the following:

1. Record a 5- minute conversation with me about your child and their therapy history. This will happen during the first therapy session and the last therapy session.
2. Work on their /r/ by repeating the words spoken by me. The word red will be added to the end of each /r/ word.



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3. Listen to feedback and use it to help correct /r/.
4. Say 60 /r/ words + red during each session.
5. Have all sessions be video recorded.

TIME COMMITMENT

The study will last approximately 6 weeks.

- The first session will be a training session and will last approximately 30 minutes.
- The next session will be a pretesting session and will last anywhere from 30-60 minutes.
- Your child will attend sessions 3 times a week. The sessions will be online.
- The sessions will be 15-30 minutes.
- During the 3rd week and the 5th week, we may have to meet 5 times those week. I will let you know if we have to meet extra during those weeks.

If you are unable to keep your child's appointment due to illness or other reasons, you need to notify me as soon as possible. The session will be rescheduled.

However, if your child misses two scheduled appointments without contacting me, your child will be dropped from the study.

Because this is an investigation using telepractice (therapy on the computer), if you no longer have access to a computer, tablet, or the Internet, your child will be dropped from the study.

WHAT IS EXPERIMENTAL IN THIS STUDY

None of the procedures used in this study is experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

POTENTIAL RISKS, STRESS, OR DISCOMFORT

There are minimal risks to your child from participation in this study.

Working on the /r/ sound requires a lot of tongue movement that your child may not be used to and some people find this uncomfortable. If your child feels any discomfort, please let me know. Your child may stop therapy at any time.

The recordings made during therapy will be used for data analysis. You and your child will be given the opportunity to review the recordings and delete any portion your child wishes.

The risk of breach of confidentiality is minimized by not using your child's real name and by securing all files using a file cabinet or a password on the computer.



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POTENTIAL BENEFITS

- The benefit to your child from participation in the study will be the knowledge your child receives about how to fix the /r/ sound.
- The /r/ sound is the hardest sound treated by speech-language pathologists and a common error in children. Your child's participation may help other speech-language pathologists learn techniques for fixing /r/ which they can use to help their clients.
- I cannot guarantee, however, that your child will receive any benefits from participating in this study.

ALTERNATIVE METHODS OF TREATMENT

- The public schools are required to provide services under the Individuals with Disabilities Education Act (IDEA).
- If your child is of school-age, they may qualify for speech therapy through the school district at no charge.
- Your child may also receive therapy from a private provider in your area, but there will be a charge for therapy.

CONFIDENTIALITY

- Strict confidentiality will be maintained. No information about your child will be shared. Where possible, all identifying references will be removed and replaced by a fake name which is called a pseudonym.
- Participation in this research is voluntary and involves minimal loss of privacy. All recordings, therapy logs, and data to be used in computer analyses will have the pseudonym rather than your name.
- Your child's name will not be recorded on the information or reported in any scientific paper or professional meeting to protect your child's identity.
- All data will be reported in aggregate (as a group) at a professional meeting or in a scientific journal so that no one can identify any information about your child.
- A code that identifies your child will be kept confidential by the researchers and will be stored in a locked file cabinet. All other data pertaining to your child and other subjects will be kept in a separate locked file in my home office. Only I will have access.
- Data that will be used for computer analyses will be stored on one password locked computer and only researchers involved in this study and representatives of the RMUoHP Institutional Review Board will have access to the records and information about this study.
- Personally identifiable data will not be disclosed to anyone other than the research team without the written consent of you or your legal representative. (Exceptions may be made in case of emergency need for intervention or as required by regulatory agencies or by law).
- All researchers, especially individuals who will code and score videotapes of testing sessions, will have extensive training in all confidentiality measures of this study.



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- Recordings will be kept on the same password protected computer indefinitely and may be used for educational purposes by the researchers.
- The identifying code (your child’s pseudonym) will be destroyed at the completion of the study. All original hardcopy data will be shredded or erased three (3) years after the completion of the study.

COSTS AND/OR COMPENSATION FOR PARTICIPATION

If your child has had a hearing screening within the last 6 months, there will be no cost incurred to you for your child to participate in this study. However, if a hearing screening is needed, you may need to pay for this screening through your doctor. Alternatively, you may request this screening through your child’s school through the nurse or speech therapist.

While your child will not be paid to be in this study, your child will be provided free speech therapy services.

QUESTIONS ABOUT THE STUDY

If you have any questions about the research now, please ask. If you have questions later about the research, you may contact me at (336) 380-6966 or dawnmoorestudy@gmail.com

If you have questions regarding your child’s rights as a human subject and participant in this study, you may call the Institutional Review Board at Rocky Mountain University of Health Professions. The telephone number of the IRB is (443) 926-6243.

You may also write to the committee at: Institutional Review Board, Rocky Mountain University of Health Professions (irb@rmuohp.edu) or fax 801-734-6771.

VOLUNTARY NATURE OF PARTICIPATION

Participation in this study is voluntary. Your choice of whether or not you allow your child to participate will not influence his/her or your future relations with Rocky Mountain University of Health Professions. If you decide to allow your child to participate, he/she is free to withdraw their consent and to stop his/her participation at any time without penalty or loss of benefits to which he/she is allowed.

CONSENT TO PARTICIPATE

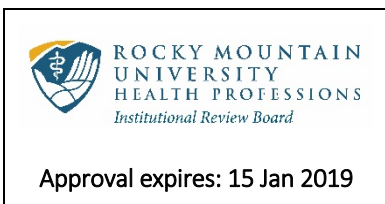
The Institutional Review Board Committee at Rocky Mountain University of Health Professions has approved this consent form as signified by the Committee’s stamp. This consent form must be reviewed at least once every year and expires on the approval date indicated on the stamp.

Printed name of Investigator

Date

Signature of Investigator

Date



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PARENT’S STATEMENT

“This study has been explained to me. I agree to allow my child to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my child’s rights as a research subject, I can call the Rocky Mountain University of Health Professions Institutional Review Board Committee at (443) 926-6243. My signature also indicates that I can change my mind and withdraw my consent to allow my child to participate at any time without penalty. I give my permission to the investigator to use my medical records as described in this consent form. I will receive a copy of this consent form.”

Please initial the appropriate line.

_____ I agree to allow my child to be recorded on the therapy platform Zoom for this study and for these recordings to be used for future training of other speech therapists. A pseudonym will be used in all recordings.

_____ I agree to allow my child to be recorded on the therapy platform Zoom *for study purposes only*.

_____ I agree to allow my child to be recorded on the therapy platform Zoom for this study and for these recordings to be used for future training of other speech therapists *but require that my face be masked*.

ADDITIONAL CERTIFICATIONS

_____ I verify my child does not have a current individualized education program (IEP) for speech therapy. I understand the IEP is a Federally-mandated educational plan and cannot be suspended during the study.

_____ I verify my child is not receiving private speech therapy. I understand additional speech therapy will greatly impact the results of this study.

_____ I verify my child does not have a diagnosis of ADD/ADHD.

_____ I verify my child does not have a low IQ.

_____ I verify my child does not currently have a diagnosis of tongue-tie.

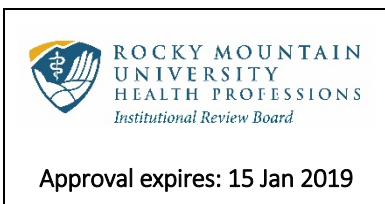
_____ I verify my child has passed a hearing screening within the last six months.

Printed name of Participant

Printed name of Parent/
Legal Guardian

Signature of Parent/
Legal Guardian

Date



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