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Speech-Language Pathologists' Thoughts About Emotion Regulation Therapy to Improve Students' Employability

Phyllis R. Scott
Walden University

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Walden University

College of Social and Behavioral Sciences

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Phyllis R. Scott

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Walden University
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Abstract

Speech-Language Pathologists' Thoughts About Emotion Regulation Therapy to

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by

Phyllis R. Scott

M. Phil, Walden University, Minneapolis, MN 2019

MEd, Southern University and A & M College, Baton Rouge Campus, 2000

BS, Southern University and A & M College, Baton Rouge Campus, 1989

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Psychology

Walden University

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Abstract

High school graduates with language deficits often have poor emotion regulation (ER), enter the workforce unprepared to meet the emotional demands, and experience workforce outcomes that lead to a poor quality of life. Speech-language pathologists (SLPs) teach ER, but little is known about ER-targeted speech-language therapy (ER-SLT) for high schoolers with mild-to-moderate language impairments and ER deficits (MMLI/ER). This study was designed to explore SLPs' views and decisions about providing ER-SLT to improve career readiness and employability for students with MMLI/ER. Several studies, the evidence-based practice (EBP) model, and a thematic analysis approach informed this integrative interpretive description design and methodology. Dual analyses of interview data from seven experienced SLPs revealed views that SLPs can, should, and do provide ER-SLT to prepare students with MMLI/ER for future employment. SLPs reported integrating ER-SLT using standard language goals to best leverage their human capital. SLPs' ER-SLT paradigm included innovative and traditional language therapy that emphasized ER and executive functions through realistic scenarios, modeling, scripts, role-play, incidental teaching, and other EBPs. SLPs' views and decisions reflected EBPs influenced by (a) personhood, humanistic, and solution-focused themes; and (b) a strong reliance on SLPs' own expertise, experience, and preferences. Results from this study may inspire future research and contribute to positive social change through the development of advanced ER-SLT and other educational practices designed to increase the career readiness, employability, and quality of life for young adults with MMLI.

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Dedication

This dissertation is dedicated to the many individuals who suffered family, social, emotional, cognitive, financial, or other loss during the COVID-19 pandemic. It is equally dedicated to individuals with disabilities or other special needs, diversity challenges, socio-economic limitations, and other personal struggles. Your resilience and ability to thrive were an inspiration to me. Although the extent of your challenges may not be evident to all, your strength and determination will be remembered by many. I wish you continued recovery, progress, and blessings.

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Chapter 1: Introduction to the Study

After leaving high school, young adults with disabilities often have trouble transitioning into the workforce, sustaining employment, and meaningfully contributing to society (Morningstar et al., 2015; Walker & Barry, 2018). Sources indicate that persons with disabilities in the 20-24 age group are twice as likely to be unemployed than their same-age peers without disabilities (Cushing et al., 2019; Office of Disability Employment Policy, 2020a). Emotion regulation skills are an important component of the workforce skillset that employers expect when they hire new employees. Students with a history of mild-to-moderate language impairments (MMLI) associated with prevalent or high incidence disabilities (HID) often exhibit ER deficits during high school and into adulthood. Their difficulty in work settings is often linked to their poor social, emotional, and behavioral management (Walker & Barry, 2018). The relationship between expressive, receptive, and pragmatic language skills and emotion self-management, particularly emotion regulation, is well-documented (Gaile & Adams, 2018; Santamaria-Garcia et al., 2019). Researchers advocate for more educational resources, services, and research in schools to guide educators' teaching of essential social, behavioral, and emotional awareness and self-management skills of which ER is a key skill (Forrest et al., 2020; Gaile & Adams, 2018, Helland & Helland, 2017; Morningstar et al., 2015; Tomasello et al., 2018; Walker et al., 2018). Although the existence of a language impairment does not solely determine employment outcomes, current research indicates language impairments, and often ER problems, are present in between 50% and 80% of adults in vulnerable and underserved populations such as individuals who are not

employed; those with a history of poor academic, social, and behavioral outcomes; adults with mental and behavioral health disorders and history of abuse, along with juvenile language impairments and often ER problems, delinquency, criminal history or incarceration, and social service dependence (McGregor, 2020). Based on the life outcomes of these populations of individuals with high language impairment rates, it is possible the individuals' deficits were often not rigorously addressed or could at least have been more targeted and more effectively addressed before the individuals left high school. It is also possible these individuals may have needed additional special education and related services before they left high school (McGregor, 2020). For decades, the American Speech-Language-Hearing Association (ASHA) has published information about the strong relationship between language deficits and ER and about speech-language pathologists' (SLPs) ability to contribute to learning in those areas. General education teachers and other educators with minimal ER expertise are often assigned students with language and ER deficits (Gottesman, 2016; Walker & Barry, 2018). Current research offers insight regarding teachers' attitudes, training and competence issues, barriers, and factors that impact the availability or quality of ER intervention they provide for high school students (Gottesman, 2016; Monika et al., 2020). However, although SLPs have long been at the forefront of ER teaching for students in disability populations (American Speech-Language-Hearing Association [ASHA], 2016; Forrest et al., 2020), similar current research about SLPs' opinions and attitudes is scarce, particularly concerning their attitudes and evidence-based practices associated with their

provision of ER-targeted speech-language therapy (ER-SLT) for high school students exhibiting MMLI.

This study addressed the call for resources by focusing on SLPs' views and decisions about providing ER-SLT to prepare students with MMLI to effectively transition from high school to the workforce. The study additionally provided insight on SLPs' decisions on the use of EBP when or if they provide ER-SLT to students with MMLI. Results from this study enhanced understanding around this topic and helped to advance research on educational programming designed to improve career readiness and employability (CRE), workforce transition, and long-term employment outcomes for young adults with MMLI. This dissertation contains many abbreviations for relevant concepts and constructs that are lengthy and used often. Appendix A contains a list of those abbreviations. I have provided functional definitions for key terms later in this chapter. Chapter 1 includes a discussion of the following components of the study in this order: Background, Problem Statement, Purpose of the Study, Research Questions, Conceptual Framework, Nature of the Study, Definitions, Assumptions, Scope and Delimitations, Limitations, and Significance.

Background of the Study

Summary of Research

The following background sections contain a summary of relevant topics that collectively provide a comprehensive portrayal of the social problem. To depict a clear summary of the background for this topic, a discussion of multiple aspects of the problem is required. Chapter 2 contains a more detailed discussion of those topics.

Students with Mild-to-Moderate Language Impairments

According to the ASHA (2020b), students with language impairments exhibit deficits in expressive, receptive, and/or pragmatic language skills, which can impact communication in the areas of listening, speaking, reading, and interacting (i.e., core academic standards) and can impact the way those students function in social contexts such as at school, home, or community. Language impairments often accompany many other disabilities, and they can manifest as a sole HID category. Students with pragmatic language impairments often have ER problems and students with ER problems often have language deficits; however, that relationship is not always obvious. As a result, students' problems can go unnoticed or without being sufficiently addressed.

Students with MMLI are those whose language difficulties may have a negative impact on them in the classroom, in peer and adult interactions, and later, in adult environments such as the workforce. However, their language challenges may not present as severe and may not be readily recognized by others who do not have background knowledge of such impairments or who do not spend much time with those students. Explicit teaching is usually required to remediate these students' deficits. Students' hidden language difficulties are often exacerbated because they co-occur with other deficits or disabilities. The manner or proportion to which MMLIs impact or are impacted by other conditions can worsen the educational or functional effects of those impairments (Huang et al., 2019; Lambert et al., 2016). Students with MMLI may be identified as having a disability, which can be classified under a cacophony of names (e.g., developmental language disability, speech, or language impairment, spoken language

disorder, language communication disorder, etc.). Consequently, they may receive speech-language therapy (SLT) if their collective deficits are evaluated and are determined to (a) meet state eligibility criteria under the Individuals with Disabilities Education Act of 2004 (IDEA), (b) have an adverse impact on academic, social, or vocational functioning, and (c) indicate the need for special education and related services (IDEA, 2004; McGregor, 2020). Other students may receive SLT as a related service to facilitate the accomplishment of educational goals outlined in the students' Individual Education Program (IEP) for special education (IDEA, 2004). Further, many students who exhibit MMLI go underserved if they are not appropriately evaluated, do not receive speech-language services, and/or are exited from speech-language services despite evidence of language-based ER deficits (McGregor, 2020). Consequently, students with HID-linked MMLI experience many symptoms, characteristics, and deficits that affect their CRE. These factors impact young adults' ability to make a successful transition from high school where they may have received multiple supports and accommodations (e.g., extended time, repeated instructions, behavioral cues, repeated practice), to the job force, where those accommodations may not be available unless the student engages in strong self-advocacy for that support in the workplace (Lambert & Dryer, 2016). For this study, student with MMLI refers to any student who may be eligible to receive SLT to address language deficits that are in the mild-to-moderate severity range regardless of whether the student is currently receiving SLT.

Education to Workforce Pipeline

Many state- and federally funded initiatives are designated to help schools implement programs that prepare high school graduates for the workforce (Office of Career, Technical, and Adult Education, May 2020; U.S. Department of Education [USDOE], 2020a). The array of federal programs, funding sources, governmental guidance, and other resources highlights the academic, social, and economic imperative that students receive proper instruction to be able to independently function in a competitive workforce and global market as young adults (Office of Special Education and Rehabilitative Services [OSERS], 2017; USDOE, 2017). However, research indicates that many high school and college graduates lack the knowledge and skills needed to survive in work settings (American Institute of Research, 2013); DeSilver, 2019; National Association of Colleges and Employers, 2017). If young adults without disabilities often struggle in the workplace, the challenges of those with MMLI and ER deficits are amplified. DeSilver (2019) argued that limited work experiences typically provided through summer jobs and internships have contributed to young adults' lack of job readiness. DeSilver and other scholars suggested that educational entities adopt innovative educational supports such as simulation activities that provide young adults with practical educational experience for improving transition readiness (Walker et al., 2018). Electronic searches through the Walden University's research databases revealed names of various initiatives such as "School-to-Work," "Work Ready," Work-Keys, "Employment First Initiative," "College and Career Readiness," "Education to Workforce Pipeline," and "Career and Technical Education" that have been explored and

implemented in past decades (EBSCO Host Research Platform). However, young adults continue to have difficulty effectively transitioning to adult work settings (Center for Career Development and Acquisition, 2017). Some sources purport there are insufficient practical opportunities during students' high school years (USDOE, 2017), whereas others argue there are flaws in program design and implementation of CRE and career and technical education programs (National Association of Colleges and Employers, 2017). Another coalition of scholars contends that students from certain subpopulations such as African American males and those from low socioeconomic environments face additional barriers linked to the "school to prison pipeline," which is a term adopted by proponents who highlight the disproportionately high numbers of African American boys with certain disabilities who exhibit behavior problems in school miss large amounts of instructional time, move into the juvenile justice system, and realize an ultimate fate in jail or penal institutions (Brown et al, 2020). Although several factors impact the difficulty students with MMLI linked to HIDs experience, many of those young people leave high school without the knowledge and skills they need to effectively participate in, contribute to, and compete in the global economy; therefore, they have trouble in the workplace (OSERS, 2017; USDOE, 2017).

Employment Challenges Individuals with High Incidence Disabilities Face

Workforce data indicate that students with HIDs are more likely to graduate from high school and seek traditional employment compared to students with lower incidence or less prevalent disabilities (Rojewski et al., 2015; Shogren et al., 2017a; Shogren et al., 2017b; Walker et al., 2018). High incidence disabilities include speech or language

impairments and other disabilities for which language impairments and ER deficits often coexist. Those HIDs include specific learning disabilities, dyslexia, attention-deficit/hyperactivity disorders, and social, emotional, or behavioral disorders, high functioning autism spectrum disorders, mild intellectual disabilities, and other health impairments. Students with these disabilities often have deficits that are not visible (Walker & Barry, 2018); whereas persons with low incidence disabilities such as hearing or vision impairments, physical and occupational impairments, low functioning autism, severe-to-profound intellectual disabilities, and involved medical conditions, often exhibit noticeable challenges (Rojewski et al., 2015; Shogren et al., 2017a; Shogren et al., 2017b; Walker & Barry, 2018). Yet, despite their language and social skill deficits that exacerbate the negative effects of their disabilities, young adults with HID, including those with MMLI, do not look disabled and they are met with conventional adult expectations and responsibilities from others. They are expected to pursue postsecondary education and/or work, earn a living wage, and provide for their families just as their same-age peers who do not have disabilities are expected to do once they leave high school. Outcome data show that young adults with HID realize better employment and quality of life outcomes than those with low incidence disabilities; yet the post-high school challenges young adults with HID, many of whom have a history of diagnosed or undiagnosed MMLI, are great (Shogren et al., 2017). These individuals have limited opportunities for paid or unpaid work experiences to prepare for their postsecondary transition, so their ability to compete for certain jobs is compromised (Quigney, 2017). If they are hired, they face difficulties on multiple levels (Quigney, 2017; Shogren et al.,

2017). However, their employers and peers may not be aware of their challenges until their adverse social and behavioral responses to work-related stress become evident (Walker et al., 2020). At that time, problems may still be attributed to defiance, attitude, and personality rather than disability. Research indicates the nation's ongoing socioeconomic crisis is influenced by the fact that 4 years post-high school, only 50% of young adults with a history of HID are employed full-time; those who are employed typically work in entry-level positions for short periods at a time (Morningstar et al., 2015; Walker & Barry, 2018). Additionally, the prevalence of unemployed individuals with disabilities who suffer from anxiety, depression, and other mental health problems is high (McGregory, 2020). This can reduce their self-efficacy, worsen the negative effects of the problem, and diminish these individuals' quality of life (Cocks et al., 2015; Quigney, 2017).). The combination of problems linked to their disabilities makes it difficult for young people with HID, including those with MMLI, to compete and succeed in employment or other postsecondary settings.

Lack of Research on MMLIs Impact on Quality of Life

Workforce statistics indicate that individuals with HID such as language impairments, specific learning disabilities, high functioning autism, and others often achieve poor life quality outcomes; this is attributed to many factors, including a lack of rigorous educational services designed to meet their unique academic and behavioral needs (Lambert & Dryer, 2016; McGregor, 2020). Young adults with MMLI linked to HID have poorer quality of life outcomes compared to their peers who do not have

disabilities (U.S. Bureau of Labor Statistics, 2018; U.S. Department of Labor, 2020; Walker, et al., 2018).

Employment and occupational outcomes (e.g., education, occupation, work schedules, wage earnings, sustainment, financial stability, and advancement) may cause or simultaneously occur with challenges to physical and mental health (e.g., substance abuse, depression, nutrition, and environmental illnesses), living conditions, safety, shelter, relationships, and many other factors (QuestionPro, 2020). Young adults with a history of MMLI such as those with developmental language disabilities were reported to be twice as likely to not be enrolled in postsecondary education or training and twice as likely to be unemployed (Dubois et al., 2020; USDOE, 2018). A review of outcome data indicates students with a history of MMLI experience increased challenges in postsecondary education, workplace, and community settings when compared to their same-age peers; not only do they have poorer employment outcomes of wages, number of weekly work hours, skill level, and other categories, but these students were also reported to judge their employment experiences in a more negative light (Dubois et al., 2020; USDOE, 2018). Although young adults with a history of MMLI are predicted to have more difficulty achieving positive employment outcomes, their MMLI is not likely the sole predictor; factors such as becoming parents sooner than peers without disabilities and the amount of family and institutional support, which may also be predictive, are not addressed in this study (Dubois et al., 2020; U. S. Department of Education, 2018; Wehman et al., 2015).

Quality of life data is poor for students with disabilities across the board; however, statistics for African American students with economical and language-challenged backgrounds are even bleaker than for students with disabilities without those disadvantages (Thoma et al., 2016). Researchers attribute their poor employment outcomes to insufficient educational services (Lambert & Dryer, 2016; Morningstar et al., 2015; Tomasello et al., 2018; Walker, et al., 2018). Records show many students with MMLI receive federally mandated transition services as documented on their IEP (Mulvahill, 2019) and some components of career and technical education as documented on the Individual Graduation Plan or other school counseling records (ASHA, 2016; Heok et al., 2016; OSERS, 2017; Walker et al., 2018). Students' MMLIs are characterized by difficulty understanding and responding to social norms or unspoken rules of engagement, limited expressive and receptive vocabularies, and poor social competence, which are all key skills needed for the workplace (ASHA, 2016). However, there is scarce literature to indicate educational programs are geared toward the HID population of persons with MMLI who attempt to enter the workforce.

Educational Factors That Impact Students' Workforce Readiness

Based on a recent systematic review, researchers purported that evaluating for and providing educational services that mimic the kinds of tasks required of young adults in the workplace could help to mitigate the problem of negative employment outcomes. However, the most current research does not explore that possibility, particularly where it concerns students with language impairments (Dubois et al., 2020). Special and general education teachers report having many students with social skills, pragmatic language,

and ER deficits, but these educators often feel they do not have the expertise to teach specific social, emotional, and behavioral skills (Walker et al., 2018). Emotion regulation plays a critical role in all three skill areas and language deficits magnify its complexity and increase the adverse impact on social, emotional, and behavioral skills for students who have those deficits. Conversely, school-based SLPs have a unique skill set, specialized training, and professional experience in providing speech and language therapy to improve pragmatic language, social skills, and emotional intelligence skills, including ER (ASHA, 2016). Regardless of the encompassing term under which ER is addressed (e.g., pragmatic language, social competence, soft skills, emotional intelligence), the research indicates SLPs have provided therapy to improve these skills for many decades (Snow et al., 2015). They understand that students exiting high school with deficits in ER face challenges in many aspects of society, but students with language impairments and ER deficits are often not able to inhibit their use of offensive speech and disorderly linguistic reactions, respond appropriately to disapproval, control emotions and body language in stressful situations, manage disappointment, anger, and sadness in the presence of others, or communicate their confusion appropriately. There is an interdependent relationship between students' language difficulties and their ER difficulties. Together, the two can cause considerable problems for young adults on the job (ASHA, 2018; Walker & Barry, 2018). On the other hand, when students acquire ER competencies before leaving high school, this improves their communicative competencies and interpersonal skills, builds their self-esteem and motivation, helps to prepare them to effectively engage in new surroundings, and improves their chances of

thriving in work conditions that have become increasingly more competitive (Harwick et al., 2017). We know that teachers often do not feel prepared to address these skills. The research also indicated that SLPs are prepared. However, prior to this study, there was no evidence of whether this important set of skills was being explicitly, routinely, or systematically taught by SLPs to these individuals who may most need this teaching, and there was not much insight into SLPs' views about this problem, their role in addressing the problem, or how they make decisions about addressing this problem with high school students who have MMLI.

Consideration of Emotional Regulation-Speech-Language Therapy for Educational Mitigation

The provision of ER-SLT in high schools may be a worthwhile educational service for mitigating the workforce transition difficulties experienced by some high school students with MMLI. Yet, there was scarce data to determine the current occurrence of ER-SLT or to understand the viability, barriers, or other factors associated with SLPs' views about ER-SLT for high school students with MMLI. SLPs' decisions about whether, why, and how they provide ER-SLT to these students are complex and are likely influenced by many factors associated with (a) federal and state mandates; (b) students' co-morbid disabilities and their identified social and academic strengths and weaknesses; (c) the SLPs' professional judgment based on their personal views and experiences, knowledge of current research, including research about evidence-based ER practices; and (d) other factors not made explicit in the literature. However, the current evidence base did not make that clear. It is known teachers are not always confident

about providing ER instruction and we know SLPs have expertise in providing ER. There simply was not enough information to assign reason or provide guidance concerning SLPs' views and decisions about their provision of ER-SLT to address this important social problem. Current research indicated there are links between teacher attitudes, self-efficacy, and student outcomes; although they call for further research, it was apparent much insight could be gained from revealing educator attitudes, perceptions, and opinions (Buric & Kim, 2020). By exploring SLPs' views and decisions about ER-SLT, I sought to gain important insight regarding their reasons for or against the provision of ER-SLT, including professional parameters, barriers, and considerations to improve understanding of this issue to help establish additional topics for future research on the problem.

Gap in Knowledge

Upon completing a review of the literature, I identified several gaps in the research. These gaps informed the selection of this study's topic. Three preliminary reflexive questions informed the literature review for this research study. Those questions were as follows. How important are ER skills for young adults who are transitioning into the workforce? To what extent do SLPs use EBP to improve students' ER skills? What role can SLPs play in improving future employment outcomes for young adults with a history of language impairments? The research available to identify present gaps included both quantitative and qualitative studies, but identifiable gaps in the literature were apparent (Collins et al., 2018; USDOE 2018; Qian et al., 2018; Van Boxtel, 2017; Volkaert et al., 2018). There was scarce peer-reviewed research on ER-SLT practices for

high school students with MMLI. Rather than presume or assign reason regarding this issue, I surmised a reasonable first step would be to explore for the understanding of SLPs' views and decisions about ER-SLT for high school students with MMLI.

In recent decades, transition planning has been a long-standing requirement of educational policies that have been emphasized by the USDOE as a critical component of appropriate education for students with disabilities (Morningstar et al, 2020; OSERS, 2017; Newman et al., 2016; U. S. Department of Education, 2019). Current research addressing transition skills for students with disabilities and pragmatic language interventions, including ER therapy for students with language impairments, focuses on lower incidence disabilities such as autism, moderate to severe intellectual disabilities, and vision or hearing impairments (e.g., autism [De Marchena & Eigsti, 2016; Mynatt et al., 2014; Loukusa, et al., 2014]; cognitive disabilities [McDaniels, 2016]; and vision impairments [Patterson & Loomis, 2016] rather than on HID such as specific learning disabilities or communication impairments (De Marchena & Eigsti, 2016.) The improvement of language communication impairments for students with disabilities falls within the scope of practice for SLPs working in schools (ASHA, 2016; Snow, 2019); however, not much was known about the services SLPs provide for students with MMLI who have ER deficits or about SLPs' thoughts regarding such services.

There is a call for more research to determine the role that SLPs do or could play in preparing students with HID such as MMLI and dyslexia for employment and career opportunities or to develop evidence-based guidance for capitalizing on and improving SLPs' therapy with these students (Saletta, 2018). There is limited available literature on

the problem of poor career and employment readiness of high school students with language-based disorders. Much of the current research focuses on the disproportionality of poor outcomes for certain subgroups and juvenile offenders from vulnerable groups and much is focused on the school-to-prison pipeline for persons with disabilities rather than on specific educational services needed in the workplace (2019; National Council on Disability, 2015).

The current literature contains information on the use of clinical decision-making processes for allied health professionals, particularly in the field of nursing (Griffith & Temple College, 2019); however, there was limited scholarly literature that explained how SLPs make clinical decisions related to the ER-SLT they provide to high school students with MMLI. The literature also lacked information on how or if SLPs embed EBPs in their decision-making processes. The limited information on the variety of available nontraditional speech-language service delivery models (e.g., consultative and collaborative) further magnified this gap (White & Spencer, 2018).

While searching for literature to address the preliminary questions mentioned, many additional questions concerning SLPs' clinical decisions surfaced; yet there was scarce literature to address those questions. For example, if a student has multiple language deficits, how and when does the SLP identify ER skills as a therapy goal, and if ER is a selected SLT goal, what factors do SLPs consider when determining which therapy strategies, programs, treatment techniques, or products will be used to remediate skills deficits? Literature did not indicate if behavior records, client-student experiences, student or parent preferences, or other factors play a role in SLPs' decisions to address

ER rather than or in addition to other linguistic or curriculum-relevant skills. The IDEA mandated that teams consider, at least annually, the postsecondary transition planning for students with disabilities once they reach the age of 16 (Chandroo et al., 2016; Newman et al., 2016), but the way that SLPs engage in students' transition-related decision-making, including the factors they consider when providing team input, was not well-documented. Whether SLPs believe they have a responsibility to address students' ER in terms of school-to-work or postsecondary transition skills and whether more attention be drawn to highlight the acumen and skill set of SLPs relative to this issue are concerns. If existing barriers that currently interfere with potential speech and language services that could address the problem should also be considered. In short, even though SLPs are highly trained to provide specialized therapy to remediate some ER deficits and strengthen students' readiness for workforce transitioning from high school, there was insufficient peer-reviewed research to determine if, when, why, or how SLPs working in high schools do or do not address ER skills using an evidence-based approach with the population of concern. It needed to be determined if SLPs were missing an opportunity to (a) work on the relevant workforce readiness skill of ER for students with MMLI, and (b) to improve those students' long-term socioeconomic outcomes and quality of life. Considerable research was needed to shed light on those inquiries, and I hoped this study might improve what is understood about ER-SLT as a possible mitigation option for the problem.

Why This Study Was Needed

Identification of the afore mentioned research gaps which was influenced by numerous critical questions that could not be answered via a thorough literature review signified a need to enhance the rudimentary understanding of three qualitative constructs or categorical variables: 1) SLPs' clinical decisions-making; 2) EBER-SLT, and 3) transition planning and workforce preparation for high school students with MMLI. The purpose of this study was to conduct a deep exploration of SLPs' views and decision-making processes concerning their provision of EBER-SLT to prepare high school students with MMLI for their transition from high school to the workplace. This study was needed to help establish a starting point and frame of reference to (a) begin the scholarly discussion about SLPs' potential contributions to students' college/career transition planning and educational support teams; (b) inspire and provide direction for future quantitative, qualitative, or mixed research inquiries on relevant aspects of this topic, (c) highlight, promote, or improve educational services, including EBPs for the provision of EBER-SLT in high schools; and (d) impact educational policy changes designed to improve the ability of students with MMLI to effectively transition from high school to the workforce. While one study could not answer all existing questions associated with the topic, I believed the results could contribute to filling a significant research gap by expanding scholars' understanding of how SLPs' expertise is being or could be utilized to address the problem of poor workforce outcomes for young adults with MMLI.

Problem Statement

Young adults with MMLI often exit high school without the skills necessary to successfully transition to the workforce or to acquire long-term work; so, their employment outcomes are dismal (Morningstar et al., 2015; Rojewski et al., 2015; Walker & Barry, 2018). Their postsecondary transition problems are often linked to pragmatic or social language skill deficits that contribute to ER deficits such as the poor use of language to recognize and regulate emotions in the workplace (Barry & Walker, 2018; Bronson et al., 2015; Eldesouky & English, 2018; Heok et al., 2016; Williams, 2015). When young adults are unable to earn a consistent, living wage, their quality of life may be compromised because many of them find their fate in the criminal justice, unemployment, and social service systems. Additionally, these young adults are often perceived as a social and economic burden on society (Bronson et al., 2015; Eldesouky & English, 2018; Haimson et al., 2018). Recent studies support the idea that making changes or enhancements to high school programs and resources is a viable option for addressing this problem (Collins et al., 2018; USDOE, 2018). Miller-Warren, 2016; Qian et al., 2018; Van Boxtel, 2017). Based on the conclusions and implications of several studies, it is clear there is consensus in the scholarly community that more research is needed to understand and address ways of improving educational programming in high schools, and to address postsecondary transition and workforce readiness for various subpopulations of persons with disabilities (Collins et al., 2018; Miller-Warren, 2016; Qian et al., 2018; Van Boxtel, 2017). Providing therapy to improve students' ER skills is common in the field of speech pathology; however, there are limited documented EBPs

related to ER-SLT services for high school students with MMLI. One measure of the research gap could be reduced by enhancing the understanding of SLPs' views and decisions about providing SLT to improve ER in high school students with MMLI who need it.

Purpose of the Study

One consideration for addressing the problem of students with disabilities exiting high school unprepared to thrive in the workforce was to apply a qualitative research prototype to explore and enhance understanding of educational services that are available to prepare students with HIDs for their transition to the working world. This study provided a starting point for delving into the problem of young adults with HIDs having trouble transitioning from high school to the workplace by focusing on specific concepts of interest: a) an exclusive group of special educators (i.e., SLPs), b) a vital group of workforce competencies (i.e., ER), and a prevalent group of individuals with HIDs (i.e., students with MMLI) who enter the workforce. The purpose of this integrative interpretive description study was to address the gap in the literature (Bertero 2015; Thorne et al., 2004) by interviewing SLPs to understand their views, experience, and decisions which influence their provision of EBER-SLT to high school students with MMLI.

Research Questions

The research questions for this proposed study follow:

RQ1: What views and experiences influence SLPs' decisions to provide ER-SLT to high school students with MMLI?

RQ2: How do SLPs describe their role and decisions about providing EBER-SLT to prepare students with MMLI for their transition to the workforce?

Conceptual Framework

The Evidence-Based Practice (EBP) model as introduced by Archie Cochrane in 1972 and further defined in 1996, served as the dominant construct that frames this proposed study (Cochrane, 1972; Sackett et al., 1996). The EBP model was used within the context of evidence-based CDM (EBCDM) although the EBCDM model was not the focus of the design or implementation of this study. Both models originated in the field of nursing, but in recent years, the EBP and EBCDM models have served as strong constructive influences in research studies involving the decision-making and treatment practices of various allied health and education professionals, which includes SLPs working in school settings (Carrington et al., 2016; McCurtin & Carter, 2015a; McCurtin & Carter, 2015b; Mele-McCarthy et al., 2014). The EBCDM model is a stand-alone framework discussed by Sackett and others (1996); however, in this study, the EBP and the CDM components framed the study as both separate and collective constructs. The ASHA recommended that SLPs use an EBP model to make clinical decisions (2016). ASHA's Rules of Ethics direct SLPs to provide high-quality services based on a comprehensive set of specific principles, standards, inter-professional resources, and collaborative practices (ASHA, 2016; Foster et al., 2015). The EBP construct informed the development of the interview questions (see Appendix D). The EBP model served as the primary conceptual lens during the collection, analysis, interpretation, and description of data for this study. The EBP and EBCDM collectively informed the use of this

integrative interpretive description study to explore for the meaning and decision-making behaviors of SLPs relative to their providing ER-SLT to high school students with MMLI. Chapter 2 contains a more detailed description of how the EBP and EBCDM models were applied in the study.

Nature of the Study

A qualitative paradigm of inquiry was employed for this study because to date, specific variables about this phenomenon had not been identified and little was known about SLPs' views and decision-making processes regarding their provision of EBER-SLT to prepare high school students for their transition to the workforce. An interpretive description design taken from interpretive and thematic analysis approaches was followed to gain a deep understanding and to shed light on the way SLPs make meaning of their experiences and make decisions relative to providing EBER-SLT to high school students with MMLI. The interpretive description design aligns with the specific research questions which focus on understanding SLPs' views and decision-making processes regarding the provision of SLT to address ER (Thorne et al., 2004). With this design, one-to-one semi-structured interviews were conducted to elicit expressions from SLPs who have worked in high schools. A thematic analysis process was used to uncover, interpret, and disclose their ideas. A hybrid deductive-inductive thematic analysis (HDITA) method was employed to analyze how those SLPs make meaning of their experiences relative to providing EBER-SLT to students with MMLI. This interpretive description design provided enough structure to yield timely and important information on relevant topics, while allowing the flexibility to explore for rich understanding without

excessive restraints. The interpretive description design and thematic analysis method originated from a sound, but flexible, methodological tradition for which some instructive supports and examples can be used to guide the data collection, analysis, and reporting phases of the research project (Thorne, 2016; Thorne et al., 2004). The HDITA was used because it is suited to achieve the research purposes and because the implementation of this study helped to satisfy the call for additional evaluation of the usefulness of the hybrid model (Swain, 2018). The inductive component was amenable for open exploration, while the deductive component allowed for the application and collection of practical information about the EBP model. Using the two components increased rigor and trustworthiness (Nowell et al., 2017; Presendieu, 2019; Thorne, 2016). Using this HDITA method generated understanding from the narrative details SLPs share about their views and experiences.

