

Consent Letter

WHAT IS THE PURPOSE OF THIS STUDY?

This study is being conducted to better understand the current state of SLP practitioners' knowledge, beliefs and practices regarding developmental trauma and attachment, amongst those who work primarily with children from birth to age six.

WHAT WILL HAPPEN DURING THIS STUDY?

An online survey has been created that will take participants approximately 20 minutes to complete. The survey is intended for SLP practitioners (see below for eligibility details) and will be submitted anonymously. Participants will be asked to answer a series of questions that will include non-identifying demographic information and questions regarding their knowledge and practice. Participants will have the option to continue on to a clinical scenario question (an additional 5-10 minutes). All participants will have access to resources regarding developmental trauma and attachment upon completion of the survey.

WHAT IS THE STUDY ELIGIBILITY?

The survey can be completed by any practitioner working within the field of speech-language pathology, with a clinical focus on children from birth to age six (emergent and early communication). This will include primarily speech-language pathologists, communicative disorders assistants, and early childhood educators.

WHAT WILL WE DO WITH THIS INFORMATION?

The information collected from this survey will be analysed and may be used in a variety of ways to help share the findings and inform future work in this area. Potential platforms include presentations to students and professionals in the areas of mental health and speech-language pathology, dissemination of results to funders/policy makers, and/or articles or discussion papers.

WHAT ARE THE RISKS OR HARMS OF PARTICIPATING IN THIS STUDY?

We do not anticipate any risks or harm from participation in this study. It is possible, however, that the questions asked in this survey may cause you to reflect on your work with children and families in the past.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE STUDY?

You may find the resources provided at the end of the survey informative and helpful to your practice. You may also find the questions you are asked helpful, as they may inform the way you think about your work with clients and families.

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WHAT ARE THE RIGHTS OF PARTICIPANTS IN A RESEARCH STUDY?

All participants in this research study have the following rights:

- 1. Participating in this study is your choice. You have the right to choose not to participate, or to stop participating in this study at any time.**
- 2. You have the right to ask questions about this study and your rights as a participant and to have them answered to your satisfaction before you make any decision about participating or submitting your answers. You may contact Diane Bartlett, Director of Research and Evaluation, The George Hull Centre for Children and Families, (416) 622-8833 ext.309 with any questions you have.**
- 3. You have the right to have any information collected from you for this research study to be handled in a confidential manner. Identifying information will not be asked, and, if provided in your answers, your identity will be kept confidential to the full extent provided by the law. Because data will be collected and stored anonymously, once submitted it will not be possible to remove from the data set. The data collected for this study will be exported from Survey Monkey and stored on a secure server, accessible only to those working on this research project. Published study results will not reveal any identifying information. Data will be stored for a period of 7 years.**
- 4. As part of the Research Services Quality Assurance Program, this study may be monitored and/or audited by a member of the Quality Assurance Team.**
- 5. By checking that you consent to participate in this survey, you do not give up any of your legal rights.**
- 6. You have the right to receive a copy of this informed consent form before participating in this study and this can be done by printing this page before completion. If you are not able to do this you can contact Diane Bartlett at 416-622-8833 ext 309 (dbartlett@georgehull.on.ca) to have this information emailed to you.**
- 7. You have the right to access the resources that will be made available at the end of the survey, regardless if you decide to withdraw from the survey early. You can contact Diane Bartlett at 416-622-8833 ext 309 (dbartlett@georgehull.on.ca) to have this information emailed to you.**
- 8. You have the right to access the results of this study, which will be available on the George Hull Centre website in early 2020.**

Please note: There is no cost to participate in the study and the participants will not be paid to participate. The investigators do not have any conflict of interests.

* 1. By selecting "I consent" below, you confirm that you have read and fully understood the study as described above and have had any questions fully answered.

- ☐ I consent
- ☐ I do not consent

Confirmation of Eligibility

Thank you for for agreeing to participate in this survey. To start, can you please confirm:

* 2. I work within the area of speech-language pathology/communication development, and work primarily with children from birth to age 6.

☐ Yes

☐ No

Thank you for your time!

Thank you for your time and interest, unfortunately this survey is intended for those working clinically in the area of communication development and for those who work primarily with young children from birth to age six. If you know anyone who fits this description and would be willing to pass this survey along to them we would be extremely appreciative!

Demographics

To start, please tell us a little bit about your practice/setting and context with a few quick questions.