Definitions

The following concepts are defined in terms of how they are used in this dissertation:

College-career readiness and employability: A standard set of foundational competencies (i.e., academic knowledge, technical skills, and employability) taught to or expected of high school students and young adults who are preparing to transition to postsecondary education or workforce settings, begin first jobs, maintain that employment, and thrive through growth and advancement on the job (NACE, 2020). Career readiness and employability rather than postsecondary education, were emphasized in this dissertation.

Clinical decision-making: A process that practitioners use to determine the appropriate measures for evaluating, diagnosing, and providing therapy to students and to solve other practitioner-and student-centered problems in schools or other settings (Sackett, et. al., 1996). In this dissertation, the word “clinical” encompasses school settings.

Clinical expertise: The SLPs’ proficiency and professional judgment acquired through personal experiences, education, and practical skills that an SLP utilizes to determine and provide appropriate speech therapy services to students on the SLP’s workload (Brence, 2014).

Decision making (DM): “[A] process or sequence of activities involving stages of problem recognition, search for information, the definition of alternatives and the selection of an actor of one from two or more alternatives consistent with the ranked preferences” (Buchanan & O’Connell, 2006, p1).

Emotion regulation therapy: Any program, technique, or strategy used by the SLP to enhance students’ ability to access verbal or nonverbal language skills to manage, control, or modify emotion, mediate the impact of emotional experiences, and interact appropriately with others in their environment (Forrest, 2020; Rolston et al., 2019).

Employability skills. Competencies in areas such as communication, interpersonal, critical thinking, and resource management skills and specific personal qualities (e.g., teamwork/collaboration, professionalism, oral/written communication, and problem-solving (Office of Career, Technical, and Adult Education Division of

Academic and Technical Education, 2020), skills that are rooted in good emotional intelligence, including language-based ER skills (Scott, 2020).

Evidence-based practice: According to Sacket (1996), “the conscientious, explicit, and judicious use of current best evidence to make decisions about the individual patient [or student’s] care ... integrating clinical expertise with the best, 9-vailable external clinical evidence from systemic research” (np); EBP consists of practitioners’ efforts to responsibly mesh their expertise with information obtained through active research or practical experiences and should not be based solely on clinical expertise nor on external research (Sackett, 1996, np).

Evidence-based decision making: A systematic, multi-step individualized process rooted in external clinical evidence, clinical expertise, and student perspectives that SLPs working in schools are advised to adopt when they make clinical judgments about which assessments and therapy practices are most appropriate to meet each student’s unique communication needs (ASHA, 2019).

High-incidence disabilities: Disabilities such as social, emotional, and behavioral disorders, specific learning disabilities, mild-to-moderate cognitive abilities, and SL impairments which are more prevalent than other disabilities in the general population (Walker & Berry, 2018). The National Center for Education Statistics (2017) reported this group comprises 73% of students with disabilities.

Hybrid deductive-inductive approach to thematic content analysis: A flexible and integrated approach to content analysis in qualitative studies that combines the use of

both deductive and inductive processes to collect and analyze data from semi-structured interviews (Swain, 2018).

Language impairment: A disorder “characterized by difficulty understanding, expressing, and using language in social contexts; it may not be caused by an identifiable neurological, neurodevelopmental sensory, intellectual, or emotional deficit”. It may occur independently or in conjunction with other disorders such as learning disabilities, dyslexia, autism, and a host of other disabilities. It can affect verbal and nonverbal language skills, academic performance (e.g., vocabulary, grammar, sentence structure, et al.) discourse skills, prosocial behavior, peer interactions and may persist into adulthood (Ervin, 2018). Based on state guidelines, severity level, and age of the student, the language impairment can fall under a cacophony of terms (i.e., developmental language disorder, specific language impairment, speech and language impairment, language communication disorder, et al.) (Stefanatos & DeMarco, 2012).

Patient and parent preferences: The unique concerns, expectations, desired outcomes, and values of the student or family members regarding therapy choices for a student on the SLP’s workload or by the student’s family members (Thompson, 2017).

Postsecondary transition (or school-to-work) activities: A coordinated set of activities for students with disabilities that focus on improving their academic and functional achievement to facilitate the student’s movement from school to postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation Collins & Wolter, 2018).

Preemployment students with disabilities: The term refers to youth who are planning to transition to the workforce upon completing high school (Helling & Szymanski, 2016). This term refers to students who do or should be receiving pre-employment transition services (Helling & Szymanski, 2016) to improve their workplace or career readiness, employability, and independent living (OSERS, 2017).

Pragmatic language impairments: A language communication disorder characterized by difficulty using verbal or non-verbal language conventions in social contexts (Ketelaars, et al., 2016). These students may have trouble understanding directions but be unable to ask an appropriate clarifying question or they may have trouble maintaining conversational topics or recognizing verbal hints (Lockton et al., 2016). They may misread verbal or non-verbal cues and respond in inappropriate or offensive ways. Also called social communication impairment or language use disorder (Lockton, Adams, & Collins, 2016).

Quality of life: An individual's ability to satisfy one's needs and interests, values, and aspirations in different domains and stages of life". Physical health, psychological well-being, levels of independence, and functioning influence quality of life (Lee, 2015, p. 423).

School-to-work transition: The process of young adults making decisions and engaging in behaviors that facilitate navigation and adaptability when they exit high school and move to employment settings (Dietrich, 2018). It can also refer to specific educational programs that prepare students for this process (Sutton, 1997).

Speech-language pathology service delivery: According to the ASHA describes service delivery as “a dynamic process whereby decisions about the clients’ or students’ services are made relative to:

- therapy setting (classroom, therapy room, job site, and other environments).
- format (individual or small group).
- intensity (the amount of time spent in each therapy setting).
- duration (the length of treatment received)” (ASHA, 2018, p.1).

Individual Education Program: This is a written, binding document that contains a description and summary of these items for a student with a disability:

- academic and behavioral strengths and deficits.
- a personalized education and therapy program with goals and objectives designed by a team of professionals and the parent to address the student’s deficits.
- the extent to which the student receives educational opportunities with peers who do not have disabilities.
- all programs, services, and supports needed to aid the student in meeting educational goals and improve educational outcomes.
- a commitment from service providers to provide the therapy or educational experiences described on the document (Mulvahill, September 2019).

Mild or moderate speech or language impairment-language: This refers to a communication impairment in language and with a severity level that is between mild and moderate in severity (Conti et al., 2018). For purposes of a working definition, this

impairment is referred to via the use of a variety of terms in the literature reference in this dissertation. Terms for similar impairments include language impairment (LI), Developmental Language Disorder (DLD), Specific Language Impairment (SLI), and others that typically refer to a diagnosed language disorder that does not fall in the severe to profound severity range. In this study, participants self-reported to identify themselves as having worked with students with MMLI, with-or-without co-morbid disabilities (including students with one of the other listed impairments).

Social communication skills: These are a set of skills and strategies individuals use to interact verbally and/or nonverbally with others to achieve social motives and goals. These skills include the ability to taking on another's perspective, understanding rules for social interactions, and appropriately using language structures (ASHA, 2019).

Speech-language pathologist: Refers to a professional practitioner who evaluates, diagnoses, designs treatment or therapy routines, and provides therapy to remediate speech or language deficits in individuals with communication disorders (U.S. Bureau of Labor Statistics, 2019). SLPs have the expertise to address the following disorders: expressive, receptive, and pragmatic language, fluency or stuttering, voice, articulation, and swallowing disorders (ASHA, 2019a).

Thematic analysis: This refers to a recognized and widely used method of qualitative research that relies on a pragmatic approach, coding of narratives, and the identification of patterns and themes to make sense of extensive sets of data (Nowell et al., 2017).

Assumptions

An assumption is a factor that is believed to be true but cannot be proven. One assumption of the study was that participation criteria helped to sufficiently identify participants who had enough practical experience in the high school setting to provide relevant insight (Berry, 2018). The use of inclusionary criteria for participant selection helped to mitigate this assumption. Although some experience was required, excessive years of experience was required; SLPs with at least three years of experience were able to describe experiences, perceptions, thoughts, and views related to the research questions and the phenomenon being studied (Pell Institute and Pathways to College Network, 2020). Additionally, all SLP participants answered each interview question thoughtfully, openly, and honestly to the best of their ability (Berry, 2018). Once participants understood their voluntary participation and input were useful to the profession or society and they perceived no power imbalance or personal/professional threat, beneficial input resulted from their comments. Also, this study focused on the SLPs, and their personal and professional decisions were collected via individual interviews with SLPs. Based on requirements of the IDEA, it was assumed the SLPs clinical decision-making behaviors were made within the context of appropriate team-based mechanisms for IEP development. They were presumed to reflect professional guidance, best practices, and legal mandates per the IDEA that requires team-based and multidisciplinary, problem-solving, identification, assessment, and placement/therapy practices that are individualized for specific students (OSERS, 2017). No contradictions to these assumptions arose during the implementation of this study.

Scope and Delimitations

The focus of this study was on exploring and developing a deep understanding of SLPs' views, decisions, and experiences that influence their provision of EBER-SLT to high school students with MMLI and on discovering how SLPs' view their role in Speech-language pathologists preparing high school students for postsecondary school-to-work transitioning by providing EBER-SLT. SLPs as opposed to other educators such as general education or special education teachers, were selected as the target population for this study because SLPs typically have experience and training in teaching ER skills to students. The disability population of high school students with MMLI and the social-emotional skill of ER were studied as the affected population as opposed to other disability populations and skills (e.g., students with severe cognitive or medical impairments et al.). Additionally, the literature review and research study were limited to school-to-work transition, career readiness, and employability rather than on young adults' outcomes in postsecondary education, community, or home settings.

The scope of the study was limited to information regarding ER skills for students with MMLI because these students commonly enter the workforce and experience problems with ER; however, ER is only one of many emotional intelligence competencies known to have a significant adverse effect on the performance of individuals in work settings. This study was bound by its focus on the application of the EBP constructs to understand SLPs' views and decisions concerning their provision of ER-SLT rather than with a focus on social learning theory, cognitive theory, and

motivation theory which are commonly used in studies involving educator and student populations.

Other scope factors and delimitations of this study that must also be mentioned. Purposeful sampling using inclusionary participation criteria resulted in the selection of participants who were judged to have enough practical experience in the high school setting to provide relevant insight (Berry, 2018). While some experience is required, excessive years of experience was not required for this study. SLPs with the required amount of experience were expected to be able to describe experiences, perceptions, thoughts, and views related to the research questions and the phenomenon being studied. Additionally, each SLP who participated in interviews was judged to have answered each question thoughtfully, openly, and to the best of their ability (Berry, 2018). Respondents were judged to have answered truthfully and honestly with appreciation that their input would be useful to the profession or society. Their participation was voluntary no barriers regarding power imbalance or personal/professional threats are expected to result from their disclosure. Also, SLPs' perspectives and interview comments were based on their practical work experiences and conscious or unconscious meaning-making processes concerning their work experiences. Each participant appeared capable of providing verbal input that contained valuable insight regarding the phenomenon. Participants' input reflected their truth with some degree of subjectivity (Thorne, 2016). Although this document refers to SLPs, the SLPs' decisions related to students' IEP, participants' responses were presumed to reflect the professional guidance, best practices, and legal mandates that require team-based and multidisciplinary, problem-solving, identification,

assessment, and placement/therapy practices. Finally, this study did not focus on the achievement of generalizability or external validity using a large participant sample as is the case in quantitative studies. Rather, with a small sample, the goal of this study was to establish transferability for the consumers of this research.

Limitations

Reasonable limitations of this study were apparent due to my status as a Ph.D. candidate and novice researcher. For this study, I served as the primary data collection instrument as well as the primary data analyst. Hence, this study did not represent the ideal standard of reporting results based on multiple perspectives. However, participants, dissertation committee members, and colleagues reviewed and gave input on the interview questions and content analysis reviews at multiple intervals of the data collection, coding, and analysis process to mitigate the impact of that limitation. Limitation of bias was not a goal of qualitative research; however, in an interpretive description study, biases can interfere during the research planning, implementation, analysis, and reporting phases of the project (Thorne, 2016). Consequently, I actively engaged in reflexivity and intellectual analysis to identify and limit the influence of personal biases by journaling, identifying, analyzing them, and engaging in a variation of pragmatic bracketing when biases emerged. I made attempts to remain open, acknowledge themes that challenged thinking, and embraced differences in points of view, attitudes, experiences, and identified themes emerging from this study occurred. Efforts to limit researcher bias took place; however, because of my limited experience conducting research, possible shortfalls must be considered. Although I remained

mindful, there appeared to be no surfacing of unintended interferences of power relationships associated with my former and current role at a state education agency. For example, my role at the SEA could have caused participants to withhold sharing their truthful views, experiences, or details for fear of negative consequences even if those concerns were not evident or reported. Participants were carefully selected for this study before scheduling interviews. Ongoing reflexivity and pragmatic bracketing took place to any adverse influence at every stage (Creswell, 2016; Hwang et al., 2018; Thorne, 2016).

Significance

This interpretive description study helped to fill the literature gap and highlight speech pathologists' views, experiences, and decisions regarding their teaching of EBER skills to prepare high school students with MMLI for school-to-work transition. It also helped to highlight the national crisis of 4 million (Morningstar et al., 2015) young adults with HIDs such as MMLI entering the workplace unprepared to thrive long-term (Morningstar et al., 2015). This study has expanded the conversation about EBCDM of professionals in related fields including psychology, communication sciences, and education, particularly as it relates to the development of ER skills for the workplace. Additionally, the continued use of interpretive description could help to address the quest for information called for by the scholarly community. For example, Thorne (2016) reported the "evidence-based practice context in which decisions are being made daily" (p. 40) in allied health fields has increased the mandate for more research designed to inform clinical practice. Through the prompting of follow-up and future studies, this information could later lead to SLPs' identification of evidence-based transition readiness

therapy goals related to ER which could help to improve the workforce transitioning and employment sustainability for young adults with MMLI.

Over time, results from this study could enrich researchers' and practitioners' understanding of ways to facilitate the self-efficacy and agency of individuals with disabilities through targeted instructional programming that improves students' ER skills which might, in turn, positively influence their employment and socioeconomic outcomes. This enrichment could lead to enhanced future practice efforts aimed at preparing individuals with language disorders to attain the highest possible quality of life, to contribute meaningfully to society, and to direct the results of their own lives. The results of this study could inspire future research inquiries which could lead to the identification of targeted or evidence-based strategies, materials, and other resources to assist SLPs in providing EBER-SLT. Through speech therapy services directed at improving ER skills, these changes could improve individuals with disabilities' chances of sustaining quality employment and enhance their ability to attain more advantageous employment opportunities thereby improving their ability to financially provide for themselves and their families.

Summary and Transition

In summary, the problem of poor workforce preparedness involving weak ER competencies in young adults with a history of MMLI was explored using a qualitative research method. Poor ER skills often negatively impact adults' ability to function appropriately on the job and contribute to problems that some adults with language disabilities have sustaining employment (Morningstar et al., 2015; Walker, et al., 2018).

SLPs are trained to address language skills related to ER, yet the research did not offer enough information to understand SLPs' views and experiences related to providing ER therapy for that population. An integrative interpretive descriptive design was conducted to explore SLPs' thoughts and decision-making processes associated with their provision of EBER therapy when working at public high schools. Chapter 2 contains a description of the search strategy used to conduct the literature review and a detailed summary of the current literature related to the main constructs associated with the topic of this research study.

Chapter 2: Literature Review

Students with MMLI linked to high incidence impairments often exhibit language and ER deficits that cause them to exit high school and enter the workforce without the skills they need to cope with the daily stress of typical work environments. SLPs working in high schools have expertise in language and ER and could help to mitigate this problem, but more information is needed to understand SLPs role and decisions concerning this problem. The purpose of this study was to explore for understanding of SLPs' views and experiences about their role and decisions regarding their provision of EER-SLT.

Due to poor ER skills, young adults with a history of mild-to-moderate language communication impairments often have trouble transitioning effectively from high school to the workforce. Poor workforce transitioning often contributes to job loss and a lack of advancement in the employment setting for young adults. SLPs possess a skill set to help improve students' workforce readiness by providing therapy to improve ER skills, which could improve those students' chances of having long-term employment in adulthood. However, there is scarce documented research about SLPs' experiences to provide postsecondary transition services in ER to high school students with MMLI. This integrative interpretive description study (see Thorne et al., 2004) additionally served to reduce the gap in the literature by enhancing the understanding of SLPs' thoughts and decision-making processes that influence their use of EB ER-SLT to help prepare students with MMLI for their school-to-work transition.

Eldesouky and English (2018) wrote that poor ER skills can cause significant problems in the workplace. Students with language impairments often struggle with using language skills to regulate their emotions and in the workplace and they can appear to lack “job-ready” skills (Gilson & Carter, 2018, p.175). Postsecondary transition programs in schools are common for certain populations of students with disabilities (Gilson & Carter, 2018). The Internet contained websites and blog posts that provided general strategies designed to help general and special education teachers incorporate ER activities in their classrooms (Kid Connect, 2019; We Are Teachers, 2019), but students with disabilities often require special instruction with scaffolding and repeated practice to acquire difficult skills such as self-regulating emotions (Kuypers, 2018). The education and workforce sectors contained limited research about specialized, student-centered teaching or training efforts geared toward improving ER skills for individuals with language impairments (Gilson & Carter, 2018). In cases where current literature was not available, older literature was included to provide additional context. In cases where terminology of similar concepts had changed over time, explanations were provided to clarify the semantics. One option to mitigate the problem of their poor workforce readiness and prepare individuals with MMLI to achieve better school-to-work outcomes is to improve their ER skills in high school. SLPs are not the only educators who can teach ER skills, but SLPs possess the necessary skill set to be a sound resource for these students because SLPs typically have the expertise and experience of working on ER skills for students with disabilities. Yet, there is scarce research indicating that SLPs are routinely providing direct, documented services to address the school-to-work transition

readiness skills of high school students with language disabilities when the language disability is not linked to other more involved impairments such as significant intellectual disabilities and low-functioning autism (Gilson & Carter, 2018; Kuypers, 2018). Further, there was research on general education teachers' attitudes and views about their role in providing ER education in the high school classroom, but the literature did not include research about SLPs' attitudes and views regarding their role in providing ER-SLT as a means of preparing students to achieve better school-to-work transition outcomes.

Considering the vast research that shows a relationship between educators' attitudes and student outcomes, understanding what SLPs think about the role their ER-SLT could play in preparing students for the workforce was expected to provide insight about possible solutions to the phenomena. Yet, the research base was void of information that sheds light on SLPs' views about the relationship between ER-SLT and the workforce transitioning of high school graduates with language communication impairments, especially those associated with HIDs such as MMLI.

Given the documented ER difficulty that young adults with MMLI have in the workplace and the knowledge of SLPs' documented skill set for providing SLT to address social skills and pragmatic language deficits, including in ER, I considered ER-SLT as a mitigating measure to improve outcomes for students and young adults with MMLI; however, the need for improved understanding of SLPs' views was evident. Before conclusions or recommendations about ER-SLT and EBER-SLT could be made and before the plausibility of future studies on this topic could be assumed, more understanding about SLPs' views and decisions was needed to reveal whether the

expectation that SLPs provide EBER services to students with MMLI is reasonable, realistic, warranted, or appropriate. Additionally, current literature did not lend much understanding concerning SLPs' views about their role or decisions about their provision of ER-SLT or EBER-SLT to the impacted population. This study was designed to fill one aspect of the literature gap and to provide useful information to help point scholars in the direction of future research inquiries around this topic.

This chapter contains a thorough summary of the current literature associated with the research phenomenon. Due to the limited available literature on some topics associated with SLP, ER, and the education-to-workforce pipeline relative to students with MMLI, useful articles and textbooks that are older than 5 years and a limited number of popular professional websites that may not be peer-reviewed were included in the literature review. Additionally, this chapter includes a synopsis of the EBCDM, EBP, and DM, the primary concepts that provide the conceptual foundation for this study. The research problem was multifaceted and potentially complex for individuals not involved in the field of SLP. To provide a comprehensible depiction of the literature, this literature review includes discussions of multiple tenets of the research problem. The following broad research topics have been included below to facilitate a clear understanding of the literature review:

- workforce challenges and outcomes affecting individuals with disabilities
- the significance of ER as a CRE skill
- educational programming and EBP designed to prepare students with disabilities for their transition from education to workforce settings

- educators' and SLPs' opinions about their role in providing ER-SLT
- impact that educator and SLP opinions, perceptions, and attitudes have on student outcomes
- SLT programming and service delivery on ER to help students prepare for postsecondary employment challenges

I served as a research instrument during this integrative interpretive description study (Thorne, 2016). This chapter includes comments about how my experiences and views impacted the literature review process (Thorne, 2016). Finally, this chapter contains a description of the search strategy used to find scholarly literature and research related to the social problem, a more detailed explanation of the EBP framework for CDM that guided the implementation of this research project, a detailed account of relevant, current literature about specific constructs used in this study, and a discussion of pertinent gaps in the literature relative to the research problem.

Literature Search Strategy

Databases and Search Engines

This literature review encompassed peer-reviewed articles, statistics, research guidance, and other published information from the Walden University Library, which was the primary research tool used for this study. Information was primarily obtained from Walden Library's A-Z database and its advanced search engine using key terms. The Thoreau Multi-Search Engine, EBSCO, ProQuest, and Google Scholar search engines as well as resources from the fields of social psychology and speech-language pathology, including textbooks about school-based services, were also reviewed. I also

reviewed statistical data, guidance, and other literature on criminal justice, education, psychology, and workforce from state and federal agencies w (e.g., U.S. Census Bureau, U.S. Department of Justice, U.S. Department of Labor, and U.S. Bureau of Labor Statistics); however, to cover certain key concepts of the study, the reviewed information fell under four overlapping subject areas that included psychology, health sciences, education, and business management. The search included material about several broad concepts including speech-language disabilities, high school educational programming, workforce, and emotion regulation/social skills. Due to the complexity of the topic, the search involved a vast list of key search terms that included but were not limited to the following: *American Speech-Language-Hearing Association (ASHA)*, *career readiness*, *clinical decision-making*, *communication*, *disability*, *emotional intelligence*, *emotion regulation*, *employment*, *evidence-based practice*, *Individual Education Program (IEP)*, *Individuals with Disabilities Education Act (IDEA)*, *interpretive description*, *language*, *postsecondary transition*, *post-school outcome*, *pragmatics language*, *qualitative*, *school-to-prison pipeline*, *school-to-work*, *service delivery*, *social skills*, *soft skills*, *speech-language pathology*, *SLP*, *speech therapy*, *transition planning*, *unemployment*, and *workforce*. I used numerous key search term combinations to achieve a comprehensive review of the related literature and research. I used terms closely related to keywords when literature using key terms was limited (e.g., pragmatic language/social language). Additionally, this phenomenon involved a vast menu of terms that have evolved, changed, or become more differentiated in the past five decades. Consequently, I

conducted an extensive literature review to accurately depict the problem; the reference list for this dissertation is unusually long.

Inspiration and Search Strategy

My professional experiences and expertise gained from many years working as a speech pathologist in schools and as an administrator/compliance monitor of services for students with disabilities for a state agency informed the purpose, problem, and research questions for this study. My expanded research efforts consisted of a wide range of related topics that led to the identification of the research questions and the resulting decisions about the research design and methodology. Few academic textbooks and other guides that provide specific information on the interpretive description approach are available (Thorne, 2016; Thorne et al., 2004). Additionally, current research on “pragmatic language” was limited (Gaile & Adams, 2018); there were many resources that address “social skills” which are linked to pragmatic language skills (Brinton & Martin, 2017). In some cases, related terminology (e.g., social skills for pragmatic language skills) was used to find resources and in other cases, it was necessary to access texts and other resources that were published more than five years ago (Brinton, 1998). Working definitions are provided in Chapter 1.

Conceptual Foundation

Literature Review of the Evidence-Based Practice Model

The EBP conceptual model served as the primary conceptual framework for this study. Due to the evolution of the construct of EBP within the context of CDM, the use of the clinical decision making (CDM) construct and the EBPCDM model influenced the

application of EBP in this study. SLPs and other education and allied health practitioners have been encouraged to engage in a competent decision-making process based on evidence when selecting the most appropriate care for patients and clients (Sackett, 1996). However, SLPs' implementation of such practices in high schools relative to ER therapy are not well documented.

In the field of psychology, Barnard (1938) formally introduced the construct of decision making, and there are now multiple theories of decision-making in most sectors of society. Goldberg defines clinical decision making as a process that practitioners use to determine the most appropriate measures to evaluate, diagnose, and provide treatment for clients or to solve other related practitioner-and client-centered problems (2018). In guidance initially intended for nurses, Sackett described evidence-based medicine as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. Sackett and others described the EBPCDM conceptual model more than two decades ago as a means of merging core components from older EB medicine and CDM models (Sackett et al.,1996). They described a process of integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Foster et al., 2015).

While the evidence-based medicine and EBP models were initially popular in the medical sector, their conceptual principles and application soon spread to other allied health fields such as speech-language pathology in both healthcare and educational settings (ASHA, 2016; Mackey & Bassendowski, 2016). Since then, these models have been used in many studies to help identify and improve best practices in nursing, physical

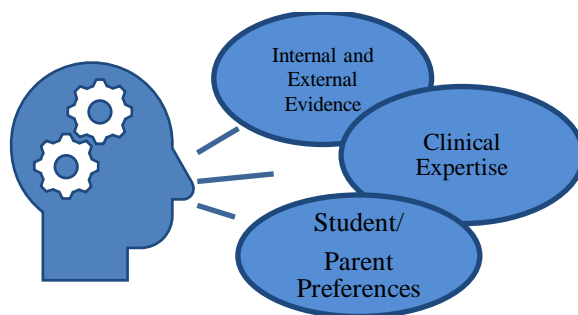
therapy, and other medical fields (Brummitt et al., 2018; Jensen-Doss, 2015). Through widespread advancements in educational research practices, documented EBPs in the field of SLP have been established (ASHA, 2016). Those advancements have helped to improve the outcomes of students with disabilities by guiding the service decisions and problem-solving efforts of SLPs (Rudenshine et al., 2018), including those of SLPs. As stated by Rudenshine, Espinosa, McGee, and Routhier, EBPs have served as “a great starting point for practitioners when selecting interventions for individual learners” with disabilities (2018, p. 195). The EBP framework grounded the deductive component of the HDITA method used to code the data.

The EBP and its complementing constructs (i.e., EBPCDM, CDC) were selected for this study because they framed the study in a manner that provided practitioners and leaders in the field of SLP information related to rules set forth for practitioners holding the Certificate of Clinical Competence (CCC) in the field of speech pathology. In its Rules of Ethics, ASHA, which is their premier professional organization, urges SLPs to engage in EBPs to make clinical decisions about the assessment and treatment of speech, language, or swallowing disorders (ASHA, 2019). SLPs are advised to provide quality services based on a comprehensive set of principles, standards, interprofessional, and collaborative practices or resources (ASHA, 2019; Foster et al., 2015; Swit, 2017). Practitioners are called to incorporate three EBP considerations when making clinical decisions; they include research-based clinical evidence, clinical expertise, and patient preferences and values (Hoffman et al., 2013; Foster et al., 2015; Van Dyke, S. (2018, July 11) (see Figure 1). Despite expectations for SLPs to utilize EBPs, this model has not

been widely used as a conceptual foundation in studies about high school students with MMLI (Bertero, 2015; Swit, 2017). Instead, SLT practices have been studied using other conceptual frameworks such as metacognitive (Gaile & Adams, 2018), sensory processing (Vitaskova et al., 2017), and practice-based research frameworks (Crooke & Olswang, 2015). EBPs represent one way for SLPs to meet the profession's CDM requirements; EBPs framed the development and implementation of this interpretive description which explored for SLPs' views about their role and information about their decisions.

Figure 1

Evidence Based Practice Model for Speech-Language Pathologists' Clinical Decision-Making



The Application of the Evidence-Based Practice Model

Ideally, the results of the study provided some insight into whether EBP was a standard consideration in the SLPs' decision-making processes relative to providing ER therapy for high school students with MMLI. As a complement to EBP, the CDM has implications for understanding how practitioners make decisions about the quality of care they provide to students (Foster et al., 2015). The EBP construct was used to develop

interview questions as well as to understand and examine the data from this study (Swit, 2017). The interview questions were structured to understand 1) SLPs' perception of the role they play regarding the teaching of ER skills to support students' transition from school-to-work and 2) to explore how SLPs make decisions about providing ER SLT, which helped to ascertain if SLPs' decisions are based on any of the core components of EBP. The analysis included an exploration of integrated EBP constructs as well. That is, the data was analyzed for common themes and to determine if SLPs' decision-making processes around ER-SLT lean towards the SLPs' professional experiences, research-driven evidence, and/or knowledge of clients' or their parents' preferences (ASHA Leader, 2017).

Assumptions and Limitations of Evidence-Based Practice

According to Rudenstine, Espinosa, McGee, and Routhier, the adoption and implementation of EBPs in schools are based on several underlying assumptions (2018); three are highlighted here. One assumption is that EBPs represent the preferred and most effective approach because assessment and treatment decisions rooted in scientifically- and research-based evidence are considered "best practice" or are mandated by multiple federal regulations set forth by the U. S. Department of Education (Rudenstine et al., 2018; Schalock et al., 2017). These mandates have contributed to the widespread marketing strategies, products, and procedures that claim to be research- or evidence-based despite the unclear and ambiguous guidelines and parameters that define EBP. Consequently, the construct of EBP has evolved to become the conventional component of educational literature and a trendy topic integrated into professional development

exercises (Russo-Campsie, 2017). Yet, research shows that SLPs assigned to high schools often report using few EBPs and that SLPs believe they need more training to be able to do so effectively. This study provided insight that supports or disconfirms that assertion.

A second assumption is that many of the available educational and therapy resources that tout an evidence base are indeed effective and based on proven high-quality science and research (Rudenstine et al., 2018); however, many may lack a foundation of rigorous research (Rudenstine et al., 2018). The last assumption of EBP relevant to this study is that published EBP products, techniques, and guidance must be implemented with fidelity to ensure their effectiveness and added value (Rudenstine et al., 2018). However, some assert that this assumption contradicts federal guidance regarding the provision of individualized services and supports to students with disabilities (Rudenstine et al., 2018). In theory, these assumptions provide policy and practice guidance that is progressive and promising in schools. In theory, the EBP campaign is intended to support SLPs' CDM by providing a framework and by establishing a structure that will equip SLP practitioners with sound assessment and therapy alternatives.

Simultaneously, guidance associated with EBPs, and the above assumptions can prove challenging to SLPs and other special educators who seek to prepare students to compete in the global economy. There are significant gaps in the availability of EBP in many areas or subfields of speech pathology. For example, there may be a multitude of EBP guidance in articulation and far less in language. The body of literature is void of

EBP guidance related to speech pathologists' provision of ER therapy or other school-to-work transition-related skills.

The choice for SLPs to adopt EBP is not as simple as pulling a packaged program or set of prepared materials off the shelf in a therapy room. The decision is both complex and time-consuming in theory and application (Pashaeypoor et al., 2016; VanDyke, 2018). McCurtin and Carter argue that a sophisticated degree of reasoning is required to achieve evidence-based CDM (2015). This would be most relevant when packaged or published resources are limited. Based on the definition of EBP, the trifold EBP framework required by ASHA should be applied when an assessment or therapy decision is made and ideally each assessment or therapy outcome should be determined on a case-by-case basis. In her review of Evidence-Based Maps, a tool provided by ASHA to assist SLPs in using EBP, VanDyke suggests a process of accessing available professional resources that already house research findings and literature to make informed clinical decisions and reduce the complexity of the convoluted and difficult EBP process (2018). She suggests a tri-fold process of incorporating three benchmarks of consideration to satisfy the EBPCDM process:

- Forms of internal and external scientific evidence, evidence-based guidelines, and systematic reviews of research conducted on a specific topic, assessment, treatment, or therapy methods.
- Forms of consensus-based statements and ASHA policy documents are contained in clinical expertise.

- Forms of client perspectives provide individual studies, guidelines, and systematic reviews related to the perspective of the client and family members (VanDyke, 2016).

In their work, Crooke and Olswang (2015) acknowledged ASHA's mandate for practitioners to rely on evidence to support their evaluation and treatment decisions. They suggest "practice-based research" is one way to close the "research-practice gap" (2015, p. 1871). They proposed a process of using professional literature and data that reflect what clinicians do in practice (i.e., practice-based research) to achieve ASHA's mandate (Crooke & Olswang, 2015). While they support traditional approaches to conducting valid research, they argue that principles and guidance combined with information from true practice experiences in one's field of expertise could be an effective way to supplement traditional research processes and satisfy the EBP mandate (Crooke & Olswang, 2015). These descriptions and tools were included in this section because they have the potential to be useful when interviewing and analyzing information shared by study participants about their research base.

As discussed by various speech pathology researchers, SLPs provide social skills therapy to students on their workload. However, the evidence-base for the wide variety of potential social skills goals, particularly for high school students, is limited (Turkstra et al., 2016). Specific interventions were discussed further in this chapter. However, it is not yet known whether EBPs are a firm consideration when SLPs provide therapy to address ER. Using EBP as the conceptual foundation helped to provide some insight as to

whether components of EBP play a role in SLPs' decision-making processes relative to ER therapies.

The Rationale for the Evidence-Based Practice Model

The EBP model for CDM is supported by the ASHA which directs practitioners in the field of speech pathology to engage in EBCDM about evaluation and treatment (ASHA, 2016; McCurtin & Clifford, 2015; Hoffman, 2015; Jensen-Doss, 2015; VanDyke, 2018). The EBP model of which clinical experience and expertise play a significant role, provided an appropriate context for analyzing and explaining how SLPs' decision-making regarding students' postsecondary transition needs influence the SLPs' service delivery choices for teaching ER skills to high school students (Downar et al., 2016; Jensen-Doss, 2015; Sackett et al., 1996). The interview questions for the study allowed each participant to explain how their decisions relative to ER therapy are made and their answers were analyzed for any references to the SLPs' consideration of internal and external evidence, their own clinical expertise, and their clients' preferences in their decision-making and thoughts about providing ER therapy.

Application of Evidence-Based Practice to Research Questions

The EBP conceptual model served as a lens during the interview question formulation, data gathering, and data analysis phases of the study to identify themes and interpret the thoughts and decision-making behaviors of SLP's relative to the provision of ER for high school students with language communication impairments. While specific language referencing EBP is not included in the research questions, key components of this model (i.e., evidence-based, clinical experience, and client preferences) were covered

in the interview questions. Participants were allowed to describe their thoughts and decision-making processes regarding the key components. An example interview question might be, “Please explain in detail how you incorporate evidence-based literature when determining if or how you provided ER therapy to students on your workload” or “Please explain in detail how your own professional experiences influence your decisions about if or how you provided ER therapy to students on your workload.”

Literature and Research Related to Key Concepts

Chapter 1 includes a list of pertinent definitions that assisted readers in understanding the constructs of this study; however, for this paper, it is necessary to explain two key concepts: ER therapy and EBCDM. Emotion regulation therapy referred to any program, technique, or strategy used by speech pathologists to enhance students’ ability to use verbal or nonverbal language skills to manage, control, or adjust emotion, mediate the impact of emotional experiences, and interact appropriately with others in varied social contexts. EBCDM refers to a systematic, multi-step, individualized process rooted in evidence and practical experiences which is used by SLPs working in schools to determine and implement the most appropriate assessment and therapy practices needed to meet the unique communication needs of each student on the SLPs’ workload. The following sections in this chapter provide a summary of available literature and research trends concerning several topics relevant to this study. The research presented next was obtained via qualitative, quantitative, and mixed methods studies and peer-reviewed reports by scholars in the fields of speech-language pathology, psychology, and education; however, no study like this proposed study that addresses the social problem

was found in the literature. However, several studies and articles conclude with statements that call for future research on the relevant topics that were discussed next (see studies in the next sections). The following sections provide a review of the literature on those topics. The strengths and weaknesses (or gaps) of the related literature were mentioned in each section. The results showed that the proposed methodology is consistent with the research questions, the gaps in the literature, and the scope of this study. This proposed integrative interpretive description study is justified because there is a need to explore and understand more about specific aspects of the phenomenon (i.e., SLPs' decision-making about ER to prepare students for workforce transition, the use of evidence-based speech therapy practices to address ER, et al.). Based on the results of the literature review which are discussed next, using the conceptual foundation of the EBP model of CDM represented a novel approach to address the social problem of high school students with MMLI having difficulty with school-to-work transitioning.

How Researchers Have Addressed the Problem

A comprehensive review of current literature indicates that the social problem of students with disabilities being ill-prepared to transition from high school to the workforce has been addressed in several ways, but primarily through checks of adherence to the federal laws, through national or state statistical reporting, qualitative and quantitative studies involving persons with moderate to severe disabilities, and self-reports with persons of vulnerable populations (Condit, 2015; Flowers et al., 2018). However, multiple studies include published research on the social-emotional skills in students with high incidence disorders (Walker & Barry, 2018; Yakimowski et al., 2016)

published information on students with language disorders. The Individuals with Education Act is one disability law that mandates collaborative planning by students' schools, parents, and community to facilitate their ability to graduate through various pathway options, to prepare adjustment from school to work settings (Condit, 2015; Flowers et al., 2018). The expansion of high school pathways that provide a trajectory of graduation pathways for students who may not be college-bound (Cocks et al., 2015; The Washington Post, December 23, 2017).

Multiple federal and state agencies publish annual statistical data, including state-by-state monitoring results, to help facilitate compliance with federal guidelines (Project 10 Transition Education Network, 2020; OSDIE, 2017; USDOE, 2019). Based on reports on compliance with state and federal laws about IDEA postsecondary transition activities, those entities periodically publish new guidance documents with recommended and required activities that local and state agencies may choose to implement, and resources for individuals with disabilities and/or their parents, education agencies, and employers who may or may not collaborate with education agencies. One mixed research study indicated that young adults with disabilities transitioning from school-to-work often suffer employment instability during their transition period which results in more reliance on benefits from the Social Security Administration (Honeycutt et al., 2017; Mann, 2017). The same article indicated that workforce outcomes for these individuals improved when they received educational training on specific skill sets before or during that transition time.

Additionally, some multiple peer-reviewed articles and books report statistics, list educational, state, and federal resources available for young adults with disabilities during and after high school years, that promote the need for more education assistance using best practices, and stress the need for improved engagement of the student, the student's family, various school personnel such as SLPs, active engagement of vocational agencies, and establishment of working relationships between school systems and employment entities (Register, 2018). A longitudinal study that provides a comparison across multiple decades of how SWD prepare for independence once they exit high school, revealed that students have become more involved in the general education setting and play a more salient role in school culture; yet, they have gained less independence and received less targeted learning supports through part-time working experiences, individualized instruction, or active planning and preparation for post-high school responsibilities (Liu et al., 2018). That longitudinal study also revealed SWD, and their parents were less likely to engage meaningfully or consistently in transition planning and collaborative discussions with IEP team members than they were a decade ago despite increasingly rigorous federal guidance for teams to identify measurable goals and educational experiences that prepare students for postsecondary transition.

A review of the literature shows there are research gaps concerning specific educational programs and interventions geared toward improving work-readiness skills for persons with disabilities (Honeycutt et al., 2017; Pelage et al., 2015). There is a need for research that both expands knowledge and practical strategies that can be applied to improve professional practices, particularly concerning educational programs and IEP

services geared toward improving the CRE of pre-employment youth who will seek independence and who face the reality of competing to earn a living wage (Carrington et al., 2016; Elvins, 2015). Despite the use of a variety of research designs, the existing research does not provide enough information to facilitate an understanding of the way SLPs view the role they play or can play in shaping the school-to-work outcomes of students with MMLI.

The ASHA maintains an extensive website and publishes varied journals that provide general guidance regarding professional standards for practitioners in the field (ASHA's Strategic Pathway and You, 2016). However, these resources do not contain much information about how SLPs decide to serve MMLI students in ER to students' ability to transition to the workforce (ASHA's Strategic Pathway and You, 2016). Additionally, the results of a literature review indicate there is limited current research on EBP associated with SLPs' decision-making processes in high schools and limited research concerning speech therapy practices in the areas of pragmatics and emotion regulation for students with MMLI concerning school-to-work transition or in academic domains. This lack of literature makes it difficult to understand how SLPs make decisions about whether or how to address language deficits that may affect the school-to-work transition skills for young adults exiting high school with MMLI.

The following lengthy, but necessary sections collectively provide the rationale for selecting the constructs being explored in the proposed study. These sections include a review of existing literature that indicates several main points. Adults with disabilities often suffer poor employment outcomes due to ER deficits linked to their language

impairments. Young adults with MMLI represent a large population of individuals with HID who often enter the workforce without the explicit ER teaching needed to prepare them for their transition to the workforce. Educational programs geared toward preparing SWDs for the school-to-work transition can be effective, but few documented programs exist for students with MMLI. SLPs are prepared to work with this population to improve their ER skills in preparation for their school-to-work transition, but not much is known about SLPs' provision of EBER services to these students in high schools.

Factors that Contribute to Students' Poor Career Readiness, Employability, and Workforce Outcomes

The following sections contain summaries of current literature about the barriers and challenges students face as they approach and enter the workforce.

Challenges Faced by Students with Mild-to-Moderate Language Impairments

Many students with HID such as those with MMLI, exhibit behavior challenges, notably in settings where they are educated with students without disabilities. Those deficits can be caused by these students' language deficits. Elvins reported several benefits of including SWD in high school general education settings with peers who do not have disabilities; however, he also reported that one reason many SWD struggle academically or exhibit behavior problems in inclusive settings is that they often have diagnosed or undiagnosed social and ER deficits that may not be adequately or directly addressed via the students' IEP (Conti et al., 2016). I encountered many such students who may not have been provided structured teaching or who received social-emotional support and teaching that was not sufficiently rigorous or targeted (e.g., vague, poorly

written, poorly implemented, or non-existent behavior intervention plans, social, behavior, or speech-language goals included on the students' IEP to sufficiently address (Klapp, 2016). Although behavior services were helpful, there were many cases in which educational services were rendered to manage rather than explicitly teach ER skills that would improve students' performance in their current educational setting and improve their readiness for future employment. Management of behaviors may have little impact on preventing them.

Students with MMLI often receive less support and accommodations or support that is less rigorous than students with overt impairments. Individuals with HID and language disabilities have invisible disabilities and are less likely to seek or qualify for support through Vocational Rehabilitation Services (VRS) than their peers with more involved disabilities (Mann et al., 2017). Much of the common specialized supports and individual accommodations such as repeated instructions, extended time, completion of projects in smaller chunks, verbal prompts, or visual cues, that students with MMLI receive in high schools as a component of the IEP, are discontinued or reduced once those students exit high school. Since those individuals may not have been significantly served through VRS programs, they may be less prepared to report their disabilities and to advocate for the workplace supports and accommodations they need to thrive in certain work settings (Mann, et al, 2017; OSERS, 2020, January 23). Those individuals may not realize or be taught that the accommodations they receive in school may not be readily available to them in certain workforce settings. In some cases, students have not been made aware of the accommodations listed on their IEP do not make employers aware.

These students would benefit from active involvement in IEP planning, implementation, and review of progress. They may benefit from explicit teaching on the consequences of reporting or not reporting and on requesting support or not requesting. Additionally, they may benefit from explicit teaching on how to advocate for themselves if they choose to do so. Thus, some may need to be taught how to effectively manage the wide range of social and emotional impact these needs could have when they start working (Gragoudas, 2014; OSERS, 2020).

Career Readiness and Employability Challenges for Individuals with MMLI

Communication/Language Skill Deficits

The employment challenges experienced by individuals with HIDs can be more extensive for persons with MMLIs which may or may not be associated with other disabilities. Success in mainstream work environments is directly influenced by an individual's communication skills (Foster, 2019). Communication skills are dependent on a sophisticated language system comprised of verbal and nonverbal forms of expressive, receptive, and social language skills (ASHA, 2020a; ASHA, 2020b). Irrespective of authority, delegation, or initiatives designed to promote and facilitate engagement in the workforce (e.g., job placement programs [Kamau, Timmons, & University of Massachusetts Boston, 2019]; college and career readiness [Morningstar et al., 2017]; vocational training and rehabilitation [Fraser et al., 2019]; career and technical education [Cushing et al., 2019]; communication is listed as a key skill for CRE competition (Disability Job Exchange, 2020).

Communication is based on an established language system that consists of verbal and non-verbal forms of expressive, receptive, and social language, which is considered an essential skill for the workplace. Most mainstream environments require employees to demonstrate requisite soft skills such as enthusiasm, sociable attitude, teamwork, networking, problem-solving, and critical thinking skills; these proficiencies are reliant on and reflexive of effective communication skills (Disability Job Exchange, 2020). Students with MMLIs often exhibit weaknesses in some of the fore-mentioned areas of communication (ASHA, 2016) and when those young people exit high school with ER difficulties, this collective set of weaknesses exacerbates their challenges in multiple areas of life, including in the workplace (Bersofsky et al., 2015); Current studies describe interventions that improve the emotion understanding and expression skills of young children with developmental language delay (Brinton et al., 2019). Many of those students grow up to become adolescents and young adults with ER-based language difficulties. However, some limited studies and reports delved into the specific difficulties experienced by young adults with MMLI or about interventions or lack of interventions those students received in high school to prepare them for their transition into the workforce (Houck et al., 2016; Xu et al., 2014). Except for language impairments that result from a dominant and significant communication disorder, MMLI is often a characteristic of co-morbidity (Lewis, Patton, Freebairn, et al., 2016). Since MMLI is commonly linked to other disabilities, much of the research focused on those primary disabilities for which language impairments play a secondary role (e.g., ADHD, specific learning disabilities, emotional disturbances et al.). Consequently, state, and federal

entities that publish employment statistics or post-high school research, provided no information that concentrated on outcomes associated with language impairments (US Department of Labor, 2020; U.S. Bureau of Labor Statistics, 2020). In his mention of the Employment First Initiative, a government initiative that focused on preparing young adults with significant disabilities for the workplace, Nord argued that effective engagement in the workforce through education and training programs should be the priority of programs for persons with disabilities (Nord, 2016).

Mainstream Expectations Imposed on Students with High Incidence Disabilities

Students with high incidence disabilities such as those with MMLI are particularly vulnerable to attaining negative outcomes in comparison to their peers without disabilities and their peers with more visible or with low incidence disabilities because they enter the workforce with mainstream expectations for performance placed on them (USDOE, 2017). Young adults with MMLI have an increased likelihood of graduating from high school with the expectation of moving on to postsecondary education or employment and of functionally contributing to society compared to students with LIDs (e.g., autism, hearing or vision impairments, severe intellectual disabilities, et al.) (Rojewski et al., 2015); yet, students with MMLI who manage to graduate from high school and strive for direct participation in the workforce often have significant difficulty with the transition from the high school setting to the work environment. They are among the people who have trouble maintaining long-term employment once they start working (Conti-Ramsden et al., 2016; Rojewski et al., 2015). School-to-work transition difficulties for young adults with MMLI are often caused by

pragmatic or social language skill deficits that contribute to emotion regulation (ER) deficiencies such as the poor use of language skills to recognize and manage emotions in the workplace (Bronson et al., 2015; Eldesouky, & English, 2018; Haimson et al., 2018). Pragmatic, social, and ER skills are communication skills commonly embedded in the work of SLPs. To ensure students with disabilities have goals and an educational plan that prepares them for life after high school, federal and state regulations require schools' completion of paperwork that indicates team-based planning, including documentation of attempts to involve community partners; however, there is tremendous variability in the rigor, appropriateness, and targeting of student-specific transition needs. Formal initiatives and students' opportunities for explicit teaching, practical application, and apprenticeships are also variable across students, schools, districts, and nation-wide. Despite the expectation that young people with MMLI participate in the workforce and many of them attempt to do so, they often exit high school without receiving the rigorous, high quality, specialized instruction needed to improve their CRE (Selingo, 2017).

Poor Workforce Outcomes Achieved by Adults with Language Disabilities

Although their language disorders may not be the sole determinant of their adulthood challenges, many young adults with a history of MMLI achieve poor workforce outcomes. Efforts to improve the postsecondary outcomes for students with disabilities are in place through educational research, policies, and programs calling for EBPs (Eldesouky & English, 2018). Yet, there is a contrast between theory and practical application. Statistics indicate persistent workforce outcomes due to under-employment and unemployment persist for individuals with HIDs (Morningstar et al., 2015; Nord et

al., 2015). Formal studies that specifically follow individuals with language impairments are scarce; however, due to the high prevalence of MMLI in individuals with HIDs, these outcomes are indicative of young adults with MMLI as well.

Young adults with language disabilities often experience job entry challenges because they lack the readiness and employability skills needed to enter the workforce (Employment and Training Administration, 2020, March 10; Nord, et al., 2015). Some of these young adults effortfully try to get hired but do not. Others who get hired face extreme difficulty once they begin working without important ER skills. Some work for very brief periods and others may not perform well long-term (Bersofsky et al., 2015; Gilson & Clark, 2018). Some students with HIDs defined or accompanied by MMLIs have trouble getting hired when they begin their job search and they become discouraged early on (Bersofsky et al., 2015; Davis et al., 2014; Rojewski et al., 2015). Other young adults under the age of 25 with language impairments may appear employable despite their hidden disability so they often find work in the early years after they exit high school; but eventually, their language difficulties cause literacy and social challenges that soon impact their job performance (Conti et al., 2018).

During their last years of high school, SWD often has deep-rooted feelings of inadequacy and insecurity in comparison to their peers based on their many years of struggle and on their having not gained the confidence or skills to seek help when they need it; these SWD become young adults with deep-rooted feelings of inadequacy and insecurity navigating adulthood where their experiences and deficits can negatively impact them at home, in community, and especially as they enter the workforce (Mason

2016). Their insecurity follows them to their adult relationships and often to their first jobs with long-lasting consequences (Mason et al., 2016). In a study by McCarthy and others (2017), women with learning disabilities who suffered physical and financial abuse reported they did not seek help because of social-emotional reasons (e.g., feelings of inadequacy accompanied by shame, fear, and doubt) associated with their learning disability (Urbanowicz et al., 2019; Mason et al., Lunde (2018) further reported that education, food, shelter, and financial insecurity, fear that others will retaliate or harass them, and loss of their job are other barriers to help-seeking. The failure to ask for help or clarification on the job exacerbates the psychological distress associated with the needed support for students and later, for some employees with disabilities, who are transitioning from schooling to the workforce (Mitchell, 2018).

There are web-based articles and blog posts that highlight the need for employers to provide accommodations to support adults with language impairments in the workforce (e.g., assistive technology, alternate format training materials, repeated instructions, et al.) to help them function on the job (ADDitude, March 24, 2020). Additionally, the Americans with Disabilities Act (ADA) prohibits discrimination because of disability and obliges employers to provide reasonable accommodations when needed (ADA National Network, 2017). However, research indicates that workplace accommodations are most often provided to accommodate persons with physical disabilities and that employers and fellow employees most often view accommodations as reasonable when they are needed to address physical disabilities as opposed to hidden disabilities such as language impairments (Telwatte et al., 2017). To exacerbate this

problem, a primary requisite of the ADA and other legal protections for persons with disabilities calls for the adult worker with a disability to disclose their disability-related accommodation needs and advocate for necessary accommodations on the job (ADA National Network, 2017; Telwatte et al., 2017). This can be difficult for individuals with MMLI to communicate and their difficulty can be worsened by feelings of fear, embarrassment, or shame concerning their disability which they may not know how to manage.

Emotion Regulation Expectations in the Workplace

ER to Satisfy Social Motives. According to Rudenstine, Espinosa, McGee, & Routhier, emotion regulation is a set of competencies individuals should possess to effectively assess, manage, express, behave, and regulation is a requisite skill for effective navigation in varied social contexts, but ER competence is mandatory in most work environments (Grandey, 2015; Rudenstein et al., 2018). One dynamic constantly at play in work settings is the desire to satisfy the social motive of advancement or gaining other desirable effects at work which can often be influenced by proper ER (as demonstrated by acceptable emotional expression and suppression at critical times). Emotion regulation is tied to known social motives of individuals (i.e., There are specific conscious or subconscious reasons individuals strive to regulate emotion) (Tamir, 2015). Whether seeking harmony in peer relations to minimize internal (e.g., anxiety) and external conflict (e.g., discord), striving to enhance other's impression of us, or working to achieve personal or job-related advancement, there are numerous internal and external rewards that a good ER skill set can produce on the job (Tamir, 2015).

Emotion Expression and Suppression for Unexpected Upsets, Problem-Solving, and Collaborating with Supervisors or Peers. Mainstream workforce navigation requires individuals starting a new job, working in a new setting, or later taking on different or more challenging assignments, to know how to appropriately handle the confusion, uncertainty, fear, stress, and other negative emotions by properly suppressing destructive feelings or by appropriately expressing uncomfortable feelings (Bjornsdottir & Rule, 2017; Waugh, 2020). To maintain constructive peer relationships, emotional expression and suppression are independent processes that are equally important when employees are experiencing positive emotions such as pride, satisfaction, pleasure, and joyful anticipation. The appropriate employment of emotion suppression and expression is dependent on how well the individual understands the influence of social and cultural factors in social contexts (Bjornsdottir & Rule, 2017). Cameron spoke of how an employee might activate emotional expression and suppression simultaneously by disclosing specific concerns about her supervisor to a friend at work while strategically not talking about how she worries her job stability could be threatened (Cameron, 2018).

When an individual does not understand the social norms and pragmatic rules of the workplace, misjudgments in emotion suppression and expression often results in negative on the job consequences (Cameron, 2018). If the same woman chose to openly express her frustrations or apprehensions about the new boss (rather than suppress them) in front of colleagues or supervisors who do not understand her underlying fear of job loss, the communicative effects of that emotional expression could be negatively viewed

as her inability to adapt to changing work conditions. If later in the day, the new boss presents the worker with a directive to complete a task that she does not like and does not fully understand but the worker does not suppress her feelings of aversion to or confusion about the task and instead she expresses her annoyance using nonverbal cues (e.g., closed body language, neck movements, eye-rolling, and slow actions) the worker could be perceived by others to be resistant to directives, insubordinate, and challenging to authority. These perceived negative qualities could jeopardize the worker's job security. However, if the worker understood how to differentiate emotional expression and suppression based on the contexts, she may have responded with better ER judged to be socially appropriate behavior in the workplace.

ER to Establish and Maintain Social Connections. Multiple studies report there is a direct link between appropriate ER, interpersonal relationships, and the establishment of social networks including the establishment of those when starting a new job (Bornjodottir & Rule, 2016; Eldesouky & English, 2018; Mulki et al., 2015; Niven et al., 2015). Phillips describes these competencies as behaviors associated with social effectiveness and he discusses several models that link the pursuit of social effectiveness to the satisfaction of relational and task-oriented social needs and motives (2018). Social competencies impact the daily socio-emotional judgments and decisions made in the workplace and can predict long-term job outcomes on the job (Phillips, 2018; Wehman et al., 2015). The results of another study indicated that strong, intentional ER skills were correlated with favorable relationship establishment in varied social contexts including in the workplace linked to better job performance (Mulki et al., 2015; Pekaar et al., 2018).

However, a poor ER skill set can reap the opposite in the workplace. For example, emotion suppression-suppression processes and age-race-gender-sex categorization processes are said to interact reciprocally and spontaneously during interpersonal interactions; in turn, this interactive affective-cognitive predisposition influences an employee's perceptions, understanding of individual differences, biases, stereotypes, and identification or assignment to social groups representing strength, aptitude, gender preference, sexual orientation, and other social motives, values, or concepts (Bjornsdottir & Rule, 2016). Verbal and non-verbal language acts reflect an employee's social-emotional competence at work and in other settings (Bjornsdottir & Rule, 2016; Pekaar, 2018). The failure to display appropriate emotional awareness, expression or suppression based on social group expectations can adversely affect an employee's interactions and relationships with customers, colleagues, and supervisors (e.g., Random, and ill-advised expressions of "liking", "disliking" or "forecasting" could be misinterpreted as sexual harassment, workplace intimidation, undue influence, or compromised ethics. Others' perceptions of these deficits could cause the employee to reap negative work consequences (e.g., confusion, heightened anxiety and stress, weak interpersonal relations, conflict, reduced growth or leadership opportunities, and bad performance evaluations which can result in job instability). Current research indicates there is an increasing interest in exploring social and performance motives linked to ER as a means of understanding the relationship between affective states, behavior, and performance (Tamir, 2015).

Emotion Regulation to Avoid Conflict. Studies indicate there is a positive correlation between employees' workplace conflict and reduced work performance which is impacted by affective and physiological symptoms associated with and resulting from workplace conflict (Nixon et al., 2017; Nixon, B., 2017; Waugh, 2020). Think of the co-worker who others try to help, but she responds with outbursts of "everybody is always picking on me!". Results of another study showed that ER in the form of surface acting helped to mediate the impact of interpersonal conflict in work settings (Nixon et al., 2017). This information has implications regarding the school-to-work transition outcomes individuals with MMLI might achieve regarding various phases of the employment cycle, particularly when these young adults do not develop emotion regulation competencies needed for their new daily setting. For example, ER could contribute to an individual's making a good first impression which could impact initial employability and later, likeability at work which could impact relationships with co-workers and supervisors. Emotion regulation skills could also be reflected in displays of emotional stamina which could indicate how the individual responds to emotional stress, frustration, fatigue, or confusion on the job (Waugh, 2020). These skills could mean the difference between a major incident such as whether an individual has a "blow-up or meltdown" on the job, or it could present in subtle ways such as whether an individual will respond to difficult work scenarios with inappropriate body language or sarcasm in response to perceived offenses on the job. In this day of technology-driven workplace interactions, ER also plays a significant role during electronic communications and this could impact job stability (Nguyen & Fussell, 2016). The research indicates that

employees who exhibit better ER skills are more effective leaders, particularly at encouraging engagement and willingness to follow among subordinates (Demirtas et al., 2017).

ER Skills Promote Emotional Well-Being. The literature also contains reports that strong emotion regulation skills such as self-awareness, mindfulness, cognitive reappraisal, self-compassion, contribute to employees' favorable emotional well-being and mental health because they can enhance feelings of control and influence; however, those reports also warn that employees' knowledge of the time and manner emotions should be controlled is critical (Daniels et al., 2015). Think of the co-worker who frequently cries about personal problems during the workday Eldesoukey, and English posit that ER skills improve with age (2018). However, if young adults with MMLI enter the workplace without having ER skills commensurate with their peers who do not have disabilities, their deficits may continue to lag and cause problems in the workplace as well as in other settings where social norms are imposed, even as those individuals grow older (Mousteri et al., 2018). Tamir wrote, "Given that emotions can influence both cognition and behavior, people may be motivated to experience emotions to influence how they think, which could then shape subsequent behavior, or they may want to directly influence how they behave" (Tamir, 2015, p. 204).

Quality of Life Consequences of Workforce Problems Linked to Disabilities

Participation in the workforce is a source of human and social capital for a country's citizens (Trainor et al., 2013); when young adults with disabilities are not able to gain or sustain employment, their economic and social wherewithal suffers and this

can have a damaging effect on their emotional well-being (Mousteri et al., 2018). These individuals tend to work fewer hours per week in jobs that require a lower skill set than their peers without language impairments (Conti et al., 2018). When these young people do not function appropriately in the workplace, their positions may be terminated, they may have their weekly wage-earning hours reduced, or they may quit the job because of their lack of confidence or sense of failure (Mousteri et al., 2018). Additionally, incarceration and recidivism rates are high for this population which further damages their employment prospects and psyche (Collins & Wolter, 2018; Powell, 2014). They experience reduced opportunities to contribute responsibly to society in a traditional manner. These and other negative consequences can result in long-term economic and social hardships that diminish the quality of life for individuals with language disabilities and their families (Bersofsky et al., 2015; Cocks et al., 2015). Davis et al., 2014; Rojewski et al., 2015). The hardships associated with unemployment ultimately increase the individuals' chances of relying on the social services system or turning to criminal activity and their quality of life is diminished because of these challenges (Bersofsky et al., 2015; Davis et al., 2014; Snow et al., 2015). Incarceration for both short and long periods will increase these individuals' difficulty when they return to the workforce upon their reentrance to society. Scholars argue that the challenges these young adults face are linked to their absence of or lack of rigorous student-specific educational preparedness for their school-to-work transition (Collins & Wolter, 2018; Powell, 2014). For example, to improve workforce thriving, these individuals must learn and develop ER-directed social and pragmatic skills that position them to facilitate individuals with disabilities'

inclusiveness in the work setting can be directly enhanced while students are still enrolled in high school (Zhu et al., 2019). Specific ER skills required in the workplace are discussed in the following sections.

Research about SLPs' that Influenced Selection of the Research Questions

Unique Skillset of the SLP. SLPs possess a unique skill set and special training that qualifies them to provide social skills and ER-targeted SLT in schools. Walker and Barry conveyed that 55% of special education teachers reported they have the responsibility of addressing social and behavior goals for students with disabilities, but they had not received special training to prepare them for this monumental task (2018). To understand SLPs' history of ER-SLT, it is important to understand the historical and current terminology that may be unique to SLPs, but which may largely encompass terms or constructs used in other professions. For example, ER deficits often fall under the category of pragmatic language deficits. Pragmatic language is often considered a third type of language disorder, but it involves both expressive and receptive language skills. Simply put, pragmatic language refers to what we say, when we say it, and how we say it. Emotion regulation deficits may be influenced by deficits in word meanings, sentence structure, nonverbal language, social skills, self-regulation including ER, and other deficits that impact one's communicative interactions with others (ASHA, 2020b). SLPs' unique skill set involves providing therapy to address skill deficits in each of those areas. Preservice programs for SLPs include education and training on the identification and treatment of pragmatic language disorders which provides SLP practitioners' expertise on social communication skills. SLPs often work in schools where their expertise in

social/pragmatic language therapy is used to serve high school students exhibiting MMLI characterized by difficulty understanding and responding to social norms, unspoken rules of engagement, and limited vocabularies (ASHA, 2020; Pinzant, 2018). In a recent ASHA Schools Survey, 84% of SLPs reported having students with language impairments characterized by pragmatic and social skill deficits on their caseload (ASHA 2018 Schools Survey Committee, 2018); so, SLPs are familiar with and experienced in pragmatic language and social skills therapy involving ER for high school students with language impairments before these students leave high school (Brinton, 2018; Prizant, 2017; Hutchins et al., 2010). Yet, current research is void of studies of this that shed light on SLPs views and opinion about this work or evidence-based clinical decisions about their work with students exhibiting MMLI in high schools; exploring SLPs' views and decisions make offer insight about why more research is not available or give clues regarding the type of research that is needed.

Emotion Regulation-Targeted Speech-Language Therapy May be an Option for Mitigating Students' Emotion Regulation-Influenced Workforce Readiness and Employability Challenges

Due to their professional skillset, SLPs' services may serve as a practical option for mitigating the problem of students leaving high school with MMLI unprepared to handle the emotional strain of the workplace. As stated, SLPs have the expertise to enhance students' ER skills before those with MMLI leave high school (Adams et al., 2015). Pragmatic language, social skills, and ER share an interdependent relationship (Adam et al., 2015). When SLPs integrate social, pragmatic, and emotional intelligence

skills, including ER, their training may have a positive impact on the outcomes that young adults achieve in the workplace in postsecondary and community settings, but especially in work settings (ASHA, 2020a; Pinzant, 2018). However, more research is needed for scholars to support or argue against that claim. This exploratory research could prompt future studies that might address this concern.