* 3. Please select your professional designation:

- ☐ Speech-Language Pathologist
- ☐ Communicative Disorders Assistant
- ☐ Early Childhood Educator
- ☐ Other (please specify)

* 4. Please select the job category that best suits your position:

- ☐ Front-Line Clinical Provider
- ☐ Manager / Coordinator / Practice Leader
- ☐ Other (please specify):

* 5. How many years have you been working in the area of communication development?

- ☐ 1-3 years
- ☐ 4-9 years
- ☐ 10-20 years
- ☐ 20+ years

* 6. Please select your practice setting(s):

- ☐ Children's Treatment Centre/Specialty Clinic
- ☐ Children's Hospital
- ☐ Community Health Centre
- ☐ Children's Mental Health Agency
- ☐ Services provided in-home/at childcare
- ☐ Services provided in-clinic (private practice)
- ☐ Preschool
- ☐ School
- ☐ Other (please specify)

* 7. Is the service you provide (mainly):

- ☐ Publicly Funded
- ☐ Privately Funded

* 8. Please select your province:

City/Town

* 9. What percentage of your clinical population is age 0-3?

- ☐ 0-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

Survey Questions

Thank you! We estimate this survey will take you approximately 20 minutes to complete, and we are extremely appreciative of your time. Now we are going to ask you some questions about your understanding of the areas of developmental trauma and attachment, and your experience in these areas within the context of your clinical work in early communication development. At the end of the survey, we'll provide you with valuable resources and learning tools in this area if this is something you'd like to share and/or learn more about.

* 10. To what extent do you agree with the following statement: I am familiar with the topic/field of developmental trauma.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 11. What does developmental trauma mean to you?

* 12. What does the term toxic stress mean to you?

* 13. To what extent do you agree with the following statement: Developmental trauma is related to my work in communication disorders with children from birth to 6 years old.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 14. Can you tell us a bit about how developmental trauma is relevant to your work?

* 15. To what extent do you agree with the following statement: I am familiar with the topic/area of attachment.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 16. What does attachment mean to you?

* 17. To what extent do you agree with the following statement: Attachment is related to my work in communication disorders with children from birth to 6 years old.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 18. Can you tell us a bit about how attachment is related to your work?

* 19. To what extent do you agree with the following statement: The relationship between a child and their primary caregiver(s) is important to their communication development.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

20. Why is the relationship between a child and their primary caregiver(s) important/related to their communication development?

21. Why do you feel the relationship between a child and their primary caregiver(s) is not important/related to their communication development?

* 22. To what extent do you agree with the following statement: I am familiar with the Adverse Childhood Experiences Study (ACEs).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 23. To what extent do you agree with the following statement: The ACEs study is relevant to my work with children from birth to 6 years old.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 24. To the best of your recollection, please select any areas that were taught as part of your curriculum while you were training to become a practitioner.

- ☐ Developmental Trauma
- ☐ Attachment
- ☐ Adverse Childhood Experiences Study (ACEs)
- ☐ None

* 25. Have you ever received any continuing education or specialized training in the areas of developmental trauma or attachment?

- ☐ Yes
- ☐ No

If yes, what training have you received/attended?

Survey Continued

Within these topic areas there are a number of different terms used with varying meanings. To help with consistency and accuracy, please note that in the next few questions we will be using the term *developmental trauma* to refer to adverse experiences that have occurred early in a child's development within the context of their relationship with their primary caregiver(s).

For example, a family's home being destroyed by a fire is a traumatic experience, however, in the context of an otherwise stable and supportive family environment the child would likely not experience a significant developmental impact of that event. Whereas if the family home was destroyed by a fire and as a result the family went into significant financial distress, resulting in the child being removed from childcare and rotating through acquaintances homes away from his/her primary caregivers for extended periods of time, the child experiencing instability and neglect – this scenario would have significantly different potential to impact the child's development and trajectory and would be in line with our definition of developmental trauma. Developmental trauma is typically the result of multiple and/or chronic adverse childhood experiences and examples include neglect, multiple changes in living situations and caregivers, as well as physical, emotional and/or sexual abuse.

We are now going to ask you a few questions about the potential occurrence of this in your clinical work.

* 26. Have you ever worked with a child where you were aware of a history of developmental trauma (early adverse experience(s) within the context of their caregiving relationship)?

☐ Yes

☐ No

* 27. In your work with these children and families, how did you find out about the history/circumstances of developmental trauma?

(note: you may discuss different cases in your responses)

* 28. How did your support to these children and families differ (from usual care) because you were aware of this history?

☐ It did not differ

☐ It differed: (please explain)

* 29. Did you collaborate with/include any other individuals and/or professionals in the support of these families that you may not have if you did not know about this history?