While SLPs may have the skills to help mitigate the problem of students with MMLI having ER deficits when transitioning to the workforce, more exploration is needed to understand whether and how educational services associated with this work should be recommended. By adding to the body of literature, information about the way SLPs describe their views and decisions about providing ER-SLT at the high school, researchers may gain insight into future research topics associated with using SLPs' service to improve student's school-to-work transitioning.

Research Gap on Emotional Regulation-Speech-Language Therapy for Students with Mild-to-Moderate Language Impairment

The current body of peer-reviewed literature on ER-SLT for students with some disabilities supports the possibility that SLT along with other coordinated high school services may be a feasible means for preparing students with disabilities for work after high school through ER-SLT (Condit, 2015). There is an abundance of current research that addresses transition readiness skills for students with disabilities who have pragmatic language and/or ER deficits; this research pertains primarily to programs for students with low incidence disabilities (e.g., autism [De Marchena & Eigsti, 2016; Mynatt et al., 2014]; cognitive disabilities [McDaniels, 2016]; and vision impairments [Patterson &

Loomis, 2016]) rather than on HID such as specific language impairments or MMLI (De Marchena & Eigsti, 2016). A review of the literature further indicated there are vast programs, supports, and services that have been found to prepare students with low incidence disabilities for post-school transitioning (Condit, 2015; De Marchena & Eigsti, 2016; Mynatt et al., 2014). However, there is a clear lack of substantive research on the special services that students with HID such as MMLI receive to prepare them for their transition into the workforce either by SLPs or by other educators (Hsieh et al., 2018). This gap makes it difficult to compare the quality of SLP services or check for interprofessional alignment regarding services, support, and programs provided by other educators. Multiple articles conclude with an appeal for further research to improve understanding of ways to prepare these individuals to negotiate the work setting (Morningstar et al., Phillip, 2018). There is a need for increased understanding about the provision or lack of provision of ER-targeted SLT services that high school students with MMLI receive or could receive from SLPs as a means of preparing those students for their transition to employment settings.

Literature Gap on SLPs' Provision of EBER-SLT in High Schools

The gap is even wider regarding SLPs' integration of ER skills as an important transition readiness component in the pragmatic language therapy that they provide. The research on teaching pragmatic language skills that address ER competence and transition readiness in high school students with MMLI tends to be older than five years or was non-existent. Further, there is limited literature that addresses whether related ER-SLT (e.g., ER therapy for adolescents with autism or down's syndrome) is rooted in evidence.

This scarce research leaves a gap in the understanding of SLPs' decision-making processes regarding the adoption of EBER treatments with this population. Little is known about when or why SLPs choose to prioritize or target ER skills when they work with students exhibiting multiple language deficits. When they do target ER skills, there is little research to determine whether SLPs recommend a direct or indirect service delivery model or what their recommendations are concerning time, frequency, and duration or rigor of services. Additionally, the literature does not reveal which adopted assessment and treatment practices, including instruments, strategies, therapy techniques, materials, or programs, have any evidence or research base when SLPs choose to address ER for high school students with MMLI. There could be many and even valid reasons for the lack of data supporting ER-SLT for students with MMLI. SLPs may be integrating ER strategies with other primary social or pragmatic language goals and activities. It is also possible they are addressing ER skills within indirect or consultative therapy models and documentation and the documentation is less detailed. Perhaps SLPs are actively addressing ER with high school students having MMLI on an as-needed basis, but they may not identify those services as goals and thus, are not documenting when they occur. Consideration must be given to the possibility that SLPs do not think ER is a high priority in comparison to communication skills linked to other academic priorities. Factors such as barriers, opinions about whether students with MMLI need explicit ER services, do not believe ER services are a prudent use of their time with students, or simply face too many barriers to providing ER-SLT services. Unknown reasons abound. There has not been much interest in studying the effectiveness, prevalence, or other empirical topics. Another

possibility is that SLPs may not believe their role in preparing students for their school-to-work transition should involve ER-SLT. With so many speculations and few answers available through current scholarly literature, an inquiry to explore SLPs' descriptions of their views and decisions regarding the provision of ER-SLT seems viable and practical.

SLPs' Complex Decision-Making about Service Delivery in High Schools

As a component of Free Appropriate Public Education (FAPE), postsecondary transition planning is required to be documented in each high school student's IEP. The IEP is a legal, written contract of all special education services and supports. The IEP contains a comprehensive description of students with language impairments' present levels of functional and academic performance and includes a customized description of each students' individual SL strengths, weaknesses, goals, and objectives (Lowman, 2016; Rytivaara & Vehkakoski, 2015). Because of the individualized nature of special education services, the SLP must make several clinical decisions about the most appropriate assessment instruments and service delivery models to be implemented to ensure each student receives FAPE (Brandel & Frome Loeb, 2011; Katz, 2010; McCurtin, & Clifford, 2015).). The ASHA describes service delivery as "a dynamic process whereby changes are made to the conditions that surround the set of agreed-upon services. The SLP must consider factors such as where and how often the services will be provided, how long each session will take, and whether others who will be involved are considered and identified to define the speech pathology service delivery that will be provided to each student (ASHA, 2018). There is also a broad range of ER skills linked to various deficit areas that could be targeted and there is a great variety of therapy

programs, techniques, treatments, and strategies that can be adopted to address student-specific ER skills as a means of improving social, pragmatic, and/or CRE skills (e.g., to improve the ability to appropriately disagree, express emotions, suppress emotions, or problem-solve using spoken language). Additionally, the SLP must determine how to develop a reasonable plan that identifies and integrates those key skills when a student has other communication disability priorities (e.g., vocabulary, syntax, fluency, or a host of others). So, the SLPs' clinical decisions about which school evaluations and therapy services their students receive, including whether and when to use EBPs (i.e., EBCDM) represent a deliberate, thoughtful, and complex planning-implementation process that impacts the overall educational program their students receive (Detrich et al., States, 2016; Weiss et al., 2016). However, there is not much research that sheds light on how SLPs make decisions about such services, particularly with students having MMLI (ASHA, 2018). An exploratory study could fill a part of the gap by exploring SLPs' descriptions of the views and decisions concerning but making demands required of SLPs working with high school students. their complex decision-making process for a routine case. The following scenario provides a simplified example of a common, realistic case where the SLP was expected to execute acquired professional, knowledge, skills, training, and practical experience to evaluate a student, collaborate with other educators, use professional judgment, and/or professional decision-making skills).

Example Decision-Making Scenario. Based on his most recent multi-disciplinary evaluation results (which included a screening of the students' oral mechanism, hearing, and spontaneous/conversational speech). The SLP would follow

with the identification and administration of a formal battery of assessments for all communication skills discovered to be “at-risk” (e.g., articulation, voice, fluency, language, and spontaneous speech and language component). Other educators, related service providers, teachers, perform assessments during the same period. The SLP collects data, reviews behavior and attendance reports, teacher and parent questionnaires, and student observations, Student A, an 11th-grade student, has received special education and related services for six years. The student was identified as having a specific learning disability accompanied by attention deficit hyperactivity disorder and an expressive, receptive, and pragmatic language impairment. Student A’s language communication skills are characterized by deficits in the areas of expressive and receptive vocabulary, listening comprehension, understanding figurative language, grammar, mean sentence length, and using language to identify and regulate emotions. Behavior reports and anecdotal records indicate that Student A often uses inappropriate verbal and nonverbal language in the classroom and sometimes walks out of class or refuses to complete assignments. Because he feels embarrassed when he is frustrated or confused, he disengages or becomes argumentative rather than asking for help or responding in an otherwise appropriate manner. The team meets to discuss the results of the SLP’s and other providers’ such as the educational diagnostician, behavior specialists, and counselor. During the IEP team meeting, the SLP, along with input from team members, including the student, must use a CDM process to choose a prudent therapy approach and service delivery for the student’s following and final school year for the student to graduate (Brandel & Frome Loeb, 2011). The SLP must make many decisions

prior to starting or continuing therapy and throughout that final year of service. The student has several deficit skills, so the SLP and team must determine inclusion of a SLT goal that addresses ER is feasible to be included on the student's annual IEP. Although all special education services must be individualized based on student need, another critical decision requires SLPs to determine if they should advocate for SLT services to be provided using a direct or indirect service-delivery or to be provided in an inclusive general education setting versus in a more private, specialized setting away from other educators and peers who do not have disabilities (i.e., placement services). The SLP must also determine the best time of day for the student to receive SL services, how that can be done without disrupting other critical learning period, and the appropriate number and length of weekly sessions.

To clarify, based on the students' evaluation results, present levels of performance, and input from team-members, the SLP and other providers must often choose from a range of deficits to target for therapy, with ER being one of several areas of concerns (e.g., Vocabulary, Syntax, Inferences, et al.) and it may not be realistic for the SLP to try to address all deficit areas during a single school year. The SLP and the team must decide if ER skills should be made a priority. Additionally, if ER is determined to be a priority skill, the SLP and team members must determine which specific ER skills to identify as goals or objectives on the students' IEP (Lowman, 2016; Rytivaara & Vehkakoski, 2015). This scenario represents a prime opportunity for the SLP to engage in an EBCDM process to determine the best course of therapy for Student A. The SLP and others must consider the potential impact on Student A's current

educational achievement and future school-to-work transition outcomes. Research-based guidance regarding this decision-making process is not prevalent. By exploring SLPs' descriptions of SLPs' decision-making processes as they relate to providing ER-SLT.

Barriers to Speech-Language Pathologist Involvement

SLPs may be uniquely equipped to provide services that prepare students with MMLI to transition into careers. However, there is limited peer-reviewed literature that helps to shed light on the contributions that SLPs do or may provide to address the problem of students with MMLI being unprepared to sustain employment once leaving high school (Saletta, 2018; Whitmore et al., 2014). Likewise, documented EBPs on ER SLT for high school students with high incidence disabilities like MMLI is limited (Whitmire et al., 2014). Whitmire and others (2014) reported that many studies do not adhere to all components of EBP. They argued the need for exploration and investigation of barriers that reduce the number of EBP in the field of speech pathology. They additionally argued that much of the available literature on EBP in the field align more appropriately with medical models and settings as opposed to educational models and settings (Powell, 2018; Whitmire et al., 2014). Powell referred to the research gap and made a call for additional research on EBP in the field (2018). The number of scholarly articles and studies on SL services provided to adolescent students with high incidence disabilities appears to decrease as those students reach high school age. Although there may be a trend representing a decrease in direct speech-language services as students get older, it is not known whether there is a cause-effect or correlational relationship between the reduction in available research on older students and an overall decrease in high

school speech therapy services compared to the speech-language services provided to younger students; uncovering that relationship is not the focus of this research project. Additionally, a review of the current literature indicates that workload barriers may limit SLPs' perceived responsibilities and outreach in of transition and career readiness (Schwemm, 2018; What is a manageable caseload size? Depending on geographic region, SLPs in schools vary in perceptions of their workload/caseload size (ASHA, 2018). In the last decades, federal guidance has emphasized the need for school districts to provide educationally relevant speech and language services linked to state standards (Power-de Fur, 2016). Even though adequate pragmatic language skills help to prepare students to compete in the global economy and are linked to states' core standards (Power-de Fur, 2016; Preston, 2015), this requirement to address core academic standards may reduce SLPs' focus on specific social use demands when writing students' IEP goals in language (Ariza & Walden, 2017; Collins, & Wolter, 2018; Schraeder, 2019). Although it has always been a requirement of the IDEA, education reform efforts in recent decades have encouraged educators to ensure students with disabilities have access to learning experiences with their peers without disabilities in the general education environment to the highest extent possible (Morningstar et al., 2020). Transition planning has also been an emphasis on programming for students with disabilities. However, the push for students' achievement of core standards and inclusive services has resulted in more special education services provided in the general education classroom as compared to providing those in special settings that were more popular in past decades. Consequently, we do not know much about how, when, or why SLPs do or do not address ER skills for

students with MMLI in secondary schools; exploring to increase knowledge and understanding of topics related to the problem of poor employment outcomes for individuals with language impairments and other HID.

Further review of the previously discussed literature on multiple topics related to the problem of young adults with MMLI having difficulty transitioning from school to the workplace indicates that transition programs and resources are well-documented for certain categories of persons with disabilities (Rojewski, 2015; Shogren & Shaw, 2017; Shogren et al., 2017; Walker & Barry, 2018). However, there are significant gaps in the literature about the population of interest (i.e., high school students with MMLI). There is also support in the literature that SLPs are prepared to provide therapy on ER to students with disabilities (Brinton, 2018; Prizant, 2017). Again, there are significant gaps in the literature relative to the population in question. A major weakness in the available literature is that the research designs do not entail a thorough explanation of SLPs' thoughts and perceptions concerning the problem and related topics. Therefore, a deep exploration of SLPs' views is necessary.

Based on the above-stated gaps in the literature, the exploration of SLPs' experiences, including how they describe their views and decision-making processes related to their provision of ER-SLT for high school students with MMLI. Since the literature provides limited insight into the thinking of SLPs related to the topic, the integrative interpretive description approach was an appropriate method for exploring a key component and potential mitigating service to address the problem of young adults with MMLI exiting high school ill-prepared to transition to the workforce. The results of

this proposed study could lead to an identification of related research possibilities that could help to address the problem.

Synthesis of Studies Related to Key Concepts and Research Questions

A review of the literature reveals several key factors that were considered in the choice to use an integrative interpretive description design for this study. Individuals with language disorders often have difficulty mastering the use of language in social contexts and the use of language to manage emotions appropriately in a variety of settings. Students with disabilities often graduate and enter the workforce ill-prepared to effectively handle the emotional pressures of the work setting has also been established in the literature. SLPs are known to possess a skill set that could be used to help improve young adults' emotion regulation skills before they leave high school. Research exists for some disability populations relative to transition readiness and emotion regulation skills in employment settings; however, scant literature exists on the disability population of MMLI. Current peer-reviewed studies on SLPs' provision of ER or other emotional intelligence skills relative to CRE were not evident (Schlegel & Mortillaro, 2019). Additionally, there is a significant literature gap concerning the views SLPs have and the decision-making processes that SLPs make regarding preparing students with MMLI for the workplace through ER therapy.

Summary and Conclusions

Due to their language deficits, young adults with a history of MMLI often exit high school and transition to the workforce without the work-readiness skills they need to be successful in their initial employment settings. Their ER difficulties are frequently the

cause of job loss which contributes to the national unemployment crises and the deprived quality of life afforded those individuals and their families. Through a review of quantitative, qualitative, and mixed studies, as well as peer-reviewed articles, the research presents a clear picture that ER difficulties are commonly linked to the language deficits inherent to these students' disabilities. The research further indicates young adults with MMLI commonly face difficulty demonstrating appropriate ER skills in the workplace. This chapter has provided clarification of key terms, historical and background information related to key constructs used in this study, and a thorough review of pertinent issues as reflected in the current literature or the related research gaps related to the research problem. Based on the literature review, instructional programs that explicitly teach and offer strategic opportunities to improve ER skills have shown promising results. According to the existing research, SLPs in high schools are uniquely positioned and prepared to provide support to help strengthen students with MMLIs' ER skills to improve their chances of effectively transitioning to the employment sector. However, a full understanding of this phenomenon of young adults with MMLI experiencing difficulty with school-to-work transitions and understanding the role that SLPs could play in better preparing them is not possible because there are research gaps regarding the following topics: a) transition preparedness services that students with MMLI receive versus the transition preparedness services high school students with other disabilities; b) SLPs' involvement in preparing high school students with MMLI for postsecondary transitioning to the workforce; and c) EBER therapy provided to high school students with MMLI. SLPs working in high schools may be well-suited to help

improve the ability of students with MMLI to use verbal and non-verbal language to appropriately regulate their own emotions and to respond appropriately to the display of others' emotions as a means of interacting appropriately in work settings. However, little is known about the views, perceptions, and decision-making processes of SLPs concerning their targeting of ER skills and providing therapy in this area to high school students with MMLI. Based on the limited available research related to the research questions for this study, there is a need for an exploratory research project to generate relevant insight into the phenomenon. It seems advantageous to go directly to SLPs, a potential resource, to get information that could offer insight into directions for future efforts to address the research problem in this study. To fill part of the literature gap, an integrative interpretive description qualitative design was used to explore for SLPs' experiences concerning the role they play in students' postsecondary transition readiness and about SLPs' EBCDM processes associated with providing ER therapy to help address the problem. The following chapter provides a detailed description and outline of the proposed procedures for implementing the interpretive description design to address the research questions.

Chapter 3: Methodology

The purpose of this study was to explore SLPs' views and experiences concerning their role and decisions about providing EBER-SLT for high school students exhibiting MMLI to help prepare those young adults for effective transitioning into the workplace. This chapter provides a detailed summary of the integrative interpretive method and the rationale for selecting the interpretive description design. Additionally, the chapter includes a description of the procedures for participant selection, data collection, and data analysis (see Thorne, 2016). A more detailed description of the methodology and interpretation, including my role as the researcher, is included. Finally, this chapter includes a brief explanation of the trustworthiness, ethical practices, and other important methodological factors about this integrative interpretive description design. Walden University's Internal Review Board (IRB) approval # 07-21-21-0600930 was obtained before the study was conducted.

Research Design and Rationale

Research Questions

The following research questions influenced the selection of the interpretive description design for this research paper.

RQ1: What views and experiences influence SLPs' decisions to provide ER-SLT to high school students with MMLI?

RQ2: How do SLPs describe their role and decisions about providing EBER-SLT to prepare students with MMLI for their transition to the workforce?

According to Walker and Barry (2018), little was known and understood about the role that SLPs working in high schools play in addressing the problem of young people with MMLI being unprepared to leave high school and transition effectively into roles in the work sector.

Central Concepts of the Phenomenon

The phenomenon for this qualitative study encompassed multiple concepts. Young adults with MMLI often have ER deficits that negatively influence their school-to-work transition. The central concepts were identified using a *why, who, what, how, when, and where* paradigm which is listed below.

Why this study was conducted:

- There was not enough information on the central concepts associated with the problem of poor CRE outcomes for young adults who exit high school with a history of MMLI.
- SLPs are expected to provide services in high schools to support college and CRE skills for students with disabilities who receive special education services because planning for students' transition from high school to college, the workforce, and community is a required component of students' IEP.
- There was not enough information about SLPs' efforts to address ER with students who have language impairments.
- Learning more about SLPs' provision of ER-SLT in high schools would shed light on this mitigation option and, if appropriate based on the results of the study, inspire additional research efforts to optimize this option.

- SLPs may be a resource to provide a mitigating service to address the problem of students with MMLI being unprepared to meet certain workforce demands, but there was limited research around this topic relative to students with MMLI.

What important information needed to be explored:

- The provision of ER-SLT may be a viable option for mitigating the problem of students with MMLI having difficulty transitioning to the workforce, but that would need to be explored.
- SLPs' views and decisions regarding their role and provision of ER-SLT for high school students with MMLI preparing to transition from high school to the workforce was not known.
- SLPs' thoughts about the use of EBPs (i.e., an explored best practice for the implementation of the mitigation strategy) when providing ER-SLT to these students was also not evident.

Who needed to be involved in the study:

- SLPs with experience working in high schools (i.e., the target population) with students who have a history of MMLI (i.e., the affected population).

How the problem would be addressed and *how* the research would be conducted:

- Interviews with SLPs would be conducted to explore for information to address the research questions.

When and *where* the mitigation option would be provided to students with MMLI:

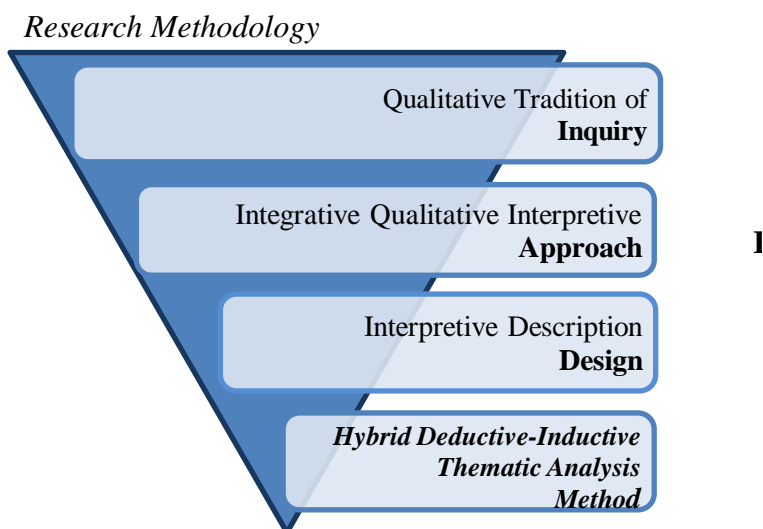
- The timing and place for implementation of EBER-SLT needed to be explored to determine its appropriateness
 - when qualifying students are enrolled in high school.
 - during the period students are eligible for special education services and before students' special education programming ends.
 - before students exit high school and enter the workforce.

Students with MMLI represent a vulnerable and understudied subgroup in the workforce; therefore, this study focused on information about students with MMLI as opposed to information about students with other disabilities or severity levels. I wanted to understand, describe, and interpret SLPs' experiences and decision-making concerning their provision of ER-SLT to prepare students for their transition from high school to the workforce. For example, I explored SLPs' comments about their past experiences providing services to high school students with MMLI, their decisions about if or when they provided ER-SLT, the conditions that influenced their decisions about therapy, and whether they rely on an evidence-based information when making those decisions. The HDITA method ensured a larger breath of information that had not been apparent in the literature was obtained. It also contributed to increased rigor of the analysis process.

Research Tradition

This study fell under an integrative interpretive description design. The interpretive description design is one of several types of interpretive and descriptive approaches in the realm of qualitative research methodology (Thorne, 2016; Thorne et al., 2004). The use of the term interpretive description can vary depending on how a

study is implemented. Some authors refer to interpretive description as a method or as an approach rather than design (Elliott & Timulak, 2015; Thorne et al., 2004; VanderKaay et al., 2019). Thorne (2016) describes interpretive description as a “conceptual label” rather than as a research method (p. 40). As is indicated in Figure 2, in this research paper, integrative interpretive description referred to the design under which the data collection, analysis, and interpretation process fell. Interpretive description is rooted in the naturalistic world view that includes the use of interpretive and content analysis methods to explore complex, practice-relevant phenomena often influenced by subjective viewpoints (Thorne, 2016). I used the applied thematic analysis method (i.e., HDITA) to explore, organize, identify, analyze, and interpret common themes from participant interviews (see Barnes, 2017; Bengtsson, 2016; Vaismoradi & Snelgrove, 2019). Interpretive description is one of the varied interpretive approaches that has become increasingly popular in recent decades. Interpretive description studies have been embraced by researchers interested in generating a better understanding of important, understudied aspects of social problems and who want to construct information useful for improving practices in employment settings and other practical environments (Thorne, 2016). This interpretive description was useful because of its potential for generating applicable practice-based data and yielding strong contributions to the knowledge base in professions with problems that need in-depth exploration. Figure 2 contains a visual depiction of the research methodology that I used for this study (Bengtsson, 2016; Elliott and Timulak, 2015; Vaismoradi & Snelgrove, 2019; Thorne, 2019).

Figure 2

Rationale for Research Design

The integrative interpretive approach and interpretive description design were suited to accomplish the research goal. According to Elliott and Timulak (2015), the use of descriptive and interpretive approaches/methods could be useful when the phenomenon is complex or includes multiple categories of influence. Such was the case with this topic of interest. In general, the interpretive description helped to address the search for new information called for by the scholarly community. For example, Thorne reported the “evidence-based practice context in which decisions are being made daily” (p. 40) in allied health fields increases the mandate for more research designed to inform clinical practice (2016). This design was used to explore for insight of complex issues that could not be understood and evaluated through quantitative research methods (Roche & Arnold, 2018; Thorne, 2016; Thorne, Reimer, & O’ Flynn-Magee, 2004). Its features aligned with the kind of knowledge being sought after. The identification of patterns and

themes from interviews allowed with this design provided a means for answering the research questions developed for this project (Thorne, 2016; Thorne, Reimer, & O' Flynn-Magee, 2004; VanderKaay et al., 2019). I wanted to explore aspects of this problem from the perspective of SLPs who have worked with individuals who had MMLI while enrolled in high school. The aligned interview process allowed the participating SLPs' individual and shared experiences to be communicated through their detailed expressions. The interpretive description design and the chosen HDITA methodology provided me the liberty to code and analyze the participants' responses according to recurring or common themes (Thorne et al., 2004). Upon exploring the SLPs' views, I was able to describe, interpret, and report common issues they communicated and develop a plan to share those results with the research community.

The use of this design was expected to facilitate an increased understanding of the participating SLPs' decisions and views about providing ER-SLT to prepare students for their transition from high school to work settings (Loughery & Woodgate, 2019; Presendieu, 2019; Thorne et al., 2004). Results could help researchers to identify additional areas that may need to be explored or investigated (Thorne, 2016; Thorne, 2004). The results could also help others to identify key concepts or variables related to the explored phenomenon that may not be apparent. Using this study design, SLPs' expressions have shed light on whether EBPs are rooted in their experiences which further helped to meet the goal of the study. Finally, a top benefit of using the interpretive description design was that the results could have practical application to the work of

SLPs in schools and implications for training programs preparing SLPs to work in high schools.

Role of the Researcher

Role of the Researcher as a Participant

I assumed multiple roles throughout this qualitative research project and each role had significance (Thorne, 2016). I served as the primary instrument of data collection (Thorne, 2016). Following Thorne's interpretive description guidance, my own experiences and understanding as an SLP influenced the development of the research questions, the adoption of the HDITA, and the development of the semi-structured interview questions for this study (Thorne, 2016). In addition to serving as data collection instrument, I was positioned to make informal verbal and nonverbal language observations of participants during the interview process; however, I did not impose a dominant role as observer-participant in terms of the direct work of SLPs in the high school setting nor a dominant positional role other than researcher for this study.

My secondary roles were those of researcher-participant (Tiale & Room, 2019) and researcher-learner (Greene, 2018); these two roles influenced each other. As an SLP who formerly worked in high schools, I had similar professional experiences as the participants in terms of the client population and work setting (i.e., providing SLT to high school students with MMLI). However, this role and positional relationship allowed me to employ interpretive authority within the limitations of an adaptive variation of pragmatic bracketing (Fischer, 2009). Based on my experiences, there may be times when as a researcher-learner and researcher-participant-data collector, I asked clarifying

questions to procure important information during each interview (Tiale & Room, 2019). Additionally, my roles included those of the organizer, coder, analysis, interpretation, and description of data as well as an implementer of the HDITA method. My position as the primary collection instrument and as a fellow SLP held both informative and potentially biased influences in each of the roles mentioned. According to Elliott and Timulak (2015), researchers should take time to consider and identify how their own experiences help to shape and inform aspects of the study. They additionally advise researchers to adopt intentional reflexive processes to manage and implement all researcher roles. As is noted throughout Chapters 3-5, reflexive processes were carefully embedded.

Personal Relationships/Professional Relationships

I did not interview participants having a direct personal or professional relationship with me for this study. Persons who expressed an interest in the were not eligible to participate if any impeding or interloping relationships between me and the prospective participant existed. This was described in the invitation/consent form. Several colleagues who became aware of the study verbally volunteers, but I informed them they were not eligible due to positional precautions included in research ethical guidelines. No problematic relationships causing interruption or discontinuation of the interview due to these requirements became evident during the interview process. Because of my former and present practitioner, administrator, and oversight roles in multiple states, it is possible I and prospective participants may have had limited or indirect past interactions considered non-existent or insignificant. Interviews were scheduled when interested SLPs expressed a strong interest in participating by requesting and/or returning the

Invitation/Consent form, met all eligibility criteria, and cooperated with all consent measures. Close observation of participant behaviors and reflection of researcher behaviors took place during and following each interview to determine whether the indirect relationship could have had any unintended disruptive consequence that needed be addressed or that needed to discontinue any participants' inclusion in the study.

Based on theories of social motive for affiliation, I expected the participants' knowledge of the relational position in terms of interviewing a professional colleague with common education, training, and work experiences would serve as a positive influence on rapport-building (Tindale, Meisenhelder, Dykema-Engblade, & Hogg, 2003). There were no known or revealed underlying power imbalances which likely contributed to rapport-building between me and each participant (Tindale et al., 2003). In addition to the various researcher roles and responsibilities already discussed, I remained mindful to manage researcher bias while exploring and probing for adequate information from each participant to construct a collective understanding of the views and decision-making experiences of all participating SLPs by the end of the project (Greene, 2018).

Power Relationships

I had more than 30 years of experience as an SLP, has worked in several states, and has served on committees in the premier professional organization for SLPs. Those experiences include providing SLP services with clients from infancy to advanced age adults in healthcare settings and school settings with students from preschool to high school ages. In addition to serving as a school-based SLP, my work positions included serving as practitioner supervisor for SLP assistants and clinical fellows as well as in

SLP/special education leadership, indirect/direct supervision, and oversight at the local and state level. Additional work has included statewide leadership responsibility for SLP programs and related disability programs and service on ASHA ADHOC and standing committees. At the time of the study, my current work involved the oversight of special education programming. Current job responsibilities involved conducting on- and off-site monitoring of school district programs for students with disabilities. Interested participants who had a direct or ongoing professional relationship or who would impose a power dynamic were not included in the study or discovered during the study.

Prospective participants received clear explanations assuring their participation in the study would pose no major risks, and guidance concerning my and the University's commitment to ethical standards (Montanye, 2017; Thorne, 2016, Walden). I stressed adherence with the informed consent and confidentiality policy, participant protection, and other ethics policies associated with the Institutional Review Board's (IRB) approval of the project. Prospective participants received relevant information and contact numbers for pertinent Walden University staff. Participants were encouraged to freely contact the necessary parties if needed.

Researcher Bias and Ethical Issues

I remained aware of the potential for bias and acknowledged assumptions and suppositions that emerged and ideas that challenged or limited understanding throughout the research process (Creswell, 2016; Thorne, 2016). In addition to the ethical standards and principles mentioned in this chapter, I guarded against possible harm and unintended consequences to participants. Team members were consulted when I had ethical or

implementation questions; they provided guiding insight as needed and no questions were elevated to the level of concern or unexpected disruptive factor.

Use of Incentives

Due to my awareness of the paperwork burden and professional demands placed on SLPs in schools, the recruitment flyer contained an appeal highlighting financial, social, and emotional incentives for participation. The overview on the flyer emphasized the social benevolence and professional gratification participants might feel by sharing their personal views and experiences to positively affect the quality of life for young adults with MMLI. Additionally, to encourage interest in the study, the electronic flyer advertised that all participants would receive a monetary incentive in the form of a \$25 *Amazon* gift card upon completion of the interview.

Methodology

Participant Selection Logic

Participant recruitment and selection for this study was planned and implemented without complication. The participation selection logic proved useful to recruit the required number of volunteers (i.e., 6-8 participants) who were able to complete their involvement in the study.

Sample Population

The sample population for this study consisted of seven SLPs with at least five years of experience working in traditional public schools and two years of experience in the past three years working with high school students exhibiting MMLI. Collecting data from between six and eight SLPs with experience working with students who have

MMLI was expected to facilitate the exploration for understanding and to (a) gain relevant insight into the research problem and (b) arrive at insightful answers to the research questions. SLPs were chosen as the target population because SLPs' education and professional training prepare them to provide SLT to remediate ER deficits in children and adults. This sample population proved to yield insightful information as was expected.

Sampling Strategy

Participants were selected using a purposeful sampling strategy. This method of selecting participants allowed me to select participants who were likely to provide rich and relevant information during data collection. This selection strategy was appropriate for this study for several reasons. Of primary importance was the likelihood that the individuals who were chosen for the sample would produce important and recordable narrative information that would enable me to sufficiently answer the research questions (Thorne, 2016). Purposeful sampling aligned with the proposed interpretive description design because of my professional judgment and because of the established criteria used to recruit and select participants for the study (Kiesel, L. R. (2017; Palinkas, 2015). This procedure increased the chances of selecting participants who were believed to be best suited for the study and who had ample knowledge, skills, and experiences to provide a rich composite of relevant information that added value to the repository of data for the study (Palinkas et al., 2015; Thorne, 2016). This was particularly important because of the small sample size. The study focused on exploring the views and decision-making processes of SLPs working in the school setting; consequently, SLPs were best equipped

to answer questions about their views on the work they do and how they go about doing that work. The purposeful sampling strategy had been used for decades and was considered a common and acceptable method of participant selection in qualitative studies (Thorne, 2016). Finally, the purposeful sampling strategy allowed for ongoing participant selection during the same period the interviews were being conducted. This maximized the use of time by adding participants to the study while simultaneously collecting the depth of information needed to answer the research questions (Palinkas, et al., 2015).

Participant Selection Logic

An inclusionary criteria plan was used to identify the seven eligible participants for this proposed study. Participants were informed they had to meet all participation criteria. By submitting their consent, each participant implied they met the following eligibility criteria:

- Was an SLP who had earned a master's degree in speech pathology, or other named university degree program that prepares graduates to evaluate, diagnose, and provide therapy to treat communication disorders.
- Was an SLP licensed to practice in the state in which they provide SLT.
- Had at least five school years of experience working in a traditional public-school setting (Private, Parochial, and Charter Schools excluded).
- Had at least two school years of experience working in a high school setting.
- Worked in a high school setting with students exhibiting MMLI at least two of the past three school years of service.

- Had no kinship, known power relationship, or other relationship with me that could violate ethical principles or suggest a conflict of interest.
- Was willing to participate in a verbal interview using audioconferencing (i.e., *ZOOM*, *Skype*, et al.) format.

Procedures for Identification, Contact, and Recruitment

An electronic recruitment flyer was disseminated on social media venues such as *Facebook* and *LinkedIn* to recruit prospective participants for the study. The flyer contained instructions for interested individuals to email me. I emailed an invitation and consent form letter (see Appendices C1-3) to persons who expressed an interest in participating and to others who met eligibility criteria and were interested. The recruitment flyer was attached to the email. The letter contained a statement telling SLPs who received the letter to feel free to forward the flyer, not the letter, to others. I emailed the invitation and consent form letter to individuals who expressed an interest. Although SLPs may have been members of local, state, or national agencies, no organizations were targeted for involvement as a partnership in the study. Additionally, I did not advise or invite others to email the invitation and consent form letter to SLPs in mass or to any organizations' members as a group.

The flyer and letter contained a brief overview of the study, participant eligibility criteria, rights to discontinue the study, and instructions for contacting me to express an interest in the study. The first six to eight individuals, or more as needed, who expressed an interest in the study, implied they met all criteria listed on the flyer, documented their consent, and scheduled the interview were selected to participate. Both the flyer and letter

indicated there were no consequences for choosing to participate or to not participate in the study. It stated that a \$25 *Amazon* gift card would be offered and provided to each participant within three weeks of completion of the interview. Persons interested in the study contacted me via email as indicated on the flyer and letter. If there had been difficulty obtaining an adequate number of participants, I had planned to take the guidance of Creswell (2016) and Thorne (2016) to use the snowball technique and rely on participants to help recruit other prospective participants by forwarding the flyer to them. So, participants were asked to recommend or forward the flyer to other SLPs who may be interested in the study. However, use of the snowball technique was not necessary. When participants had documented their electronic consent to participate, they were provided options to select a date and time for the interview. For the sake of efficiency and to reduce the burden on the participants, the electronic consent served as formal “implied” consent. Once participants selected preferred times to be interviewed, I sent an email confirming the date and time and providing the written instructions for participating in the audio recording.

I made a concerted effort to communicate with participants in a manner that showed dignity and respect, and in a way that showed appreciation and value. (Thorne, 2016, p. 86). The flyer and invitation letter/consent form letter informed participants of their right to discontinue or exit the study at any time. They had been advised they could exit the study at any time. If any participant had chosen to exit the study, my contingency plan consisted of securing a written or verbal reason, if possible, without placing undue pressure on the participant to provide a reason. However, there were no requests to

discontinue the interview and that plan was not executed. The letter also informed participants of how to reach individuals at a higher administrative level who could be contacted with concerns or questions. I emailed a thank you note to three individuals who expressed an interest in the study but were not selected to participate. Every effort was made to stick to a regimen that allowed participants to be interviewed only once; however, when necessary to obtain relevant clarification, participants who provided prior permission to be contacted following the interview were called to provide necessary clarifying information.

Participant Sample

Prospective participants self-implied meeting all criteria by submitting their consent electronically. The extent of their experience in schools was not verified as privacy and confidentiality protections were observed to the greatest extent possible. I had projected that the target sample would consist of between six and eight participants. The actual sample consisted of seven SLPs who met the established participation criteria and who proceeded to provide ample data to address the research questions. Data saturation was not required for this study; rather, my goal was to reach data sufficiency for insight regarding the research questions. The number of participants would have increased had data sufficiency not been met. Due to the COVID-19 Pandemic, SLPs working in schools had assumed additional and complex responsibilities (Fusch & Ness, 2019; Thorne, 2018). Unpredictable schedules involving their provision of virtual and hybrid services had limited staffing, and reduced community support. Many SLPs had also experienced challenging health, financial, and psycho-social effects associated with

the pandemic. Consequently, I was careful to involve only the number of participants necessary to reach data sufficiency and the purpose of the study.

According to Thorne, an interpretive description study could be conducted using a small number of participants, and I was not required to identify or rationalize a requisite sample size as that which occurs with other types of research studies. Thorne explained that a deep understanding of the complex phenomenon is the objective of the study and quality results could be achieved without the saturation of data as is often the goal for other types of qualitative studies, even with as few as five participants (2016). In accordance with Thorne's guidance, the interviews ceased when participants' responses had provided deep and rich information related to the research questions and conceptual underpinnings of those questions) (Thorne, 2016). Rather than focusing on quantitative mandates regarding the number of participants, my priority was to obtain a broad sample that allowed deep exploration and consequential understanding of the identified phenomenon (Elliott & Timulak, 2015). Data analysis began prior to the conclusion of interviews so that the depth of data being collected would inform the continuation of participant recruitment. As estimated, credible themes and data deemed sufficient to reach accurate, comprehensive, and descriptive interpretations to arrive at central understandings was achieved with seven participants. After consulting with dissertation committee members about data sufficiency, interviews were concluded (Kessler, 2018).

Instrumentation

Data Collection Instrument and Source/Bases

I served as the primary data collection instrument. As advised by Oltmann, I considered advantages, disadvantages, and special factors before deciding to use audio conferencing (2016). The same factors were examined to judge the appropriateness of semi-structured interviews to obtain informative statements from the participants. The primary influence on my decision to use this format was the utility of this process in consideration of the world's ongoing health crisis and federal guidance that urged social distancing measures of engagement. This data collection process offered many advantages such as low cost, time efficiency, and location convenience (Oltmann, 2016). Data collection did not take place until the IRB had given approval to do so.

Instrument Development and Data Collection

Creswell (2016) and Thorne (2016) advised researchers to develop appropriate data collection tools to obtain data that for the research questions when formal or published data collection instruments are not available (Creswell, 2016; Thorne, 2016). Based on Thorne's guidance, I developed the interview questions (see Appendix D) because there was no identified published list of questions that would be appropriate for gaining the pursued understanding. A set of interview protocol with a prepared script and order of questioning was developed to guide interactions with participants in a uniform manner (see Appendix D and Appendix E). The interview was designed using semi-structured questions to elicit responses that encouraged each participant to elaborate on key points presented during initial replies to each question so responses would produce

relevant input to research questions (Thorne, 2016). When developing the interview questions, I used keen awareness to guard against bias and manipulation so that each question would be perceived by the participants as logical and reasonable to answer (Thorne, 2016). To facilitate the exploratory nature of the interpretive description design, the interview protocol did not include questions that might lead the respondent in any one experiential or anticipated direction. Questions were developed in a format that had a conversational feel and would facilitate open discussion. The semi-structured interviews consisted of questions that encouraged the respondents to express ideas, feelings, and experiences openly. This format allowed the inclusion of contextual clues that proved useful during data analysis. Even though I had a list of topics and questions to guide the discussion, the reflexive nature of the integrative interpretive description approach allowed some flexibility for asking clarifying questions to capitalize on the context and direction of the participant's expressions (Thorne, 2016).

Validity

The implementation of the HDITA included two-pronged method for organizing the data and identifying patterns to ensure rigor and validity for this study (Swain, 2018). This was established through the implementation of both inductive and deductive processes to accomplish analysis and theme identification from semi-structured interviews (Swain, 2018). Manual and electronic coding and interpretive processes were also employed in the implementation of the HDITA to add to its rigor and validity. Once I developed the list of interview questions, dissertation committee members and peer mentors consisting of persons who are SLPs and others in related fields who had earned a

PhD using a qualitative study, reviewed them, and provided input to ensure the questions were simple, clear, time efficient, free of complicated concepts, and likely to solicit the depth of responses intended for this study. Peer mentors and professional associates were recruited from a group of colleagues with whom I had worked with professionally or in professional organizations. Colleagues' reviews and input were also considered to help achieve expert validity and the sufficiency of the data tool to yield answers to the research questions (Thorne, 2016). Based on the results of that collaboration with colleagues, minor revisions were made to the interview questions. During the development of interview questions, I used reflexive processes to deepen content validity. I constantly engaged in mindful thought processes by re-examining intentions, perspectives, and experiences to identify any direct or implied components of the research questions that could have presented increased risks for bias and used appropriate procedures to modify those questions when it was necessary (Brown, 2018). For example, "Please explain barriers..." which assumed the existence of barriers, was changed to "Are there barriers?" Even though this changed it to a closed-ended question, it was followed-up with an open-ended question. When+- a participant gave an affirmative, I encouraged the individual to describe the barriers and to speak as openly as possible about them. I also summarized understanding of participants' responses at appropriate points during each interview and offered a summary of answers to each participant following every interview. Participants were given an opportunity to clarify or correct information if they thought it did not accurately reflect what they were trying to communicate. Although the option was available, participants raised no concerns that

would have warranted a reflexive committee-checking process to determine the validity of the data (Saldana, 2016; Square-Smith, 2017). I reviewed the electronic transcripts to identify any discrepancies or corrections that needed to be made before the coding process. My questions and comments were also deleted from the transcripts so that only the participants' references were counted. A similar process where colleagues were given an opportunity to review open, selective, and thematic coding was used as well to ensure validity (Brown, 2018). A research journal was used and will be maintained and stored as a final data collection source. It contained thoughts, revisions, notes of any noteworthy actions, events, or observations that occurred during participant selection, the interview process, and other phases of the project. Confidential information was included and will be guarded in accordance with confidentiality and privacy standards.

Sufficiency of Data Collection Instruments and Process

The proposed data collection process (i.e., semi-structured interviews) adhered to Thorne (2016) and Elliott and Timulak's (2015) guidance that verbal explanations and semi-structured interviews have proved to be effective methods of collecting data for interpretive and description research projects. Semi-structured interviews were also a common method they advised has stood the test of time for obtaining qualitative data (Creswell, 2016; Thorne, 2016). Additionally, this method of data collection included an opportunity for participants' responses to be expressed in their own words with limited constraints and for follow-up questions to be asked when necessary to obtain a better sense of the participants' thoughts and meaning-making experiences concerning the research topic (Thorne, 2016). The SLPs had volunteered for the study and participated

on a cooperative basis. Additionally, I judged the participants to have had the receptive and expressive language skills needed to adequately express their views, perceptions, and decision-making processes on the explored topic and they were collectively generous and confident in their elaboration on topics. So, their responses were judged by me to be genuine. Although I had prepared to use the snowball technique if recruiting additional participants had proved necessary, there was no need to use that strategy. After the conclusion of the seventh interview, it was determined that enough data had been collected to assume content validity and to fulfill the purposes of the study (Fusc & Ness, 2019).

Data Analysis Plan

The selected data analysis process was informed by analysis processes used to describe and interpret data in other qualitative approaches (Swain, 2018, Thorne, 2016). Electronic transcripts from each interview were used for the data analysis process (Swain, 2018). As with other phases of the research project, the data analysis was led by and imbedded with active reflexive and pragmatic bracketing. The data analysis plan for this study was sturdy and rigorous; the thematic analyses process took place using multiple levels of review. I employed a HDITA methodological approach that consisted of both deductive and inductive exploration and coding structures to describe and interpret the participants individual and collective responses. This method was implemented using both manual and electronic (i.e., *NVivo* 12) modalities to add rigor and establish limited reliability. The deductive component used a predetermined list of concepts assigned as codes that represented elements of the three tenets embedded in the Evidence Based

Practice (EBP), a decision-making framework that SLPs are encouraged by ASHA to employ when making practice decisions (Van Dyke, 2018, July 11). Participants expressed views, experiences, and decisions were coded and analyzed to determine the extent to which SLPs' decisions and practices reflect the EBP model. The inductive component of the HDITA was used to explore participants' expressed views, experiences, and decisions for relevant information, commonalities, patterns, and themes that would answer the research questions and shed light on the studied phenomenon. The combined top-down and bottom-up components allowed the participant data to be interpreted and reported from a multidimensional approach. Explicit procedures with narrative and visual displays are included in Chapter 4.

Connection of Data to Research Questions

The participants in this study are considered the primary unit of analysis (Culbreath-Manly, 2016). According to the Pell Institute, one strategy for linking interview questions to the research questions so that the answers have a likelihood of yielding the desired depth is to use semi-structured questions (2020). Each of the questions included in the semi-structured interviews was designed to collectively elicit information that provided insight into the identified research questions. The research questions were designed to explore for information on how SLPs make their therapy decisions. Additionally, I sought to explore for the understanding of SLPs' views about key concepts; so, asking the participants to openly discuss, describe, or explain their views was useful in generating insightful information. Last, having the latitude to ask follow-up questions enabled me to encourage participants to provide the level of detail

needed to understand the viewpoint any time more detail was needed (Petranovich et al., 2017; Thorne, 2016). See Appendix B and Appendix C for research question and interview question alignment.

Procedures for Data Collection and Coding

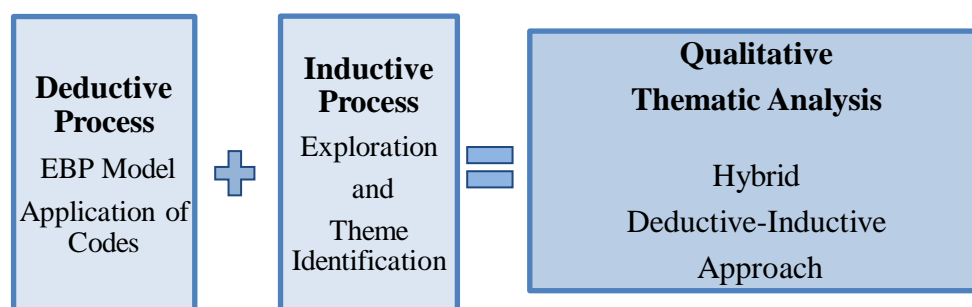
I served as the primary data collection tool. The primary data source was transcripts from interviews with the SLP volunteers (i.e., participants). Interviews took place during a three-day period. Each participant was interviewed once using the interview protocol. To obtain the data, semi-structured interviews between the SLP participants and me were audio-recorded using ZOOM software and transcribed verbatim using ZOOM transcription services. I followed the established protocol to interview each participant. The interviews lasted between 45 and 60 minutes. Participants were provided summaries of their responses at appropriate points during each interview. Once each interview had been transcribed, each participant was offered a copy of the transcription to clarify or correct any components of the interview that may not have reflected what they meant. Following the outline for other interpretive description studies, data collection and data analysis took place simultaneously (i.e., Coding and analysis began before all interviews were completed) (Brown & Danaher, 2019; Kessler, 2018; Swaine, 2018; Thorne, 2016). I coded interview data within 24 hours of each completed interview when I could best recall the conversational context and content. Preliminary analysis began when two interviews had been conducted.

I used the HDITA (see Figure 3) during which thematic analysis took place using multiple levels of review and analysis (Baines et al., 2018; Clark & Veale, 2018; Elliott

& Timulak, 2015). Using the HDITA, the data were reviewed for categories, themes, and subthemes that emerged from participant explanations with an emphasis on understanding views, experiences, and decision-making processes as described by each participant (i.e., the inductive component of HDITA). Data were further explored, described, and interpreted in relationship to the trifold EBP model of identifying and implementing practices based on evidence, client preferences, and clinical expertise.

Figure 3

Hybrid Deductive-Inductive Approach to Thematic Analysis



Using verbatim data from transcripts of the semi-structured interviews (Ryan & McAllister, 2019; Saldana, 2016) downloaded from ZOOM audioconferencing software, I began a thorough data preparation and analysis process during which answers to each interview question were reviewed for critical information and commonalities (Baines et al, 2018; Clark & Veale, 2018; Elliott & Timulak, 2015). I read each sentence and highlighted words, phrases, and sentences within vignettes. Data from each interview was coded using both a manual and electronic coding process (Saldana, 2016). A traditional manual coding and analysis process was used (i.e., poster board and sticky notes). Codes

and commonalities were electronically coded using *NVivo* Version Plus Software (Saldana, 2016). Through open and selective coding, codes were assigned to highlighted content. The manual and *NVivo* coding processes were conducted using a similar progression of iterative and ongoing processes (Mejdahl, et al., 2018). The coding phase included identification, revision, uncoding, recoding, merging, identification of emerging themes, and organizing categories with subcategories for manual coding or hierarchical nodes with child nodes for *NVivo*. I then identified and synthesized emerging, recurrent, sub-themes, and leading themes again (Ryan & McAllister, 2019; Thorne, 2016). This led to an eventual identification of themes and relevant themes (i.e., some themes were not pertinent to the research questions). I also considered any additional notes in the analysis and interpretation of the data (Ryan & McAllister, 2019; Thorne, 2016). Themes were considered relevant and were included if they aligned with the research questions and helped to shed light on the explored phenomenon. *NVivo* coding helped to further identify the most relevant codes and emerging themes. As the primary data collection instrument, my knowledge and experience were also carefully employed and interpretive authority was useful during each stage of data collection and coding. Concerning the EBP model, I interpreted and described the analysis results using narrative and visual depictions (Thorne, 2016) based on consideration of (a) the dominant EBP-related thematic issues that emerged from the analysis, and (b) the representation preferences of each EBP tenet revealed from the analysis (see Chapter 4). Finally, I developed narrative descriptions of the results and interpretations as they relate to the research questions for the study (Thorne, 2016) (see Chapter 4).

Evidence-Based Practice Framework

I interpreted and described the results of the HDITA based on consideration of (a) the dominant thematic issues that emerged; and (b) the trifold EBP components of clinical expertise, client preferences, and internal or external evidence. I also designed visual diagrams to portray the results. Diagrams show the weight SLPs placed on each EBP tenet. Finally, I developed narrative descriptions of the results, interpretations, and answers to research questions in relation to the EBP model (Thorne, 2016).

Discrepant Cases

Throughout the implementation of the data collection and HDITA phases of the research study, both committee members were available to answer questions, review data, and discuss concerns related to the study (Berry, 2018). Data collection and analyses transpired as planned with no observed barriers or discrepancies. Entire transcripts for each of the seven participants were included in the data collection and no unusual circumstances or problems occurred. The committee members and I reached data consensus and agreement on results and findings without incident. I maintained an attentive, reflexive posture until final reporting and approval of the study. The absence of discrepant cases helps to establish trustworthiness for this study.

Issues of Trustworthiness

The establishment of trustworthiness is principal to the value of qualitative studies (Cacciatori, 2017; Nowell et al., 2017). Strategies used to establish trustworthiness aligned with guidance from Square-Smith (2017, p. 74) and Rudestam and Newton (2015a) which states that “trustworthiness of qualitative research is judged on the basis

that the findings were truthful, usable in other research, a reliable presentation of the participants' contribution to the study and is absent of researcher biases" (Square-Smith, 2017). Under the guidance of dissertation committee members, the interpretive description design included the implementation of a rigorous set of procedures which consisted of using interpretive authority and ongoing reflexive measures during all stages to ensure the research study was implemented with integrity (Square-Smith, 2017) and in accordance with authoritative methodological guidance for achieving trustworthiness through confirmability, reliability, and validity (Nowel et al., 2017; Swain, 2018; Thorne, 2016). The considerations and procedures described in the following sections were intended to guard against researcher bias and to establish the trustworthiness of this interpretive description study. Chapter 4 includes additional detail on the implementation of the designated strategies to establish trustworthiness and reports of deviation (i.e., none) variation (i.e., none), or confirmed implementation of planned trustworthiness measures.

Credibility

Thorne (2016) advises researchers to consider traditional and less traditional measures to establish credibility within the interpretive description" (2016, p. 112). I sought to establish credibility by consulting with and conducting informal interviews with colleagues and SLP mentors prior to the initiation of participant interviews (Maher et al, 2017). Planned audio-recording of interviews and the use of verbatim data were also intended to help establish credibility. According to Cacciatori, "credibility is demonstrated when participants can recognize the reported research findings as their own

experiences as the truth of how they know and experience the phenomenon” (2017, p. 61). So, the interview protocol included clarification questions and opportunities for each participant to perform member checks and ensure the accuracy and interpretive validity of the collected data. According to Maher (2017) and Thorne (2016), my knowledge and experiences as the study designer and data collection instrument subject the study to researcher bias. Consequently, my plan included ongoing reflexive journaling at all stages of the study. Additionally, the design included measures to add and continue to interview participants until data sufficiency was reached (Thorne, 2016). In alignment with Walden University guidance and IRB-approval, my plans included review and the provision of input from dissertation committee members as needed.

Transferability

Transferability in qualitative data refers to the degree to which the results of the study may apply to other research projects. The transferability of results is often difficult to achieve with an interpretive description study using a small number of participants (Nowell et al., 2017). When doing so, transferability is typically accomplished on a case-by-case basis (Nowell et al., 2017). Transferability strategies included the establishment of rigor and richness of data and data analysis by implementing the interpretive description design and utilizing the HDITA. Purposeful sampling was intended to include participants who would have relevant experience and knowledge of the phenomenon and who could sufficiently communicate their views and decisions relative to the phenomenon (Green 2018).

Dependability

The key strategies to ensure the dependability of the data and analysis were to select participants based on the eligibility criteria which was established based on relevance to the phenomenon being studied (Greene, 2018), professional expertise, and professional experience. Thorne (2016) suggested an alternative to striving for dependability based on repeatability as emphasized by Lukes-Dyer (2018). Thorne's (2016) proposed measures to capitalize on (a) clearly defined assumptions and procedures, (b) the researcher's *interpretive authority*, and (c) maximal benefit of the researcher's reflexive positionality while actively striving to minimize researcher bias were additionally adopted as strategies to enhance *dependability*, which helps in the establishment of trustworthiness (Nowell et al., 2017). My plan also included consulting with peer mentors at each phase or as needed. Last, the Walden University paradigm of having dissertation committee members review research plans and the implementation of data collection, analysis, and reporting (Elliot & Timulak, 2015; Greene, 2018) were an embedded strategy for establishing dependability.

Confirmability

The afore-mentioned reflexivity and journaling processes were additionally intended to strengthen the confirmability of data collection and analysis (Greene, 2018). As advised by Thorne (2016), modeled by Greene (2018), and referred to for other strategies to establish trustworthiness, maintaining a journal that contained reflexive notes and recorded data throughout all phases of the project was in place to enhance confirmability. The reflexive journal was intending to include my rationale for decisions

and thought processes, procedures, or variations, confirming ideas or events, unexpected challenges and problem-solving, identification of biases, and other information relevant to recruitment, data collection, data analysis, and reporting.

Reliability

Thorne (2018) strongly advised against the sole reliance on software for coding of qualitative data obtained from semi-structured interviews when conducting interpretive description studies. The primary strategy for establishing reliability was the implementation, description, and interpretation of a rigorous methodology which included dual forms of analysis and the use of multiple modalities (i.e., manual, and electronic). Other strategies for enhancing reliability included the adherence to policy guidance such as that of the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979), Walden University's embedded IRB procedures, critical review by dissertation committee members, and input from peer mentors to provide input on discrepant cases and problems, help identify researcher bias, or implementation concerns, or other inconsistencies that might interfere with the establishment of trustworthiness (Montanye, 2017; Thorne, 2016). Strategies also included the incorporation of numerous narratives, verbatim quotes, examples, tables, and figures. Ongoing reflexive journaling and note-taking also served as reliability measures.

Ethical Procedures

Strategies to ensure procedures were ethical included a strict adherence to all ethical requirements as established and outlined for IRB approval and in policy guidance.

Any deviation to the approved plan were mandated to follow additional IRB procedures for approval before any variations could take place.

Agreement to Gain Access and Institutional Review Board Approval

Upon presentation of the proposed study, I sought permission from the IRB to recruit and use human subjects in the proposed study (Thorne, 2016). There was no need to obtain permission to gain access from a secondary site for interviews. I requested approval from the IRB to distribute notices asking for individuals who met the participation eligibility criteria to volunteer for the study (Creswell, 2016; Thorne, 2016). I also requested permission from the IRB to obtain the necessary consent documents from each participant (Creswell, 2016; Thorne, 2016). The volunteers participated in the audio-recorded *ZOOM* conferences at a site of their choosing and convenience

Treatment of Human Participants

The ethical principles of beneficence, justice, and respect for persons were a priority during this study (U. S. Department of Health and Human Services, 2021, Jan 1). I did not anticipate this study would impose bodily harm or other high-risk actions on any participant (Thorne, 2016). However, as is expected in all research studies involving human subjects, I attempted to communicate mindfully and respectfully with and about the participants, their involvement in the study, and the results of the study (Creswell, 2016; Thorne, 2016). The primary measure used to guard against unintended participant harm was to follow the University's informed consent policies (Thorne, 2016) and IRB guidance.

Informed Consent

As stated, I followed all ethical procedures and legal requirements set forth by Walden University's IRB, the American Psychological Association (APA), and other relevant entities with established principles and mandates regarding informed consent. Example ethical principles that were adhered to as outlined in the Belmont Report included a) respect for persons, beneficence, and justice when using human subjects in research and b) providing sufficient information in a manner that is comprehensible and free of coercion to prospective participants, so they understand their right to make an informed decision about participation in the research project (Knapp & Vandercreek, 2019). I planned to provide each participant an overview of the project and a statement of their rights concerning their participation or refusal to participate during the initial contact with them following their expression of interest as well as just before the data collection interview. Written and recorded content from data collection were intended to only be used only for the purposes described in this study. Provisions were made to retain data using password encrypted electronic files, to keep other confidential electronic tools (e.g., flash drive) in locked storage devices when not being used, and to later discard in accordance with IRB policy.

Treatment of Data and Confidentiality Issues

Ethics rules guide how participant data should be handled (Berry, 2018). This included protecting any identifying information and data collected during the project mindful care and adherence to national and University policy (Berry, 2018).

Other Ethical Issues

In addition to the ethical standards and principles mentioned, I was expected to guard against and responsibly address possible harm that might be imposed on participants because of unintended consequences of factors not apparent at this time (Creswell, 2016; Thorne, 2016). Ethical responsibilities also included reporting and appropriately addressing any ethical dilemmas such as withdrawals or unintended harm if they occurred during the implementation phase of the study.

Summary

This chapter contains a detailed description of the methodology that was used for this research study. The study followed an integrative interpretive description approach which was rooted in the qualitative tradition of inquiry. A monetary incentive (i.e., \$25.00 *Amazon* Gift Card) was presented to attract participants. This interpretive descriptive study called for interview data collected during participant interviews to serve as the primary unit of data analysis. Seven SLPs with experience working in high schools and who met the established criteria presented in this chapter were recruited to participate in this study. To obtain the data, I conducted one-to-one audio-recorded semi-structured interviews using ZOOM software. Interview protocol developed by me served as a guide for each interview for which I was the primary data collection instrument. Manual and electronic analyses were conducted. Ongoing reflexive processes and interpretive authority embedded in the HDITA method were used to describe and interpret the data. It was paramount that all direct and indirect involvement with the participants be implemented per the ethical principles and considerations set for by Walden University,

the American Psychological Association, and the Belmont Report to guide implementation and reporting of qualitative research projects. All planning, research, and reporting activities related to institutional permissions, informed consent, confidentiality, and other ethical concerns reflected those policies and the guidance of Walden University's IRB. The next chapter contains specific details regarding the collection, data analysis, description, and interpretation of the data, including the results.

Chapter 4: Results

This chapter contains the results of the integrative interpretive description qualitative study that I conducted to gain insight into the social problem of poor quality of life outcomes for young adults with MMLI exiting high school unprepared to handle the stress and emotional demands of the workforce. The purpose of the study was to explore the views, experiences, and decisions of SLPs working in high schools regarding their provision of ER-SLT. The research questions for the study were:

RQ1: What views and experiences influence SLPs' decisions to provide ER-SLT to high school students with MMLI?

RQ2: How do SLPs describe their role and decisions about providing EBER-SLT to prepare students with MMLI for their transition to the workforce?

This chapter also includes a discussion of how the implemented methodology aligned with the conceptual framework described in Chapters 2 and 3. Detailed sections about the participant demographics, data collection, data analysis, evidence of trustworthiness, and results of the study are included in this chapter. I provide tables and figures to highlight, summarize, or complement narrative information involving the participants, the manipulation and interpretation of data, findings, and answers to research questions.

Informal Testing of the Research Questions

This study did not include a formal piloting component. However, I shared the research and interview questions with colleagues for their review and input. I also tested the interview questions on colleagues who met the participant criteria but who were not

eligible to participate and with others in related fields (i.e., SLPs, an educational diagnostician, and a school counselor). These activities helped to ensure the interview questions were aligned to the research questions and the sequence would elicit sufficient, relevant responses within the allotted interview time (Petranovich et al., 2017). Appendix D and Appendix E contains scripted lists of sample language for the interviews, the primary interview questions, and sample transition, probing, and clarifying questions. Appendix B and Appendix C show the alignment of research and interview questions (with an interpretive summary of thematic results related to each interview question).

Research Setting

The recruitment flyer and consent letter informed potential volunteers that interviews would be audio-recorded using ZOOM or Zencaster Software from a location of their choosing. All participants selected ZOOM software. No adverse concerns about physical location, the selected recording medium, organizational conditions, or time were communicated or observed, and all participants were perceived to be comfortable with the recording medium. The interviews took place during the COVID-19 pandemic during a time when most school systems had resumed on-campus instruction for most students. I surmised various factors associated with the pandemic might have hindered the total number of volunteers; however, I anticipated the number of eligible SLPs needed for the study would volunteer. Although the participants shared stories that included thoughts and experiences about COVID-19 and its effects on school communities, there were no communicated or observed factors related to the pandemic judged to have adversely

impacted the interview conditions, credibility of participant expressions, or ethical conditions.