☐ No

☐ Yes (please describe):

* 30. How do you think those early adverse experiences within the context of the caregiving relationship potentially impacted the child's communication development?

* 31. Would you feel comfortable asking about a history of developmental trauma in an initial assessment?

☐ Yes

☐ No

☐ n/a (I'm not an SLP)

If No: please explain so that we can understand a little better why you would not feel comfortable asking about a history of developmental trauma at initial assessment.

32. What would help make you more comfortable asking about developmental trauma and attachment in an initial assessment?

Continue?

* 33. Thank you so much for your responses. Would you be willing to continue with this survey for approximately 5-10 minutes to answer a clinical scenario question and allow us to provide you with more information and resources on these topics? Or would you like to finish the survey and submit your answers now?

☐ Continue to scenario

☐ Finish now

Clinical Scenario

Thank you for agreeing to continue. We are going to share a clinical scenario with you. It centres around an initial assessment case study. If you are not a speech-language pathologist/do not conduct assessments please interpret the question as if you were reading the client's case history and it is a client you are working with in intervention.

Please read this scenario:

Liam was referred for a speech and language assessment at 18 months old from his well-baby check up. His mother and aunt brought him to his assessment when he was 22 months old and reported concerns that he was not talking; in addition to concerns with his behaviour (hard time leaving the house, tantrums, doesn't listen, only plays by himself). Liam's parents are separated (mother reports his father isn't involved) and he lives with his mother and six-year-old brother

* 34. Is this client profile/summary representative of children you work with regularly?

☐ Yes

☐ No

Now please read this scenario, imagining it is the same client; however, please also imagine that his mother chose to disclose more details to you about their family context:

Liam was referred for a speech and language assessment at 18 months old from his well-baby check up. His mother and aunt brought him to his assessment when he was 22 months old and reported concerns that he was not talking; in addition to concerns with his behaviour (hard time leaving the house, tantrums, doesn't listen, only plays by himself). His mother and father are separated, and Liam lives with his mother and his six-year-old brother. His mother explains that when Liam was 15 months old, he witnessed a domestic violence incident in their home between her and Liam's father. It wasn't the first time, but it was worse than usual, and Liam's mother was hospitalized. While she was in the hospital and then in substance abuse treatment Liam and his brother were taken into child protection, and after a short stay with a foster family, ended up staying with their aunt. Liam and his older brother just returned home to stay with their mother 3 weeks ago. She has temporary custody and has filed for full custody. Their father is out of prison, but there is a restraining order against him seeing his mother.

* 35. To what extent do you agree with the following statement: I feel comfortable and confident in my ability to respond in the moment to discuss this with his mother.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

If you disagree, what might make you feel more confident and comfortable?

* 36. Do you believe these experiences could impact/have impacted Liam's communication development presentation?

☐ No

☐ Yes, please explain how/why:

37. Which specific aspects of speech and language development do you feel might be negatively impacted by developmental trauma? (e.g. expressive and/or receptive language, articulation, social communication, specific skills within these areas, etc.)

* 38. Given the additional information shared with you in the second scenario about Liam's family environment (as compared with the first), what would you do differently in your support to Liam and his family?

* 39. Do you feel you could use additional information and/or training in the areas of developmental trauma or attachment?

☐ No

☐ Yes, please describe:

Resources

Thank you so much for taking the time to complete this survey. On this page we've provided names of organizations (as well as their websites) where you can find informative resources and can learn more about the topics discussed in the survey. We hope you find them valuable! If you would be willing to pass this survey on to anyone eligible, we would be incredibly appreciative. Thank you again for your time and input.

Harvard Centre on the Developing Child

<https://developingchild.harvard.edu/>

Dedicated to driving science-based innovation in policy and practice. Their shared goal is to produce substantially larger impacts on the learning capacity, health, and economic and social mobility of young children. They have wonderful infographics and knowledge translation resources on all of the topics discussed in this survey, and more.

Alberta Family Wellness Initiative

<https://www.albertafamilywellness.org/>

The Alberta Family Wellness Initiative (AFWI) mobilizes knowledge about early brain development and its connection to lifelong physical and mental health, including addiction. They bring together stakeholders from many callings to collaborate on health solutions that will directly impact families and individuals.

Infant Mental Health Promotion (IMHP)

<https://www.imhpromotion.ca/>

Infant mental health promotion is a national organization that aims to improve outcomes across the lifespan through translating and promoting the science of early mental health into practice with families during pregnancy, infancy and early childhood. They are based at the Hospital for Sick Children in Toronto, Ontario and provide valuable training and resources for professionals.