Demographics

Recruitment took place over a period of 3 days. I pursued participants who would likely have sufficient experience working in both the field of speech-language pathology and on high school campuses with the population associated with the social problem. Recruitment focused on volunteers who were SLPs with a master's degree in speech pathology or a comparable field, those with at least 5 years of experience providing therapy in a high school setting, and those who had worked in a high school setting for 2 of the past 3 school years. Seven participants started and completed the interview without incident. The participants ranged in age from 38 to 58 with a calculated average age of 46.7, slightly older than the reported average age of 44 years in the profession. The average reported number of years worked in a high school setting was 10.1. Based on participant reporting, four were European American and three were African American. The participant sample was consistent with demographic reports on race published by the ASHA that stated that most SLPs identify themselves as European American females, and most are not of Hispanic or Latino origin (ASHA, 2017a; ASHA, 2019a). However, although there were fewer African American SLPs than European American SLPs, the number of African American participants in this sample exceeded the known representation of <4% for African American SLPs in the general target population. The participant sample was small; however, the participants were from Louisiana (2), Illinois (2), California (1), Florida (1), and Washington D.C. (1); therefore, SLPs from all four

cardinal directions of the United States were represented. A 2018 publication indicated there were <4% males in the target population (Campos et al., 2018). Participants were not asked demographic questions about gender; however, based on observations and participant reports, most or all participants identified as female, which is consistent with the <4% of male gender rate of SLPs both nationally and internationally (Campos et al., 2018). I judged all participants to be capable and eager to express their ideas with candor and detail. I observed no factors regarding the demographics or setting that would impede the interpretation and description of either the data collection or analysis. See Table 1 for relevant participant demographics. No variation from the approved plan were identified.

Table 1

Demographics

Participant number	Age	Race	State	Years of experience
1	38	White	Florida	16
2	58	White	California	5
3	44	Black	DC	5
4	38	White	Illinois	16
5	39	White	Illinois	17
6	51	Black	Louisiana	7
7	58	Black	Louisiana	5

Data Collection

Data collection phase took place as planned. Data were collected from seven participants during a 3-consecutive-day period. Instances of contact with participants for clarification took place within the same week. Rapport was easily established with each participant. The interview protocol and questions served as a guide for each interview. As is customary, I presented a primary question and followed with clarifying questions (see

Appendices D and E) to elicit more detail on key topics as needed. I often reminded participants to focus their answers on students with MMLI as opposed to speaking about students in other disability populations and at times redirected them to focus on specific topics most relevant to the study. I recorded and transcribed the semi-structured interviews using ZOOM software features. I followed the interview procedures described in the previous chapter and the interview process was implemented without noted variation from the plan. Before and during each interview, I recorded demographic information and took notes as necessary. For example, I noted instances when participants spoke passionately about topics and one occurrence when I had to discontinue and restart the interview, causing a 1-minute interruption. This interruption had no apparent impact on the participant's willingness to continue. To adhere to the time requirements mentioned in the recruitment material, each interview concluded after 60 minutes. Multiple participants talked more about their experiences after the recording was stopped. In one case, I turned the audio recording back on as the participant continued to share relevant information. Five participants expressed interest in the topic and their desire to keep in touch with me for future collaboration about the topic or to share professional resources. There were no implemented nor observed variations to the data collection plan.

I made concerted attempts to protect participants' privacy and to abide by confidentiality procedures. Participants expressed no overt concerns about their identity being exposed. However, there were several instances when participants emailed me from addresses that contained parts of their name or other potentially identifying

information. Correspondence from the study, including emails, will be discarded from my notes and electronic devices as described earlier. All identifying information will be further protected in the manner previously described.

Data Analysis

Data analysis for this research study began with multiple readings of the transcripts as interviews were completed. I noticed emerging categories and themes during the interview period and recorded notes of such. As proposed, the structured data analysis period focused on two key components and two key phases. The interpretive description approach (see Table 2) was implemented using the HDITA method (see Figures 4 and 5), which consisted of (a) the use of inductive processes using open coding (see Table 3) to identify themes from the participant transcripts, and (b) deductive processes to identify themes and draw conclusions based on preexisting codes representing key constructs associated with the EBP model of decision-making for SLPs (see Figure 1 and Table 4). Figure 5 contains a summarized list and process graphic of the specific procedures taken to conduct the integrative interpretive description study using the HDITA.

Table 2*Rigorous Interpretive Description*

Qualitative reasoning	Coding components A	Coding components B
Deductive analysis	Manual coding with intellectual analysis	<i>NVivo</i> coding with intellectual analysis
Inductive analysis	Manual coding with intellectual analysis	<i>NVivo</i> coding with intellectual analysis

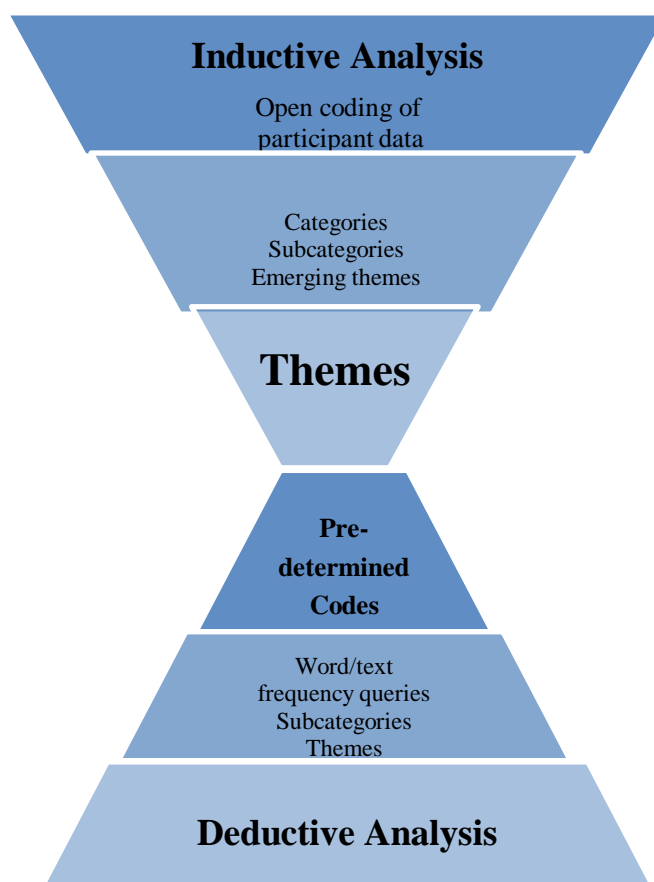
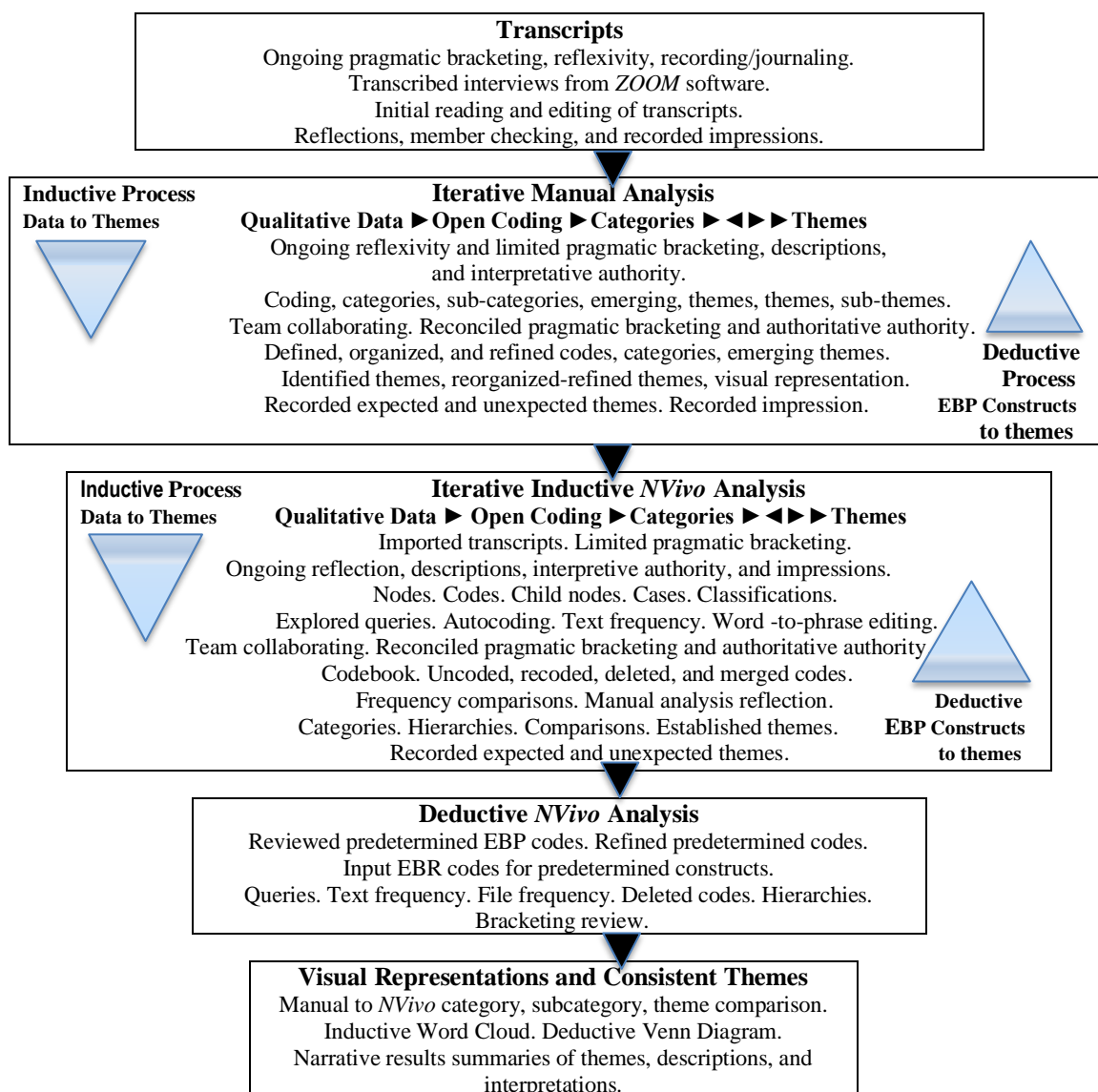
Figure 4*Hybrid Inductive-Deductive Thematic Analysis Components*

Table 3*Predetermined Evidence-Based Practice Codes*

Believe	My priority/	Action research	Peer-reviewed	Aspirations	They enjoy
Clinical	I emphasize	ASHA	Poster sessions	ndance	Tolerate
practice	Over and over	ASHA Leader	Practice-based	Building	Understand student
Common	Philosophy	Assessment	Progress	confidence	Values
Continuing	Practicum	Baseline	monitoring	Choice	Parent
Education	Problem-	Conferences	Progress	Client	Parent
Discover	solving	Conventions	Report	Cooperation	communication
Emotions	Professional	Data	Records	Desires	Parent complaints
Ethics	development	Empirical	reports	dreams	Parent complaints
Experience	Professional	Evaluation	Research	Family	Parent Expectations
Experience	judgement	Evidence	Scientific	Find interesting	Parent pushback
Expertise	Scope of	Experiment	SIG	Home	Participate
Expertise	practice	Formal	Social Media	Hopes	Preferences
Feelings	Sentiment	Grades	Special interest	Incentives	Rapport
Found out	Skill set	Informal	Summative	Individual	Relationships
I concluded	Specialty	Investigate	Testing	Individualize	Respect
I have learned	Success	Journals	Therapy notes	Investment	Siblings
I know	Therapy	Literature		Know student	Student
I value	Top of license	Logs		Mutual trust	Student
Knowledge	Training	Magazine		Open	Expectations
Know	What worked	Measure		communication	
Learn	Years of	Measure		Student	
Learned that	experience	Medical			
Moral Compass		Objective			
My conclusions					
My expectations					
My knowledge					

Figure 5

Interpretive Description Hybrid Deductive Inductive Thematic Analysis Process



Reflection, Pragmatic Bracketing, and Limiting Bias

The collective manual and mechanical analyses were iterative processes during which ongoing reflection, note-taking, informal mind-mapping, description, and interpretation within the confounds of the described pragmatic bracketing variation. I carefully accessed and applied positional knowledge and experiences as an SLP and state education agency consultant to employ interpretive authority throughout the process. However, to guard against unconscious bias, I engaged in a modified pragmatic bracketing process that (a) consisted of my thinking and writing about preconceived notions, ideas, and anticipated answers to the research and interview questions; and (b) withholding assumptions and suppositions from descriptions and interpretations while interviewing, coding, and conducting the planned dual analysis (Fischer, 2009; Gearing, 2004). For example, based on prior knowledge and experience, I knew of common barriers experienced nation-wide which have remained consistent for SLPs working in schools over decades (e.g., heavy caseload/workload responsibilities, limited time, high school student resistance, and others). I also recalled specific personal challenges and barriers experienced, particularly while working as a novice SLP with high school students (e.g., working itinerantly at multiple schools and being assigned a limited number of hours to serve too many students on the high school campus while experiencing students with ER problems who were resistant to therapy and who I sometimes perceived to be intimidating). After identifying and bracketing these experiences, I made asserted efforts to withhold assumptions that these were widespread challenges that would be reported as hindrances to the provision of ER-SLT or that

hindrances would be reported at all. Although one interview question asked participants if there were barriers, the abbreviated bracketing process facilitated my understanding that assuming barriers exist was itself a presumptive notion. During both analysis phases, I took care to manage the data so that all relevant material was included, and irrelevant material excluded, guard against confirmation bias, and suppress researcher bias at all stages, including when interpreting, organizing, and reporting results.

Inductive and Deductive Coding/Identification of Categories, Emerging Themes, Themes, and Subthemes

During in-depth readings of each line transcript data, I used a process of open and selective coding to manually assigned initial codes to words, phrases, sentences, and paragraphs on electronic and print copies. As selective codes, categories and themes emerged from the source codes during the readings, I recorded, revised, combined, and organized source code data for manual and electronic analysis. Codes with high frequencies of occurrence and those linked to multiple vignettes, categories, or emerging themes were deemed most relevant. Although the most relevant codes typically had more than eight codes, some categories had more than 30 (executive functioning, student preferences, engagement, advocacy) on various specific coding lists. I conducted the manual analysis using a traditional method, (i.e., to code, categorize, reorganize, and identify emerging and defined themes) notebook, and post-it notes to. The manual process followed an inductive approach and a separate component that included using the list of EBP codes to initiate the deductive component. Based on my observations and notes during interviews, additional relevant codes from transcript data were added to the

predetermined list. The expanded list of selective codes was saved for the NVivo software analysis so I could compare the lists and identify additional themes. Many codes overlapped or could be assigned to multiple categories and themes, particularly codes linked to the three EBP tenets. Some vignettes had multiple codes and codes from more than one category assigned. For example, longer vignettes containing a story about a struggling student may have had codes for red flags, executive functioning, student preferences, clinical expertise, and advocacy attached.

To conduct the electronic inductive analysis, I created a node for transcript data which consisted of individual descriptive and concept codes (e.g., student engagement, student resistance) and thematic codes which formed hierarchal descriptions with child nodes (e.g., barriers, ER deficit indicators, therapy targets, client preferences). A different node with the established EBP codes was established for the deductive process. A cumbersome initial list of over 1300 references was revised and reduced by deleting codes not relevant to the research questions and merging others into categories and hierarchies. I explored options and queried for different kinds of coding mechanisms such as turning some of the most prevalent words from the autocoded list to key phrases representing views expressed in transcript videos. I accessed basic *NVivo* coding and querying mechanisms to compare general results and emerging themes to those obtained via manual coding. Advanced *NVivo* processes were not attempted.

The deductive and inductive methods combined with the manual and electronic processes proved to be both iterative and dynamic as codes as categories and emerging themes were refined and assigned. The most frequently occurring words, phrases, and

categories (i.e., codes) were similar but not identical during the various coding processes throughout the exploration process which consisted of exploration using multiple *NVivo* cases and categorical codebooks (e.g., EBP code list, open coding, emerging themes, etc.). Some words and phrases, outside of the *NVivo* stop word list caused minor skewing of the numbers for references and files. For example, the overlapping construct of student preferences was an EBP tenet to be explored, a predetermined code, and a common theme expressed by participants was typically coded as a parent code and at times served as a child code in some hierarchies. The number of files and frequencies was affected by the word student which appeared in other codes such as student advocacy which was differentiated from SLP advocacy. However, any time I needed more insight, the *NVivo* software could be used to determine the frequency of occurrence of that concept or construct in the participants' expressions.

I found the various exploratory coding activities to be useful during attempts to decipher and decode overlapping themes. I surmised that having the flexibility to view multiple lists and codebooks, and codes, categories, emerging themes, and themes via poster display, printed lists, informal mind-mapping, and electronic means almost simultaneously helped to yield the most relevant codes to inform and gain insight for the research questions. The activity facilitated comparisons with both the visual and written display themes that emerged from the manual process. It also facilitated the removal of categories initially thought to be relevant but later determined to be important, but not pertinent to the purpose of this study. The described bracketing, descriptive, and interpretive approaches were employed before final recording of themes. Although some

codes and categories changed or were deleted during that process, those activity did not alter the overall results or findings.

This integrative interpretive description was a qualitative study set forth to explore for understanding of SLPs views, experiences, and decisions pertaining to the research problem. The deductive and inductive components combined with the manual and electronic analysis were conducted to ensure sufficient rigour and reliability in the investigation, particularly as it related to the EBP framework. I hoped to add rigor to the thematic analysis process by employing the manual and *NVivo* coding process and I judged this to have occurred. As was done in the planning and data collection stages of the study (i.e., development of research and interview questions), I conducted the analysis using careful and intentional reflexive and pragmatic bracketing activities. During the analysis, I engaged in concentrated data immersion during a period that exceeded seven weeks. Multiple queries were conducted using facets of the transcript data and lists of codes to see if different themes might emerge and to determine if additional insight would be surface or change. These included queries of autocoded single word frequency, single word-to-phrase conversion codes, visualization queries, and chart/codebook exploration. This section contains multiple tables and figures that are included to illustrate the various phases and processes of the HDITA. As shown in Figure 5, the scripted diagram and general process flow details the multifaceted data analysis process that was used. Figure 6 presents a modified word cloud derived from wordcloud.png, and Table 4 shows the results of Text Frequency Queries for EBP Tenets. Figure 7 presents an example of a simple initial code-to-theme progression and Figure 9 shows an example

of a more complex progression with overlapping codes. Figure 8 presents an example of the progression when a relationship between codes was discovered. No discrepant cases were factored into the analysis; however, some commonly used words irrelevant to content or *NVivo stop words* were not included.

Figure 6

Sample Word-Phrase Cloud for Manual Codes



Table 4*Sample Word Text Frequency NVIVO Queries*

Transcripts queried for clinical expertise predetermined codes			Transcripts queried for client preferences predetermined codes			Transcripts queried for internal and external evidence predetermined codes		
Code	References	Coverage	Code	References	Coverage	Code	References	Coverage
Experience	39	0.09%	Engagement	31	0.07%	Scientific	1	0.01%
Philosophy	18	0.04%	Client Expectations	49	0.08%	Journal	1	0.01%
Collaboration	21	0.04%	Student Relevance)	14	0,02%	Literature	16	0.04%
Values	25	0.04%	They enjoy	3	0.01%	Progress Reports	21	0.04%
I believe	23	0.04%	Understand Students Story (Added after interviews)	67	0.15%	Grades	14	.02%
Training	20	0.04%	Reciprocity (Added after interviews)	7	0.01%	ASHA	14	0.01%
Barrier	28	0.04%	Resist	6	0.01%	ASHA Leader	7	0.01%
Experience	17	0.04%	Peers	8	0.01%	Assessments	5	0.01%

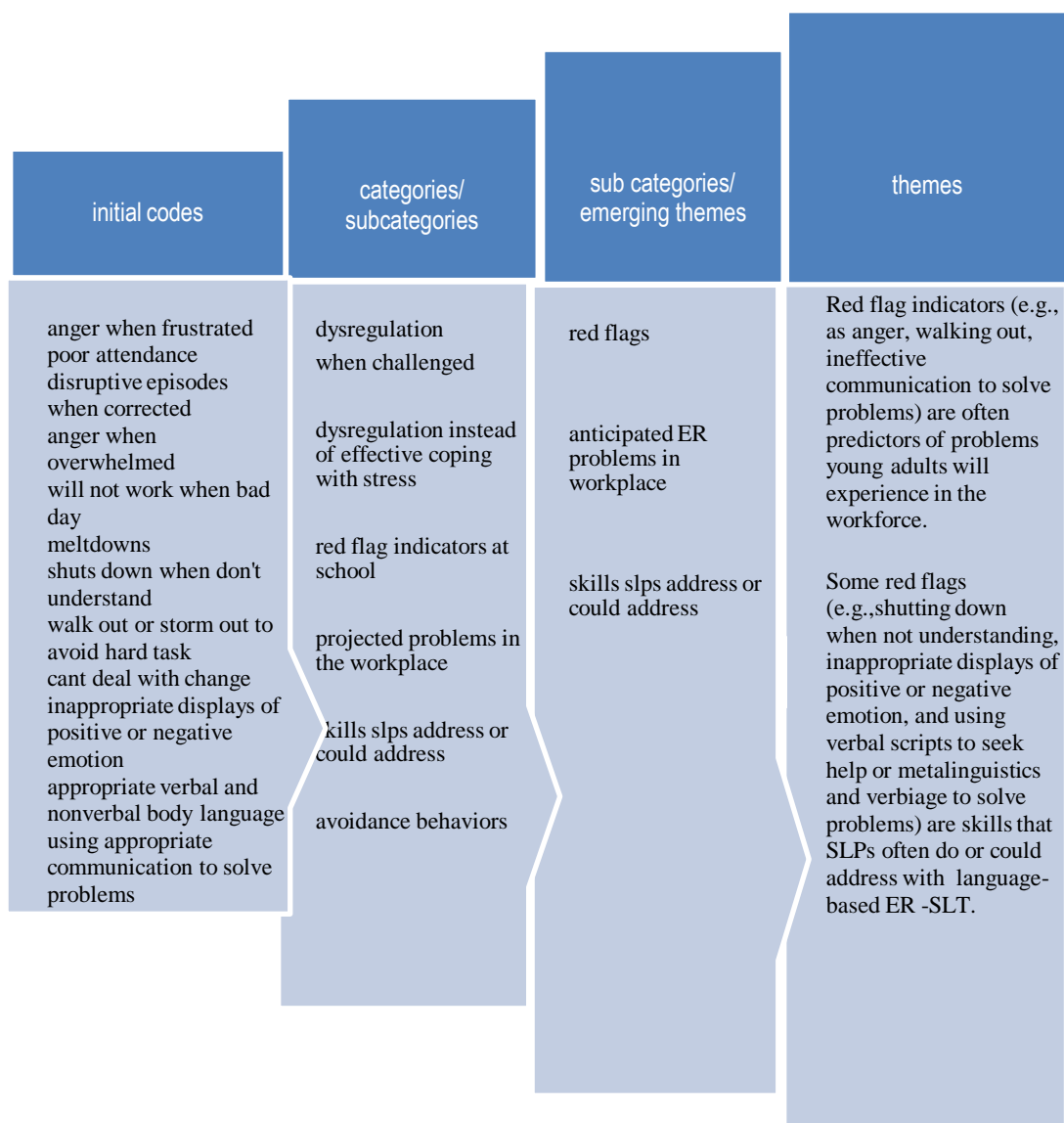
Figure 7*Sample Initial Code-to-Theme Progression*

Figure 8

Sample Relationship Discovery Process: Red Flags, Workplace Problems, Emotion Regulation Speech-Language Therapy

Red Flags	Workplace Problems	ER-SLT
<ul style="list-style-type: none"> • Misinterpreting others expressions, sarcasm, inferences, and other complex and nonliteral messaging. • Anger, indignance, and blowing up when frustrated, challenged, embarrassed, or other negative emotions. • Meltdowns or shutting down when the work gets too hard, when feeling overwhelmed, when experiencing uncertainty or confusion, or when not knowing what to do or how to complete a task. • Crying, excessive complaining or disruptive celebratory behaviors, excessive shows of demonstrations of discomfort, inappropriate body posture, hand or neck gestures, vocal tone, and other nonverbal or verbal communication when interacting. • Inflexible thinking and difficulty coping with unexpected changes. • Maladjusted behaviors such as storming out, disrespectful reactions, ignoring directives, telling non-truths, and other noncompliant behaviors when tired, having a bad day, or not wanting to complete certain tasks. • Arguing, projecting, blaming, playing the victim, and making accusations or engaging in the above behaviors when receiving negative or corrective feedback. • Executive functioning problems such as response inhibition, failing to plan, organize, problem-solve, or multitask, inattention, lack of focus, poor working memory, and other problems which are indicative of regulation deficits due to congenital, neurological, or situational influences 	<ul style="list-style-type: none"> • Anger, indignance, and blowing up when frustrated, challenged, corrected, embarrassed, or given negative feedback. • Meltdowns or shutting down when the work gets too hard, when feeling overwhelmed, when experiencing uncertainty or confusion, or when not knowing what to do or how to complete a task. • Crying, excessive complaining or disruptive celebratory behaviors, excessive shows of demonstrations of discomfort, inappropriate body posture, hand or neck gestures, vocal tone, and other nonverbal or verbal communication with others • Inflexible thinking and difficulty coping with unexpected changes. • Maladjusted behaviors such as storming out, disrespectful, reactions, ignoring directives, telling non-truths, and other noncompliant behaviors when tired, having a bad day, or not wanting to complete certain tasks. • Arguing, projecting, blaming, playing the victim, and making accusations or engaging in the above behaviors when receiving negative or corrective feedback. • Executive functioning problems such as response inhibition, failing to plan, organize, problem-solve, or multitask, inattention, lack of focus, poor working memory, and other problems which are indicative of regulation deficits 	<ul style="list-style-type: none"> • Explicitly teaching the vocabulary, linguistics, inferences, figurative messaging, and language underpinnings of emotion and interpersonal communication • Teaching nonverbal and verbal alternatives to help the student cope appropriately with feelings of anger, frustration, and other disruptive emotions on the job. • Teaching positive and negative workforce consequences for appropriate vs. inappropriate displays of positive and negative emotions at work. • Modeling, providing verbal scripts, and providing opportunities for role-playing and practicing alternative strategies that replace meltdowns and shutting downs in work settings. • Highlighting disruptive examples and teaching appropriate verbal and nonverbal communication in social, workforce, and community contexts. • Discussing the necessity, and benefits of flexible thinking and the consequences of failing to adjust and appropriately respond to unexpected events on the job. • Teaching generalizable statements, verbal prompts, and metacognitive, metalinguistic, adaptive, or other compensatory strategies to employ when experiencing challenging moments and emotions or when receiving negative or corrective feedback thereby reducing the propensity to engage in maladaptive behaviors such as arguing, projecting, blaming, playing the victim, and making accusations.

Figure 9

Sample Open Coding to Complex Theme Flow: Personhood and Evidence-Based

Practice Themes



Evidence of Trustworthiness

The establishment of trustworthiness is paramount in qualitative studies. Consumers of qualitative literature want to be assured the findings are as truthful and reliable as possible and worthy to be used or applied to future research (Square-Smith, 20217). As discussed in Chapter 3, I ensured trustworthiness of this study through a variety of strategies that addressed credibility, transferability, dependability, confirmability, and reliability. No significant variations or deviations to the strategies discussed in Chapter 3 were imposed. The described strategies were implemented as planned without noted adjustments. The following sections include additional detail on indicators that were central to the establishment of trustworthiness, the previously described strategies that were implemented, and any additional strategies that were employed to establish trustworthiness.

Researcher bias is an ongoing concern in qualitative studies and is particularly so when implementing the interpretive description design (Thorne, 2016). The trustworthiness of this study was enhanced by ongoing reflexive and pragmatic bracketing processes. Reflexivity served as the primary defense against bias before, during, and after data collection and throughout the analysis (Thorne, 2016) and this theme played a role in the establishment of each trustworthiness indicator. The involvement of my dissertation committee, colleagues, and peer mentors were paramount in helping to identify and limit researcher-induced bias (during these phases Thorne, 2016) and their guidance played a consistent role across indicators.

Credibility

To establish credibility (Maher et al, 2017) I conducted informal interviews with colleagues and SLP mentors, audio-recorded semi-structured interviews, member-checks, and committee member reviews to embedded measures that increased trustworthiness of the data collection, analysis, and interpretation for this study. Each participant was offered verbatim transcripts of the interviews via *ZOOM* software and provided summaries of their interview comments which served as a credibility check to ascertain the participants' view of the narrative accuracy of the transcription and to a limited degree, to establish the interpretive validity rather than to obtain the participants' approval of the data for inclusion in the project. Participant member checks and team member reviewing were the primary methods for assuring the credibility of the data. The absence of any recommendations by participants that adjustments be made to data helped to establish the credibility of the study (Ratcliff, 2019). The dissertation committee was available to provide guidance, reviews, and input during my implementation of the study. Committee members provided review and insight during all phases of implementation and reporting.

My positionality and reflexive processes further helped to establish credibility. With 30 collective years of experience providing SLT, leading SLP programming, and monitoring SLPs' services in schools, I had experience and knowledge pertaining to the successes and challenges of providing SLT to high school students with MMLI. That experience further enhanced the quality of the content explored for and discovered through this study because I was able to (a) respond to the participants' expressions with

understanding and familiarity while asking relevant clarifying and probing questions; (b) make pertinent comments to facilitate detailed expressions without adversely imposing on or influencing the participants' answers; and (c) access that knowledge and experience to enhance interpretive authority and intellectual analysis when collecting, coding analyzing, describing, and interpreting data produced from this study. Although my knowledge and experiences as the study designer and data collection instrument can subjected the study to bias (Maher et al., 2017; Thorne, 2016), I engaged in diligent measures to guard against bias through reflexive journaling, pragmatic bracketing, and consultation with relevant professionals throughout those processes.

Transferability

As with other qualitative studies, the establishment of transferability is not based on the quantity of subjects. Rather, the establishment of rigor, richness, and thickness of the data collection, analysis processes, description, and interpretation help to present the results with optimal although limited transferability (Nowell, 2017; Ryan, 2017). Copious notes, thick description, and numerous visual representations of participant data, coding, and analysis processes were included to help guide future replication or advancement of this study. The use of purposeful sampling enhanced the transferability of findings because that technique allowed me to select participants who had related experiences with the phenomenon and who I believed had the ability to describe their experiences with depth (Greene, 2018). Additionally, although the sample only included seven participants, the participants included in the sample represented states from each of the four directional cardinals of the United States and included individuals with similar

gender demographics as those reported of the national body of SLPs. This proposed study is thought to be the first of its kind using this participant sample of SLPs working with students exhibiting MMLI. So, its insightful results and limited transferability could encourage future similar or complementary studies. Limited transferability does not imply the results of this study lack trustworthiness, as other indicators of trustworthiness are well established in this chapter (Thorne, 2016).

Dependability

Dependability was established in several ways. Strategies described in Chapter 3 were executed as an alternative to customary dependability measures. Alternative dependability strategies included (a) setting forth clearly defined assumptions and procedures associated with the research design, (b) the use of carefully embedded *interpretive authority* (c) leveraging my vast knowledge, shared experience, and reflexive positionality as the instrument for data collection (Nowell et al, 2017). The knowledge and guidance of committee members and peer mentors were leveraged to ensure academic and ethical standards were met. I engaged in continued reflexivity, checking, and auditing in reference to ideas documented in the designated reflexivity journal at all points in the planning, implementation, and analysis phases of the project helped to promote confidence in the dependability of the results and findings (Elliot & Timulak, 2015; Greene, 2018).

Confirmability

The primary measure for establishing confirmability was the maintenance of the reflexivity journal which I maintained throughout all phases of the project. I personally

included notes about procedures, key ideas, questions, concerns, and events in said journal which will be secured in accordance with standard research policy (Greene, 2018). I used frequent journal notes to confirm procedures and aspects of the data collection, thematic analysis, and reporting process (Hutchinson, 2019). I spent several weeks rechecking and reorganizing data and looking for inconsistencies or contradictions as a part of the analysis. Efforts were made to ensure all claims aligned with the sentiment of the informants. Components of the ID-HDITA process flow seen in Figure 5 were repeated multiple times. Last, Committee members and peer mentors reviewed implementation processes and data reporting, providing input as needed which helped to corroborate the results of the study.

Reliability

Intra-coder reliability was established by my use of intellectual analysis and two modalities for coding (i.e., manual and *NVivo 12* electronic coding processes) to reach consistent results for both deductive and inductive phases of the study. Several narratives, tables, and figures are provided in Chapter 4 to describe and support the use of those processes. The rigorous HDITA approach helped to build confidence regarding the truth of results. While manual and electronic analyses were not quantitatively identical, the overall results and meaningful outcomes were consistent. For example, if despite minor variations in the number of frequencies, if *client engagement* had a high word frequency number in the manual results, a similar high frequency number surfaced during the electron (i.e., NVivo word frequency query). Additionally, *client engagement* would have had high frequency numbers in both inductive and deductive analyses. One informal

measure of reliability was revealed with the traditional poster board with sticky notes thematic analysis techniques. Clear visual depictions were evident based on the volume of quotes in specific categories which led to themes. I invited both professional and nonprofessionals to offer impressions. Based on the organizational structure, categorical arrangement, and arrangement of emerging themes, those individuals were able to arrive at similar conclusions. For example, they could easily tell that therapy strategies were frequently mentioned and that the *use of role play* and *real-life scenarios* were common in comparison to other categories and subcategories.

Policy guidance, critical review, and advisement by dissertation committee members assisted with the establishment of reliability. The IRB review and approval process equally helped to ensure this research project was void of blatant trustworthiness issues before the study was implemented which improved condition for reliability to be established. Once the study was completed, committee members and peer mentors reviewed the presentation of data and results, considered the relevance of findings to the research questions, and agreed that answers to each research question had the potential to contribute to scholarly understanding on the research topic (Thorne, 2016). The data collected from semi-structured interviews sufficiently answered the research questions and helped to shed light on the highlighted aspects of the phenomenon being studied. No discrepant or problematic issues were reported by the participants or made evident to me. The absence of discrepant or controversial cases helped to establish reliability for this study. They additionally supported ongoing reflection efforts to limit bias, positional interference, or negative impact on trustworthiness (Montanye, 2017; Thorne, 2016).

Intra-coder reliability was established by my use of intellectual analysis and two modalities for coding (i.e., manual and *NVivo 12* electronic coding processes) to reach consistent results for both deductive and inductive phases of the study. Several narratives, tables, and figures are provided in Chapter 4 to describe and support the use of those processes. Also, codes and coding processes, and sample analysis processes were reviewed by dissertation committee members and peer mentors (Hutchinson, 2019).

Ethical Procedures

I adhered to ethical requirements as established for IRB approval and accordance with other Walden University and national guidance mentioned in Chapter 3. No unusual or unexpected factors that could have compromised ethical standards were made known to me.

Results of the Study

I leveraged interpretive authority and deep inductive-deductive intellectual liberties to reach the definitive findings as part of this integrative interpretive description study (Thorne, 2020). Qualitative researchers are expected to define and design processes that will facilitate heightened awareness, precautions, and proactive-reactive strategies to ensure background knowledge, personal experiences, and conscious or unconscious biases do not distort methodological processes or confound results. Yet, my ongoing engagement in reflexive and pragmatic bracketing activities served as a reminder that objective intellectual analysis is an ideal in research; and, in qualitative work such as with interpretive description studies, objectivity remains an unrealistic goal. Rather, my genuine efforts to curtail preconceived thoughts, minimize bias, and prevent distortion in

the pursuit of thoughtful observation, description, and interpretation of data were a protective mandate in the pursuit of enhanced meaning and understanding. Reflexive observations and participant data were documented and interpreted.

Using the HDITA process, I used interpretive authority to identify patterns and themes from the data. The participating SLPs' expressions of their views and experiences that influence their decisions and the expressions of how those SLPs discussed their role in the provision of ER-SLT or EBER-SLT were characterized by a combination of a) stories about memorable positive or negative experiences that each SLP communicated with notable detail, sentiment, and confidence which lasted for several minutes and may have had several themes embedded or b) with lists or simple statements accompanied by much less sentiment, detail, and certainty but which also provided insight on the phenomenon. For this study, themes are categories that consisted of multiple relevant codes or similar codes which occurred frequently (in comparison to other codes), and which also had been assigned to the same or similar vignettes. All themes represented views, experiences, or decision-making processes communicated and shared by at least four participants (i.e., described with detail by at least 3, or mentioned by at least 4). However, I observed instances when coding, categories, and emerging themes overlapped or converged with other themes and constructs. For example, some constructs such as SLP preferences and experiences, student experiences, parent preferences, and sentiments were embedded in multiple other themes such as evidence-based practices, SLP expertise, values/morals, and client therapy/strategies, and so forth. Although the number of codes varied depending on the list, category, case, or codebook used, all themes

described below had well over fifteen references and multiple vignettes attached to it. Many noticeable, but less pertinent themes and subthemes surfaced in the analysis. The following thematic summaries include describe views, experiences, and descriptions judged the most informative or powerful relative to the research questions. Tables 5 and 6 contain the research question alignment and summary statement of the results for each interview question. Table 7 shows a list of the 11 identified themes that collectively answer the research questions.

Table 5

Research Question 1 and Interview Question Alignment

IQ	RQ 1 <i>What views and experiences influence SLPs' decisions to provide emotion regulation-targeted speech-language therapy?</i>	Thematic Summary <i>Statement of general themes arrived at through:</i> <i>a) description</i> <i>b) HDITA processes, and</i> <i>c) the researcher's interpretive authority and intellectual analysis</i>
1	Please describe a typical workday for an SLP in a high school setting?	Large caseload, busy, often hectic, mostly pull-out sessions, sometimes inclusion, 20-40 x 1 weekly, meetings, paperwork, and working with kids who may be having a bad day.
2	How does your caseload with students having mild-to-moderate language disorders compare to those with more severe language problems? For example, how do the types, intensity, and duration of service delivery compare, for example, consult, direct, inclusion, # of minutes, number of weekly sessions, etc. compare?	*Therapy is less intense, often tied to dysregulation and episodes at school, other daily problems exhibited by the student, and academic challenges. 20-40 x 1 weekly.
4	What are your thoughts about whether speech-language services in high schools help to prepare students for life after high school, particularly in the workplace?	*Most believe SLT helps to prepare students for life after high school; however, there are competing priorities such as academics, making up missed work, literacy, and graduation requirements.
5	What are your general thoughts about the extent to which high school graduates with MMLI are prepared for the workforce?	*Most believe some will make it, but many will struggle because they are not prepared, have complex communications, academic, and executive functioning deficits, unrealistic or no expectations and experience, and weak models at home.
6	For young adults with a history of language impairments who struggle in the workforce, what language	*Expressing and responding in socially appropriate ways, nonverbal and verbal behavior providing sufficient relevant information, reciprocity in communication, using communication to solve

	communication skills do you believe they might have trouble with? What are some examples?	problems, responding appropriately when challenged, angry, confused, appropriate help-seeking, self-identification, self-advocacy. Various executive functioning skills such as realistic and growth mindset, planning, work initiation and completion. Poor confidence, coping, and motivation.
7	Let's talk specifically about emotion regulation now. What are your general views about emotion regulation skills, high schools, and speech-language therapy? Just talk about your general observations and thoughts about the interconnectedness of those or any other ideas you may want to share.	*Students need much help. However, executive functioning skills are as important as emotion regulation because one influences the other. Students' home and socio-economic circumstances impact their ability to cope with stress at school. Many have not learned how to appropriately communicate to solve problems like being frustrated, overwhelmed, or other emotional states. SLPs work on emotion regulation as the need becomes evident. Their ER problems are complex due to other disorders.
8	Tell me more about your views regarding the connection between MMLI and ER deficits.	*Students often have not had good role models and support at home. They often have not been introduced to real-life scenarios and do not have a realistic view of adult responsibilities. Their go-to responses are often to get angry and disruptive, shut down, or melt down because those reactions are most familiar. Students with MMLI have other disabilities that complicate existing deficits and often make it difficult to identify the best supports.
9	What are your thoughts about the extent to which emotion regulation skills impact young adults with MMLI in the workplace?	*They struggle, quit when the work or social pressure gets too hard, do not know how to explore for solutions or use words to express emotion, have discourse trouble, don't self-regulate, accept, or give feedback well. React in the moment and lose their jobs.
10	What are your views about SLPs providing therapy to address ER skills for high school students having MMLI?	*SLPs say they can and do address ER when needed during episodic teaching or in sessions as needed through embedded or integrated language arts or language communication goals. However, they intentionally don't highlight ER or write specific ER goals because of expressed barriers not wanting to create conflict.
11	Discuss any barriers that might prevent you from addressing ER with students who might need this kind of therapy?	*Barriers- inherited IEPs, comorbidity, engagement, attendance, time, competing priorities, academics, home/socioeconomic factors, faculty pushback about scope of practice, and existing overload in responsibilities.

Table 6*Research Question 2 and Interview Question Alignment*

RQ 2 <i>How do SLPs describe their role and decisions about providing EBER-SLT to prepare students with MMLI?</i>	Thematic Summary <i>Statement of general themes arrived at through:</i> <i>a) description</i> <i>b) HDITA processes, and</i> <i>c) my interpretive authority and intellectual analysis</i>
IQ	

3	How do you typically make decisions about the details you just described such as whether you will provide inclusion services or not, the number of minutes, etc.?	*Participants primarily reported the use of informal assessments and some formal assessments along with input from colleagues at IEP meetings. They spoke a great deal about student preferences. Comments indirectly linked to this question led me to believe clinical expertise and preferences played a large role as well.
4	What are your thoughts about whether speech-language services in high schools help to prepare students for life after high school, particularly in the workplace?	*Most believe SLT helps to prepare students for life after high school; however, there are competing priorities such as academics, making up missed work, literacy, and graduation requirements. So, they may conscious decisions about evidence as well as student and clinician preferences. See figure ____.
7	Let's talk specifically about emotion regulation now. What are your general views about emotion regulation skills, high schools, and speech-language therapy? Just talk about your general observations and thoughts about the interconnectedness of those or any other ideas you may want to share.	* However, executive functioning skills are as important as emotion regulation because one influences the other. Students' home and socio-economic circumstances impact their ability to cope with stress at school. Many have not learned how to appropriately communicate to solve problems like being frustrated, overwhelmed, or other emotional states. SLPs work on emotion regulation as the need becomes evident. SLP determine supports as needed with informal/informal evidence and student/clinician preferences.
11	Describe your decisions about providing speech-language therapy to address students' emotion regulation. For example, how do you determine if, when, and how you provide therapy to address ER skills when students have multiple deficit areas impacted by their language disability?	Scientific research was the least discussed. *Decisions are based on informal/formal evidence and student, parent, and clinician preferences or expertise within the confounds of barriers and concerns. Scientific research was the least discussed.
12	Discuss any barriers that might prevent you from addressing ER with students who might need this kind of therapy?	*Barriers- inherited IEPs, comorbidity, engagement, attendance, time, competing priorities, academics, home/socioeconomic factors, faculty pushback about scope of practice, and existing overload in responsibilities.
13	How do you integrate evidence-based practices in your work with high school students with MMLI?	Here, 6 of 7 SLPs spoke with awareness that clinical research should be considered in decisions. The other named interventions believed to be evidence-based. SLPs also spoke about CEUs, conferences, and the use of ASHA resources for evidence. Student/parent preferences, clinical preferences and clinical expertise were reported as considerations. Clinical expertise, experiences, and preferences around a personhood theme led, followed by student preferences, informal/formal evidence, and scientific evidence ranking last in decision-making processes. Barriers such as availability, time, and guidance for application were listed as barriers.

Table 7*Established Themes*

Themes and Patterns

1	Service delivery, workload, therapy paradigm
2	Therapy Paradigm – Integrated ER-SLT Goal-Writing
3	One Dominant Concern and Minor Barriers
4	Red Flags
5	Predicted Workplace Problems
6	Emotion Regulation and Executive Functions Connection
7	Qualitative Relationships: Red Flags, Job Problems, ER-SLT
8	SLPs’ Role
9	Advocacy
10	Personhood, Humanism, and Solution-focused
11	Decision-making patterns

Theme 1: Service Delivery and Workload

I included this section to provide context about SLT in high schools rather than because of its relevance to the research questions. Participants described service delivery patterns in the general delivery of services to students with MMLI, including those with diagnosed or undiagnosed ER challenges. Service delivery patterns were inclusive of but were not specific to students receiving ER teaching. Despite my bracketed notion predicting inclusion, consultation, and indirect services would emerge as noted discussion topics, the participants made few references to consultative and indirect services for students with MMLI. Inclusion services were referenced less often and with less specificity than were pull-out services. “I do try and get within the environment in school...get them out of my therapy room because you know I need them communicating with the tech people, the library, and the office people, administrators, etc. But they are primarily scheduled for pull out services.”

Two participants expressed concerns about 15-minute sessions for students with multiple disabilities and complex language impairments being served with so little time or with consultative services. One expressed, “One reason I was interested in the study

was because you have these kids with all these issues with 10 or 15 minutes. I'm all for consulting, and I know there's a time and a place, but 15 minutes?" Others went on to explain that high school services are less "intense" or SLPs tend to be "not as passionate" at that level. For reasons such as student, clinician, or parent preferences, the lack of flexibility to change inherited IEPs from other schools, and administrative pressure to limit minutes, SLPs reported providing SLT to students with MMLI for one 20–45-minute weekly sessions individually or in small group pull-out settings and less often or inconsistently in inclusion settings.

All participants reported having a workload that included students with MMLI and ER deficits. All referred to a flexibility requirement that involved providing spontaneous or unexpected interventions when students on their workload exhibited inappropriate or disruptive communication behaviors on campus; so, their schedules were often described as consisting of a routine and planned schedule implemented with flexibility and fluidity as needed. One SLP reported,

There's hardly any typical day ... because of all of the issues at that age...lots of varying emotional issues or depressions, some mental health issues ... It's the workload associated with all of that I think you would hear from most SLPs, that keeping up with the IEP, all the requirements of IEPs, having IEP meetings ... doing progress reports which are quite extensive ... 60 kids on my caseload ... evaluations. If a kid shows up at my door and is in some kind of distressed state or needs some help, or ... last week, one of the students made a comment he was thinking of harming himself, so of course there's a whole procedure for that. And

of course, this year ... we're supposed to be adding ZOOM ... where I had never even done a damn zoom session ... not having learning curve ... stressful ... firedrills ... interruptions

Theme 2: Therapy Paradigm: Integrated Emotional Regulation-Speech-Language Therapy Goal Writing

Each participant's report of whether they address or provide therapy to students with MMLI was strongly affirmative. SLPs' disclosures revealed a paradigm of providing emotion regulation services through supportive and incidental teaching. The students' SLP is often the faculty member (a) who conducts academic and wellness checks in the classroom, hall, or therapy setting, (b) whom the student seeks out when needing to cool off or when dealing with an emotional-behavioral challenge, or (c) when called upon by colleagues if a student who receives SLT exhibits dysregulation or disruptive emotional behaviors on campus. The SLPs reported they are generally aware which students on their workload have emotion regulation (and executive functioning) deficits. However, SLPs unanimously reported they provide most emotion regulation interventions as a part of an integrated special education, core content standard, and/or expressive-receptive-pragmatic language goal. All agreed they rarely propose separate ER targeted goals for students with MMLI (see Theme #3 under barriers for a discussion of reasons). One SLP reported she writes specific ER goals, when necessary, but admitted she could not recall doing so for a student with MMLI. Another reported she targets ER under goals that focus on executive functioning. All participants reported they most often incorporate ER-SLT for students with MMLI under "standard language", "language arts", or other

“integrated core content” goals. Two reported they write a standard language goal and as one said, she can, “get creative about addressing ER”, other social-emotional skills, and executive functioning skills. However, each discussed several barriers which impacted their decisions about how they include, provide, and document their efforts to address ER with each student. One explained a scenario about a student seen who was being served in an alternative education setting.

So, his existing goals were like the standard language comprehension and vocabulary ... But when talking to him, you know he's a 10th grader going to 11th, and I said to him, “What do you see as your biggest issue in terms of your communication skills?” And he said, ‘My frustration level. When something doesn't go right, I get frustrated.’ And then I said, “What happens when you get frustrated?” And he goes, “I shut down.” So basically, it was, he doesn't know how to communicate when frustrated and he doesn't know how to solve this problem ... So, essentially what I am doing is working on the comprehension and vocabulary through that without us having a formal established problem-solving [or ER] goal.

Another reported,

I might have a student who you know pragmatically, there's not necessarily a concern, but, you know, my focus is on those language skills, and they just so happened to also have those emotional regulation skills. So, then I kind of shift my focus more so to building the language skills that they need, which can have, you know, an indirect benefit to those emotional regulation skills.

Theme 3: Barriers and One Dominant Concern

I bracketed out preconceived ideas about barriers the SLPs would report. Those notions included workload, time restraints, students' behavior difficulties and resistance. During all stages of the project, I suppressed those ideas and limited bias while carefully listening and interpreting the participants' expressions for additional, contradictory, or confirming thoughts. Although my anticipated barriers were referenced by some of the participants, those challenges were expressed as general existing job-related barriers, challenges that were not specifically relevant to the issue of ER-SLT for students with MMLI/ER deficits. However, one expressed view communicated by several SLPs as a dominant theme that influences SLPs' views and decisions about their role in providing ER-SLT was that of "pushback they receive from colleagues". Several participants provided lengthy reports about special education providers, teachers, and/or administrators not understanding the SLPs' full scope of practice and therefore challenging SLPs' efforts to address emotion regulation, a skill viewed by some as better managed by counselors, social workers, or others. SLPs further communicated that taking on the SLP's role to address the language underpinnings, linguistic influences, and verbal and nonverbal messaging needed to assist students with their language-based ER deficits is well within SLPs' scope of practice. Participants expressed an appreciation of interprofessional practice (IPP), acknowledged students' challenges are best served using collaborative approaches, and shared their knowledge about where the SLPs' role in ER stops and where other practitioners' role begins relative to discipline-linked skill sets (counselor, social worker, occupation therapist, behavior therapist, etc.). Yet, SLPs are

also hesitant to write specific goals for fear they may assume responsibility for the totality of the student's emotional, social, and behavioral problems on campus. They believe other providers should carry the weight of that responsibility because the SLP would only be responsible for the language, voice, or other communication aspects of ER problems.

Also, SLPs reported students with MMLI have ER difficulties that are relevant, but complex and students typically exhibit other deficits that need attention. Participants reported hesitance to commit too heavily to ER when critical language-based academic skills or other communication skills need to be prioritized. Some SLPs believe students' ER deficits are often exacerbated by known and unknown home, diversity, and socioeconomic factors as well as other barriers such as student resistance and poor attendance. SLPs feel they "are already responsible for so much" that when other important deficits are apparent, they prefer to take the conventional approach and provide ER support only as needed, especially when the student was already receiving counseling or psycho-emotional support. Also, although SLPs' skill set includes knowledge of pragmatics and language use, their extent of prior training and experiences in ER varies. They reported frequently engaging in advocacy efforts to educate colleagues about their profession because they believe many providers lack knowledge about the full range of services SLPs are skilled to provide. Yet, because students often have integrated language goals and most have multiple deficits, they find it most prudent to simply plan and implement activities that address ER while also addressing other language targets without making noticeable or conflict-driven changes on the IEP. Having so little time to spend

with students during each week and so many deficit areas to select from makes the challenge less appealing to take on. Another barrier related to scope of practice pertains to other faculty's expectations that SLPs perform duties that are not within their scope of practice, particularly administratively-assigned duties. One SLP mentioned, "So, when there is an incoming student who has a certain recommendation in the report, I have had to meet with several directors that I cannot follow those recommendations. That would be unethical of me."

Theme 4: Red Flags

The majority of SLPs readily described "red flags" or behaviors exhibited by students with MMLI with or without diagnosed ER deficits. Students who exhibit these red flags typically have difficulty coping with the academic stress, peer-associated social pressures, and other environmental challenges that cause emotion regulation difficulty in the high school setting. The most mentioned and most disruptive behaviors included inappropriate displays of anger, frustration, and overwhelm, were often described as *outbursts, meltdowns, shutting down, walking out of class, and refusing to do work*. However, other problematic indicators of poor language-based emotion regulation skills described included the inability to appropriately gain attention, the poor ability to use and recognize nonverbal behaviors, poor reciprocal communication and perspective-taking, inability to enter discussions, appropriately join in social activities, or adjust their communication style to the changing contexts, inability to appropriately accept or give negative feedback, poor help-seeking behaviors such as verbally asking for repeated directions, additional information, or assistance, and providing necessary information

when requested. SLPs most often added executive function challenges to lists of difficulties these students exhibit as indicators students may struggle once they enter the workforce.

- You know, when things get one task too hard.
- The ones who blurt out, the ones who get angry or walk out of class...40 minutes tardy, who say “I’m not going to that teacher’s class”.
- Getting into fights and screaming and yelling and cursing.
- Just putting his head down...getting suspended...sleeping
- Jumping out of a chair. Turning a chair over.
- Frustrated. They are not doing work, they just shut down. They are not understanding, and they are not able to communicate what they are feeling.
- The ones who put their head down and don’t work, because they have shut down.

Theme 5: Predicted Workplace Problems

All seven SLPs expressed understanding that the red flags or behaviors students exhibit at school are often predictors of the difficulty young adults who exit high school will experience in adulting settings, particularly in work settings. They expressed that many students with MMLI/ER going into the workforce without additional supports would experience significant difficulty and many would not survive the workforce for very long. Some believed those young adults have trouble with basic employment expectations, get discouraged, and quit or not know how to ask for help when needed,

have difficulty following directions, and get fired when they don't appropriately respond to negative feedback or warnings.

- Rules of engagement. Listening to authority. Absenteeism. Following Rules.
- Understanding the work expectations. Understanding the warnings.
- Get a writeup. Then going to get terminated.
- So, if you have challenges with those behaviors in school ... you're certainly going to have those challenges when you get out into the real world, and not be able to be compliant on the job.
- Customer service in terms of just answering the question. I can picture many of them saying, I don't know... Saying, let me help you.
- Adjusting communication style to customers versus peers.
- Knowing what kinds of modifications or accommodations.
- Knowing how they would have to self-regulate because of their learning challenges to be successful on the job.
- Showing up on time.
- They're not able to keep the job. I've seen kids where they literally go to work three times and then they're done.
- Flexible thinking, because they [don't know] how to adjust their behavior or their response, based on a change or changing information, changes in the environment ... in their communication partner ... or even in their path ...
Look at the situation, evaluate it, and determine if adjustments need to be

made, right? So, they get so overwhelmed ... Employers are looking for people who don't have to have a lot of oversight or who can adjust.

- When they leave high school, no they are not [prepared].
- A lot of them are going to struggle with reading people, struggle with all parts of nonverbals.
- Well, not for very long. I can envision them for only a short period to be truthful, because if they did that, then they wouldn't make it.
- Law enforcement involved.

Theme 6: Emotion Regulation and Executive Functions Connection

Both direct and indirect comments shared by the participants indicated that SLPs appreciate the interdependent relationship between ER and EF as they relate to postsecondary transition, career readiness, and employability. Participants told stories with examples of important skills students need and skills they have focused on in their ER-SLT sessions. Their examples of both emotion regulation and executive function skills appeared to place importance on each set of skills separately or on the two collectively. Most SLPs did not always explain why they included executive function skills in their examples, but others clearly communicated the idea that poor executive functions lead to difficulties which cause emotion overload and emotion overload exacerbates executive functioning challenges. See the following quote. The quote included for the qualitative relationships was another example for the executive function skill of task management.

Executive functioning “you know, engaging them with purpose.” I have a lot of kids who will say, I will never be able to finish this essay (defeat). A big component of getting things done in life I find we all need those executive function skills ... and I said, yeah, but what should you be saying, oh okay. I’m not able to do that essay yet so then I will help them break it down into steps and I will even help them develop their own personal organizer ... cuz you know what happens, once you start getting stressed, it takes over. Once you start telling yourself that you can’t do it ... then you can’t move on to actually starting it and knowing what done will actually look like”.

Theme 7: Qualitative Relationships: Red Flags, Job Problems, Emotion Regulation Targeted Speech-Language Therapy

Results pointed to a strong link between students’ red flag indicators, anticipated problems in workforce settings, and ER targets that SLPs could address to help mitigate future problems in those settings. Figure 8 provides a snapshot of the coding and analysis process used to make note of the qualitative relationship between red flags, problems on the job, and possible ER-SLT targets. SLPs mentioned many creative and traditional activities that they have used to address students’ propensities to have meltdowns, shutdowns, outbursts, inappropriate attention-getting behaviors, and other disruptive behaviors when they become confused, overwhelmed, or frustrated. They also spoke about teaching nonverbal communication and affect, perspective-taking, reciprocity, and other communication skills that involve emotion or postsecondary transition, career readiness, and employability. The SLPs expressed concerns that many of students’

difficulties stem from having not learned to effectively communicate specific emotions or use appropriate verbal behaviors while experiencing certain emotions. Others expressed concerns that students did not have enough practice opportunities at school to master certain skills that would be needed in work settings. Most notably, many of the examples of ER skills that SLPs reported they had targeted in therapy are some of the very skills those SLPs reported as red flags and skills that would cause problems for young adults at work.

So, I think even things like anger, frustration, you know when things get one task too hard ... the frustration level, so even learning to say, "I'm frustrated" and not giving up. So again, in school it's very easy to be like, you know, I'm not doing this, or pushing your work away. [But at work] You can't just push your work away and say I'm not doing this. It's your job. And I think a lot of that comes down to role playing and what would you do, how would you handle it?... What do you do if you get frustrated, how do you deal with your frustration?... getting into confrontation with a coworker ... with scenarios.

During SLPs' expressions of ER-SLT, they spoke of the following:

- from general expressive, receptive, and pragmatic language skills (answering questions, providing necessary information, appropriate verbiage, feedback)
- workforce-specific skills (job interview, description, soft-skills, timeliness)
- interpersonal and social competence skills, collaboration, teamwork, reciprocity
- emotional awareness, emotion regulation, other emotional intelligence skills.

- problem-solving, inferences, sarcasm, flexibility.

Theme 8: The Speech-Language Pathologists' Role

Every participant reported their beliefs that SLPs have the skillset or “a unique skill set” and some responsibility to help prepare students with MMLI/ER for their transition from high school to the workforce and other adult settings. They also expressed they are dedicated to addressing students’ transition out of high school through their provision of educationally-relevant speech-language services. The SLPs’ descriptive intervention examples focused on services they provide to a) students with language and ER deficits and b) “as needed” or as the “go-to” faculty member when students on their workload exhibit disruptive behavior during the school day.

As SLPs spoke of their perceived role in the provision of ER-SLT, they spoke of

- explicitly teaching and providing practice opportunities for students to learn prompts and actual responses for specific situations.
- ER as a component of general social communication skills.
- cognitive and language underpinnings that could be taught to prepare students to use manage or cope in emotional situations.
- building personal skills such as confidence, resilience, and motivation as a means of building character that would enable students to withstand difficult emotions and challenges.
- strengthening academic and practical or functional skills that rely on communication skills.

- “So, I do think as a small piece, we have a role in helping them bridge those gaps between high school and graduation and then postsecondary.”
- “Working on decreasing meltdowns. I think it goes back to having deficits in terms of them being able to express themselves, to express their feelings appropriately.”
- “Teach them, it’s okay to be angry...to be disappointed. This is the appropriate thing to say to the person sitting next to you if they are annoying you.”
- “Coaching him on how it is important to become familiar with his job description...job expectations. What they have to do on the job.”
- “I like to focus on metalinguistic and metacognitive skills to help students understand their strengths and weaknesses...monitoring and supporting.”
- “Collaborating with teachers about students’ progress.”
- “As SLPs, we have a significant role in mapping out our kids’ lives and helping them see that it doesn’t mean we tell them what to do. It’s we help them get to where they want to go if they have an idea of what that path looks like.”
- “No, they can’t do our jobs. If you are thinking they can do our jobs, well you’re not addressing what the kid needs in a way that you’re the only one that can do the job.”

One participant shared a set of statements that she has her students recite. This messaging reflects a collective set of skills (e.g., emotion regulation, executive functions, self-

advocacy, interpersonal communication, humanitarian, etc.) she believes students must learn to be successful on any job using the example of a medic.

- “What do I need to do to keep you [the patient] calm and comfortable? The student recites,
 - I need to show up.
 - I need to be at my job on time.
 - I need to get along with my peers.
 - I need to do my work.
 - I need to ask questions.
- And then I flip it on the kids and go well what do you need to do to keep me calm and comfortable?”

Statements SLPs made about their view of their role were most often directly connected to speech or language skills; but there were several times when statements were linked to linked to humanitarian ideals.

- “Our goal is to be a support to what goes on in the classroom.”
- “I believe our goal is to help motivate them and make sure they have confidence.”
- “First and foremost, functionally. You know, to be able to [make sure they have] functional communication.”

Theme 9: Advocacy

Widespread advocacy themes were represented in SLPs expressed views, experiences, and decisions. Participants shared their own experiences of opportunities

they have taken to engage in self-advocacy or advocacy for their profession in examples about setting boundaries on the job, educating colleagues, and expressing opposing views from parents. They provided many examples of lessons and strategies they use to teach and encourage students to adopt a mindset of self-advocacy concerning their disability, especially in situations when those students have grown accustomed to specific supports at school that they will not automatically be provided in the workplace. However, SLPs made their awareness of diversity, equity, and inclusion changes in the labor market and they expressed their commitment to ensuring students are aware of how to leverage those changes by self-identifying and advocating for appropriate accommodations. One SLP shared her efforts at student advocacy by using research to introduce a different point of view to a parent who did not want the student to be made aware of his IEP or disability. SLPs provided many of examples to tips, strategies, mnemonic, and other measures they use to equip students with ways to compensate for disabilities when possible and advocate for support, including accommodations and adaptations when necessary.

- “I consider being an advocate for my kids an important part of ... using the research, to help parents understand ... to help colleagues understand ... or to get buy-in.”
- “Lots of times, I supply articles to supervisors, directors, principals ... because when a teacher or parent wants something incorporated.”
- “I give scripts to help students discuss their disability.”
- “We simulate interviews and kids work on telling a potential supervisor or even in the interview about their disability.”

- “Sometimes I have trouble reading, but when people tell me I can understand better.”

Theme 10: Personhood, Humanism, and Solution Focused

Personhood, humanism, and solution-focused represent a collective theme that was expressed by SLPs and was embedded in most other themes. I did not adopt a standard definition of *personhood* because the term’s definition has substantive implications in medical/biological, legal/political, philosophical/pedagogical, or other sectors that are not addressed in this summary. Rather, I created an eclectic description that satisfies the purposes of this interpretive depiction of SLPs thoughts and decisions. Personhood was a principle that describes one’s recognition of self and other humans’ selves as unique and which may consist, and/or be influenced by unique personality, preferences, self-identities, ideals, motivations, responsibilities, morals, intelligence and reasoning, biology, spirituality, society, humanity, actuality, and other factors (i.e., I take no position, agreement, or disagreement with existing *personhood* definitions. This personhood theme surfaced as SLPs discussed their tendency to consider their own expertise, professional philosophy, and personal values while also expressing appreciation for students’ preferences. Their discussions included comments about their need to advocate for their profession and of their value and effort to build individual students’ confidence, sense of self-determination, self-actualization, and self-advocacy skills. “I try to change it in my own little world with the kids that I work with. Well, that’s the most that we all can do, is in our sphere of influence.” As a component of working on emotion regulation and executive functions, several SLPs discussed actuality

or understanding high school student's boundaries and the importance of meeting students where they are while also fostering an attitude of potentiality. Their sense of personhood was expressed in stories about activities or events in which they invested of themselves personally, going above and beyond what might be expected of an educator, and as a positive reflection of their own values, mindset, and professional philosophy. Even in discussions of their integration of evidence (see Theme 12), SLPs indicated the use of informal and formal data with a strong tendency toward "knowing the student", understanding the students' story and past experiences, and enjoying mutual respect. Personhood was additionally revealed in the many sentiments expressed, particularly concerning SLPs' decision-making. For example, one SLP discussed her sentiment about the use of "role play" and "real-life scenarios" and "rap lyrics" to facilitate relevance and engagement of the urban city population at her school as opposed to using worksheets that focused on skills without context. Last, personhood was expressed in the many emotional sentiments displayed as the SLPs discussed activities and moments indicative of progress and personal impact. One mentioned using the same activity with both high interest and low interest materials and excitedly reported, "But they got it. They got it! ... I had a lot of fun with that!" Another expressed her "worry" about and how she "was so frustrated" by pushback received from colleagues and her administrator, yet she became more determined to advocate for the students and for her adherence to the ASHA Code of Ethics and scope of practice.

The following set of expressions was a vignette that shows one of several instances when overlapping and complex themes (i.e., clinical preference - EBPDM and

personhood theme) were represented in a participant's vignette where she decided to address content associated with Black Lives Matter Movement. She discussed concerns about her own clinical expertise and preferences. She embedded consideration of the student's situation and preferences with some minor influence of evidence. Student-Parent Preferences to guide decisions. Subcategories of SLP expertise and preferences such as professional and personal standard/philosophy, comfort zone, priorities, morals are embedded. Student preferences such as interest, engagement, relevance, community, and other subcategories were also highlighted. Additionally, these expressions reveal how the SLP considers personhood or self as a human being (professional standards, philosophy, personal expectations, discomfort, vulnerabilities, values, appreciation, engagement, interest, social motives) and students as human beings (engagement, preference, interest, relevance, environment, appreciation parent, struggles, social motives) in working through various decisions about therapy targets activities, materials, content, et al. See some codes in Figure 8.

One thing that's interesting is the establishment of rapport with my kids and ensuring that you know, establishing respect, both ways, and ensuring that the materials that I use are appropriate for them ... I think for a lot of SLPs, it's about using the materials that they're comfortable with. I think I had to ensure that the materials I'm choosing are relevant materials for them. It doesn't matter what I want to use, it's things that are going to be appropriate for them, and sometimes it's different for each of my kids because they have a very diverse group of kids so what I might use with one might not be appropriate for another...So when

we're looking at like all the events that happened last year when we're talking about Black Lives Matter, like the events ... difficult topics. These things are happening to my kids and in their communities and I am a white SLP. So, having these conversations with them. Sometimes it's difficult, because I don't know, and I don't have the same experiences. To be able to communicate with them about it but we have very candid conversations. And I think that's one thing that they're very appreciative of and their parents are very appreciative ... And it's become more and more of a passion. It's just, it's an underserved population and a lot of people don't want to work with them because they're a difficult population. When I say difficult, it's because they're perceived as like, oh, because they have behavior issues, they are noncompliant sometimes. And for me, I love it ... [about a student who had been getting suspended for sleeping]. The behavior therapist was like, 'well he doesn't want to go' and I was like "he doesn't have a choice. This is therapy time. Let's go. And he got up and he worked with me for a full 60 minutes, and then everybody else was like, I've never seen anything like it.' I'm like, I have an expectation, we have work to do.... This is the expectation. We have work to do, and then we have a time during that 60- minutes where there's like some downtime and we do like, like I do some critical thinking and some like a game type of thing but it's like a critical thinking opportunity and he enjoys it, but he had to actually do the work and put in the effort but prior to him being able to do anything enjoyable. And I set the expectation, every time. And he'll tell me

‘Well my meds aren’t kicked in, I’m tired’ and I’m like, I can appreciate that, but I have a job to do and so do you.’

Table 8*Personhood, Humanism, and Solution-Focused Theme*

Story	Factors	Interventions	Sentiments	Professional Standards
Student with discipline problems. Won't do work with other faculty. Works with her. Virtual services improved parent engagement (called in and watched from phone at work) In for vocab and comprehension- Asked student what he felt he struggled with	Socioeconomic Youth discipline center The way he is perceived. Understands his story Lack of parent engagement before COVID due to work Student impacted by other factors - home, meds, Socioeconomics Transportation barrier High SES Lots of support Dependent on support Not enough exposure Never felt celebrated Low socioeconomic Urban community Street-engaged- Street challenged High anxiety Understand student story Live in the moment Home African American English Parents	Mutual respect Rapport Reciprocity Cooperation Increased minutes Student has responsibility Has identified student's interest Focuses interventions on individual student "How would you..." Lesson – Appropriately dealing with frustration Students' interest but challenging to SLP Executive Functions Steps to dealing with emotion Executive functions the way to improving emotions Dealing with emotions Anticipating Looking into the future Student's goals Public speaking Addressing others in public Planning-step by step Advocacy, agency, self-determination Self-identification Exposure to vocations Pride Confidence Student's goals Public speaking Addressing others in public Planning-step by step Advocacy, agency, self-determination Self-identification Exposure to vocations Pride Confidence Understand student story Understand community Relate to student Use Rap for high engagement and then Literature as low engagement Where they see themselves Engagement Inner Strength Don't quit Realistic expectations Exposure	Disbelief at so few minutes Pride that he worked for her "They really enjoyed it" Individual approach different from colleagues Disclosed vulnerabilities "I love it" "It's challenging to me" Motivation I could see when she finally got it – I was so happy I could cry Improve the world It was so sad (to witness what students deal with at home). I ended session and cried. SLPs goals and desires You can't do..." Oh hell to the yes I can" Power of yet and other inspirational Don't give up Recognition Self-advocacy is very important for me to convey to my students "They got it" "I had fun with that" Pride They were even engaged for low interest Our job is to build confidence and motivate too I've had parents say to me, I don't want you to talk to my child about their IEP, which is like an alien sentence to me...	Firm expectations Responsibility for therapy minutes Relevant services Desire to do more Desire to relate better Desire to improve self Mentions – Top of License Unique Skill Set "I have an expectation" "Your responsibility is to" Over 50 continuing ed Research journals ASHA Scope of Practice Certificate of Clinical Competence Licensure requirements Ethics Board/Pledge Advocacy-educate parents I trust me. I must practice on behalf of my profession Mentions - Top of License Research Continuing Education SLPs personal goals SLPs experiences SLPs expertise SLPs credentials Opinions about worksheets and work lacking relevance to student-arbitrary exercises

Theme 11: Decision-Making Patterns Through Stories

Participants told stories of student and professional experiences that helped to shed light on their views and decisions. As stated in Theme 10, their stories were helpful in exploring their decisions concerning EBPs. Clinical expertise presented as the preferred tenet of EBP. The manner participants relayed information was indicative of their views and informative regarding their decisions. They often described events in relation to their values, personal standards, and social motives. They often explained therapy decisions or described what they did and how they handled situations in relation to their professional standards. Their expressions of their own clinical expertise and preferences revealed strong influences such as their agency, beliefs, philosophy, interests, and overall mindfulness of their professional obligations. Participants' stories often expressed sentiment. They expressed how they felt and what they thought about the circumstances, the impacting factors, and their contribution or response. The values they place on student and parent preferences was also portrayed in their stories. Expressions often contained emotion such as the following in descriptions: exhausted, angry, enlightened, offended, resentful, so mad, so happy I could cry, so sad, I cried when the session ended. Their stories and vignettes also contained details that represented strong personhood, altruism, professional standards, and views about practical and socially appropriate problem-solving. I judged some of the participants were proud of their accomplishments, services to students, and contributions to the profession. They appeared intent on making sure that was communicated.

Theme 12: Integration of Evidence-Based Practices

Both deductive and inductive processes were used to gain an appreciation for how SLPs integrate EBP in their ER-SLT. Manual, electronic, deductive, and inductive process all pointed to a strong tendency of the participating SLPs to rely on their own clinical expertise and preferences to make clinical decisions, including those about ER-SLT. Results revealed SLPs do not depend on their expertise and preferences alone. They integrate student and parent preferences as well as evidence which is primarily taken from on campus sources. In addition to stories, which revealed how SLPs integrate EBPs, they also shared EBP tools and techniques they use which they believe to be evidence-based. Some of those techniques include modeling, incidental teaching, explicit teaching, role-play, script therapy and several others. Although several EBP strategies were named, this was one area where SLPs responded with less confidence. The use of EBPs was represented as a series of decisions that are embedded in their work, but that many SLPs spend less time focused on. For example, after being asked about the integration of EBP, one participant shared

Well, the modeling. Modeling is considered, you know, evidence-based ... think script therapy. Isn't script therapy considered evidence-based ... Pretty much modeling, prompting, and script therapy. Isn't that EBP, social scripts, social narratives. Those have proven to be helpful and successful, based on the progress that students made. Sometimes I use experience, that's the best teacher ... I use social narrative for creating dialogue, too look at nonverbal communication, topic maintenance, making inferences, problem solving, interpreting figurative

language ... Sometimes I have searched google. As you know, we don't have time now to research anything. As times have changed and our caseloads have grown.

Clinical Expertise

- "I have found that to be very helpful."
- "It's a mindset. What it is that only we can do."
- "We should be practicing at the top of our license ... have my CCC's. We have a license."
- We are sometimes the one person that can get through to students in a different way. Yes, because we understand communication skills.
- You have to be a perpetual student of this discipline.

Client Preference

- And then talking about what do they want for their lives.
- And how do we set ourselves up for that? And how do we accomplish those things, what are the steps we need to take? So, let's map that out, and really working on what that looks like.
- Their college and career readiness, whatever that looks like for each individual student.
- The only way that I am impactful is if I treat the whole child.
- Mommy and daddy aren't going to do all those things for them.

Internal and External Evidence

- You can't be a wimp ... based on all the research, it's what we should be doing. Using the research to advocate, to help ... I am in a state SID group ... they provide a broad base of research through that group.
- I use the research to help parents with a component of acceptance.
- It varies depending on the students and their needs. I think it varies if the student has other needs like if they are dyslexic or if they have social skills needs ... some interesting data from a course I took. I also want to help her self-identify.

Figures 9 and 10 illustrate SLPs' reliance on the three EBP tenets that their professional organizations advise should be integrated in their routine decision-making and which tenets are favored in weight.

Figure 10

Comparison of the Evidence-Based Practice Model and Speech-Language Pathologists' Decision-Making

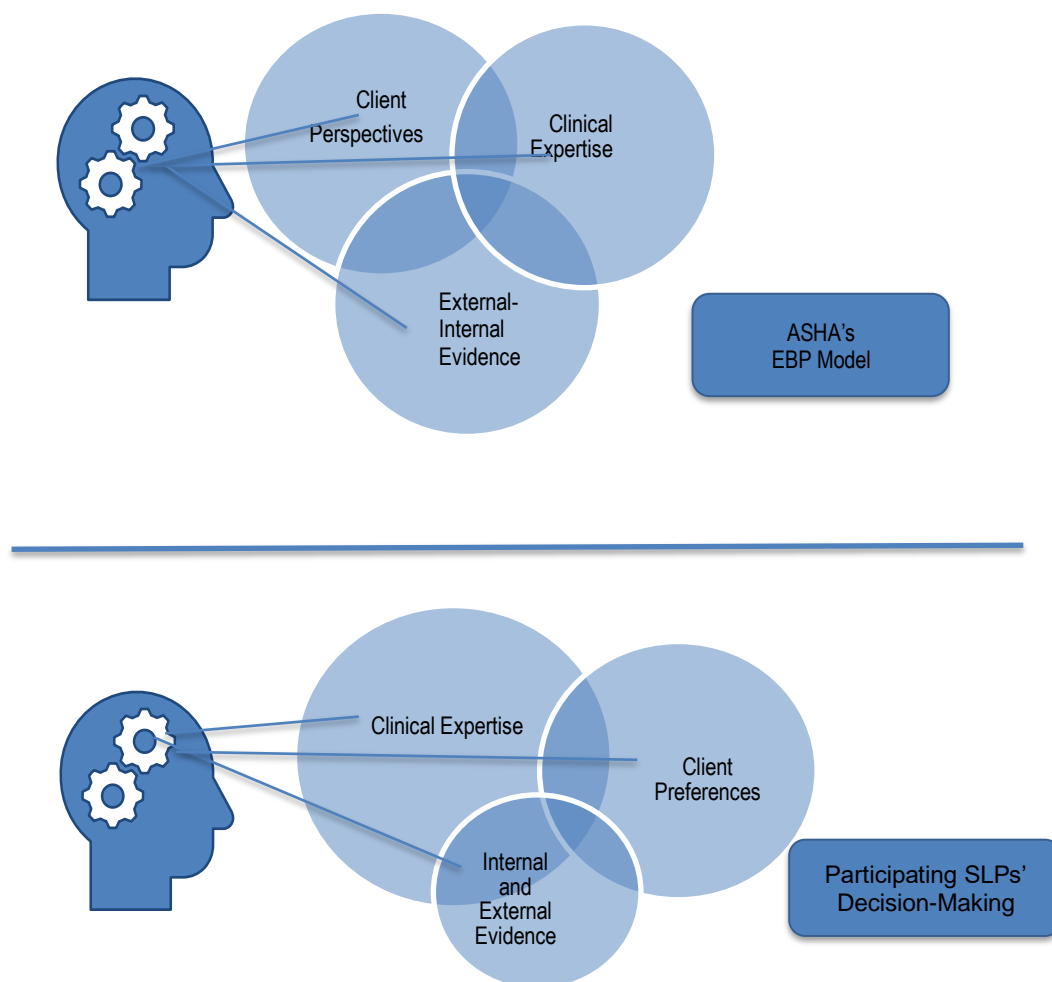
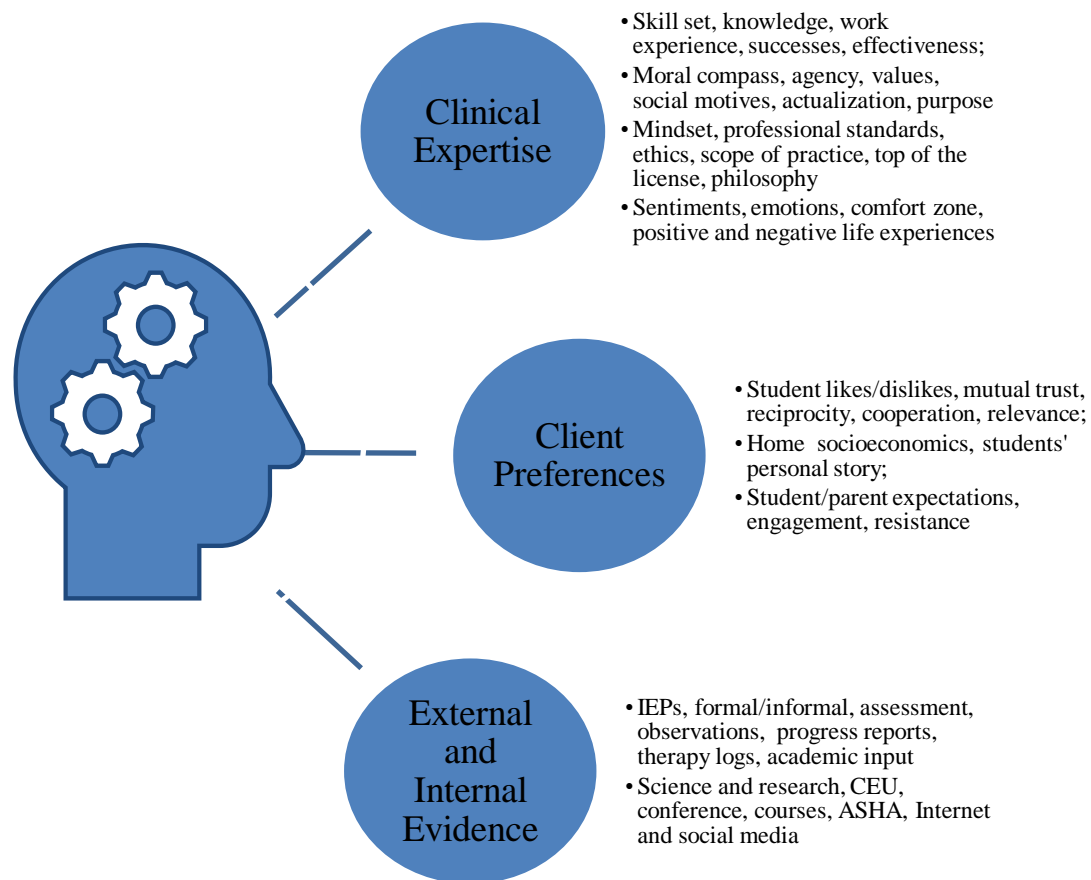


Figure 11*Results for the Evidence Based Practice–Deductive Analysis*

Additional Relevant Nonthematic Statements

In addition to the summarized themes, I found several of the participants' statements to be relevant and insightful even though the topic did not represent a shared theme. Two of seven SLPs expressed they believed some or most students with MMLI would do well in the workplace. Those SLPs reported they worked in districts with many resources and a large percentage of families from high socioeconomic status households where additional paid supports were provided to prepare students to get into college.

I think most of them have that skill set they need but sometimes I worry about certain kids who go on and I'm not so sure how things end up. Yeah, I think it's primarily that I hear you know, we're doing our job as the special education team to give them what they need and also, I think we're fortunate because we have a lot of resources at my school and in our community for our students as well.

The other SLPs centered more of their conversation around socioeconomic and environmental challenges than these two women. Also, when sharing about pushback from a colleague during an IEP team meeting, one participant implied that gender and race biases may have influenced other team members' perceptions about the credibility of her recommendations. She reported the team members' possible biases were made evident by their agreement with the male SLP assistant whose opinion was linked to speculation and no evidence in comparison to her experienced opinion which was backed by clinical evidence. Another participant when asked about barriers, stated that ER training had been a part of her clinical practicum experiences, but only with younger children. She made strong recommendations that Institutions of Higher Education should

survey stakeholder groups to determine the need for required training or additional coursework in ER-SLT to facilitate CRE in older students. I made note of these vignettes as they may point to the need for future exploration on the topics of socioeconomic influence on progress in or provision of ER-SLT, colleague's resistance to SLPs recommendations or their understanding of SLPs' scope of practice, whether gender or race biases influence acceptance of SLPs recommendations, and whether preservice programs should include more training in emotion regulation. No discrepant cases or known issues which would interfere with findings were presented in this study

Summary

The results of this integrated interpretive description study revealed insightful information gained from the manual and electronic implementation of the HDITA which helped to answer the research questions. First, SLPs believe they have a specific role to play in preparing students with MMLI for their transition from high school to the workplace through multiple measures, including with ER-SLT. They view work on executive functions important to pair with ER-SLT. The participants reported they believe they have a unique skill-set that equips them with the ability to relate to students in ways that attracts students' cooperation relative to ER and they believe SLPs can address students' language-based ER deficits in a manner that other providers may not be able to do as effectively. Despite their beliefs that SLPs should be involved in interprofessional practices by providing ER-SLT to enhance students' CRE skills, SLPs reportedly proceed cautiously in terms of what they document on students' IEPs. In fact, a specific paradigm was established of the services SLPs provided based on what they

view as ER deficit indicators and likely predictors of students' future workforce challenges. To minimize challenges with their colleagues relative to scope of practice, they guard against what SLPs believe would be undue responsibility placed on them to manage ER services for students with MMLI and ER deficits, and to manage other barriers, the participants reported they leverage their ability to address multiple deficits simultaneously and thus, choose to address ER through standard communication and integrated language goals rather than with separate ER goals. The speech pathologists clearly established their decisions concerning ER-SLT that are rooted in all three evidence-based practice (EBP) tenets (i.e., clinical expertise, client preferences, and internal/external evidence) with reliance primarily on their clinical expertise and own preferences. They embed student preferences with those preferences. Their implementation of EBP views and decisions are widely influenced by SLPs' propensity toward personhood, humanitarian, and solution -focused inclinations and concerns for themselves as well as for their students. The final chapter contains a summarized interpretation of the findings and limitations of the study. Chapter 5 also contains recommendations and implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Young adults with a history of MMLI and ER deficits achieve poor employment outcomes within four years of joining the workforce. The research indicates these young people often struggle to meet emotion regulation and interpersonal communication expectations on the job because they are not able to use verbal and nonverbal language skills to appropriately cope with the emotional demands of work settings. For many, poor employment outcomes lead to a poor quality of life. SLPs working in high schools are equipped to work with these students during their high school years to help mitigate some of the struggles these students might experience in adulthood; but current literature contained scarce information about the provision of ER-SLT to students with MMLI/ER. The purpose of this integrated interpretive description study was to explore the views and experiences that influence how SLPs perceive their role and how SLPs make decisions regarding their provision of ER-SLT to help prepare students with MMLI/ER for their transition from high school to the workforce and other adulting settings. I chose to explore this phenomenon by conducting an integrated interpretive description study using a HDITA from SLP transcript data collected during semi-structured interviews. Key findings revealed that the participating SLPs do provide ER-SLT to high school students with MMLI/ER. The SLPs collectively communicated reasoning based on their professional experiences which guided the innovative and indistinct approach they adopted for both providing and documenting ER-SLT with high schoolers on their workload. The SLPs communicated numerous concerns and sentiments that help to shed light on their views about their role in providing ER-SLT and about their decision-

making processes that influence the ER-SLT practices. Findings additionally revealed that SLPs' practices were largely rooted in an evidence-based practice model that was weighed heavily on the sides of clinical expertise/clinical preferences and personhood/humanitarian themes.

Interpretation of Findings

The interpretive description research design and HDITA methodology proved useful in yielding increased understanding and qualitative answers to the research questions as well as for secondary inquiries posed in Chapter 2. SLPs are compelled to provide high quality ER-SLT by making clinical decisions based on an integration of clinical expertise, client preference, and internal and external evidence in accordance with guidance from the American Speech-Language Hearing Association (ASHA, 2016; Pashaeypoor, Ashktorab, Rassouli, & Alavi-Majd, 2016; VanDyke, 2018). The EBP Model served as an effective conceptual framework to explore SLPs' views and decisions. All modes of analysis (deductive, inductive, manual, and electronic) revealed SLPs' clinical views and decisions were interconnected and influenced by the three EBP tenets. However, clinical expertise combined with clinician preferences presented as the dominant influence. Advanced analysis using the EBP model further revealed that SLPs integration of the three EBP tenets was highly influenced by their own personhood and humanitarian preferences. The findings reveal that the participants' decisions about EBER-SLT represent their own pursuit of agency and self-determination as indicated by strong themes of personhood, humanity, and solution-focused. Additionally, the SLPs' appreciation and incorporation of advocacy efforts for their students, themselves, and

their profession indicate how important this theme is to their work and the actualization of impact through their work with students.

Moreover, the study proved worthwhile in supporting numerous key concepts included in the literature review for this study. They confirmed that students with MMLI/ER are perceived by SLPs to be at greater risk for poor work performance and poor workforce outcomes than their peers without ER/MMLI (OSERS, 2020, January 23; Walker, et al., 2018). Findings also confirmed that these individuals' problems predicted or experienced in work settings are due to coping challenges exacerbated by language deficits (e.g., when work tasks become difficult or overwhelming and when the weight of their disability causes discouragement or embarrassment (Gottesman, 2016; Walker, et al., 2018; Wehman et al., 2015). The SLPs' expressions substantiated documented ideas in the literature how the language barrier imposes on students' social-emotional functioning and the concerns about students' interpersonal communication difficulties, poor problem-solving skills, and weak emotion regulation skills posing a threat to their job stability (Rudenstein et al., 2018; Walker, et al., 2018; Wehman et al., 2015). The findings confirm reports in the literature review that mention the complexity of students' multiple disabilities and the impact comorbid disabilities have on students' emotion regulation, career readiness, and progress students make from the services they receive from general and special educators (Walker, et al., 2018; Xu, Dempsey, & Foreman, 2014). The participants comments aligned with the information from the literature review which stated students with MMLI associated with high incidence disabilities have the pressure of mainstream employment expectations imposed on them despite the weak readiness

that many of the students exhibit before they enter the workforce (Walker, et al., 2018; Yakimowski, et al, 2016)). The above-stated connections between the literature review and the findings substantiate the importance of the social problem.

The findings support statements in the literature review that point to the unique skillset SLPs have that equips them to provide ER-SLT, the complexities involved in making decisions about service delivery (ASHA, 2016; ASHA, 2020b; Brinton, 2018). The participants collectively expressed the important role that high school-based SLPs can and do play in addressing both language-based emotion regulation and language-facilitated executive functioning skills to help prepare student with MMLI/ER for postsecondary transition (ASHA, 2016; Lieberman, 2018; Snow et al., 2015). They further identified a possible relationship between the ER red flags these students exhibit at schools, the ER-SLT strategies SLPs can teach, and the adverse outcomes often experienced by young adults who are not taught specific ER-SLT skill (e.g., appropriately expressing the need for instructions to be repeated, receiving negative feedback, or demonstrating appropriate reciprocity during difficult conversations). However, SLPs collectively expressed grave concerns and recommendations that this work (i.e., ER-SLT) should (a) focus only on language-based ER-SLT skills without delving into more significant emotional-cognitive-psychological deficits which other providers may be better suited to address (i.e., SLPs should not be held responsible for addressing the totality of students' ER deficits; (b) not overshadow SLP' workload by subjecting already overloaded SLPs to serve as caseload managers for students with prominent emotional, social, and behavioral problems which go beyond language-based

ER deficits; (c) should be carefully considered and integrated for students with multiple deficit areas that will impact high school completion or postsecondary transition, and; (d) leverage the specific professional skill sets of SLPs and other providers by engaging in effective interprofessional practices which include understanding each other's scope of practice. The participants expressions aligned with studies in the literature that established the need for continued research geared toward improving professional practices, highlighting practical strategies, and establishing career readiness education programs for students with MMLI/ER (Anand & Sevak, 2017; Walker, et al.; Wehman et al., 2015). The participating SLPs shared those concerns and recommendations. In their comments, SLPs collectively spoke of the need for current research, age-appropriate materials, and training opportunities on career readiness practices, as a means of helping them to be more effective in meeting the ER and postsecondary transition needs of their high school students with MMLI/ER and for students in the greater MMLI population. The SLPs' comments included statements (American Institute for Research, 2019; Anand & Sevak, 2018; Walker et al., 2018) about (a) the pervasiveness of the problem and students' dire need for preparation and practice opportunities prior to exiting high school, (b) the lack of career readiness education appropriate for or which targets students with MMLI, (c) bridging the gap in the availability of resources for students with MMLI in comparison to students with autism and severe disabilities, and (d) the need for exploration of whether pre-service programs should modify practicum requirements to support SLPs' in addressing the needs of students with MMLI/ER as they prepare for their postsecondary transition. Regarding needed resources, two of the SLPs who shared

more optimism about the fate of students acknowledged students in those communities likely did well because of both high-quality special education services as well as because of the abundance of school and community resources made available to students.

No topics in the literature review were disconfirmed; however, the findings helped to shed light on some posed questions concerning key concepts in the literature review. Key concepts addressed included:

- Factors that contribute to poor career readiness, employability, and workforce outcomes for young adults with MMLI (e.g., challenges, CRE skill deficits, predicted poor workforce outcomes, emotion regulation problems in the workplace, and predicted quality of life consequences).
- SLPs' unique skill set.
- ER-SLT as a possible mitigating measure.
- Possible reasons for the literature gap on ER-SLT for students with MMLI.
- Barrier to ER-SLT for students with MMLI

For example, the literature review contained information about the literature gap on SLPs' provision of evidence-based ER-SLT for older students with MMLI and ER deficits. Information concerning whether SLPs provided evidence-based ER-SLT (EBER-SLT) and what the service delivery details involved was reported to be lacking for high school students with MMLI. The findings revealed that SLPs provide ER-SLT to students primarily during pull-out small group or individual sessions at 20–40-minute intervals documented through standard communication or integrated language goals or as needed when students on their workload experience dysregulation during the school day.

Common strategies and tools include role play scenarios, script therapy, simulation activities, and other practical life activities.

Limitations of the Study

The limitations of this study parallel the common limitations of qualitative studies despite strong efforts to establish trustworthiness. The selected dual analysis modalities and the combined deductive-inductive thematic analysis helped to ensure trustworthiness by establishing rigor, validity, and reliability; credibility, confirmability and dependability through member checks, reviews by dissertation committee members and my colleagues, and cautious interpretive authority also increased trustworthiness. However, as is often the case in qualitative studies, the sample consisted of seven participants. Although data sufficiency was achieved and twelve rich themes were identified, this number falls short of establishing generalizability and transferability. The final limitation pertains to my status as a novice researcher and Ph.D. candidate. I engaged in ongoing reflexivity throughout the duration of the study to ensure any bias was minimized in the study. Yet, I recognized the difficulty of safeguarding against all bias.

Recommendations

This study generated strong themes that led to increased understanding of SLPs' views, experiences, and decisions about their provision of EBER-SLT. I sought to elicit understanding about the phenomenon which would lead to recommendations for further research. The study accomplished its goal, and I identified several recommendations based on the results, including suggestions for future research studies. The first set of

recommendations would be for SLP consumers of this literature, particularly those working in high schools to engage in reflection activities and self-assessments, determine their levels of awareness and openness to providing ER-SLT, identify any barriers or objections, problem-solve issues, and consider providing ER-SLT when such services would be appropriate. Supervisors, administrators, and SLPs could share this information with other SLPs to increase awareness and facilitate consideration of these services. This literature could also be shared by SLPs, administrators, and allied health supervisors to other educators and practitioners to improve their awareness of SLPs' scope of practice.

Based on the identification of common ER red flags, predictable workplace problems, and frequent ER-SLT activities, a reasonable next step would be to pursue quantitative data about the top red flags, most effective ER-SLT strategies, and the targets with the most potential to influence employment outcomes. Examination of the efficacy and effectiveness of ER-SLT in high schools in relation to career readiness assessments and post-high school employment outcomes could prove helpful to students, schools, and employers. The study led to the discovery that SLPs choose to address ER discreetly and within the confines of standard communication and integrated language goals. The same type of empirical data would be helpful on topics associated with advocacy concepts shared by the participants, including student self-advocacy, agency and self-determination, and self-identification. The participants provided qualitative insight that showed SLPs believe they have a definitive role in preparing students for postsecondary transitioning and entrance to the workforce or other adult settings; but comments about the participating SLPs' views on their role were varied and widely

influenced by personhood, humanistic, and solution-focused themes. The research community would benefit from more in-depth and generalizable data about how SLPs view their role and what they believe would be the best use of their time with students exhibiting MMLI/ER. A quantitative experiment to objectively survey a large group of SLPs to determine other influences and views about the role that SLPs do or should play would add an empirical lens. The results indicated SLPs often integrate ER targets with other goals. More information and examples about how integrated ER take place during a typical therapy setting along with if and how progress or efficacy is measured and documented would further expand practical knowledge about this topic. I challenge other scholars to explore SLPs' knowledge of which ER skills are felt to have a language base and which would be most effectively taught by SLPs versus those ER skills that could be addressed by special education and general education teachers. Another important direction for future studies would be to investigate SLPs' ER-SLT to determine the extent to which they are implemented using systematic, explicit, consistent, practiced, and rigorous practices which are marks of high-quality services and to investigate if those structures improve the effectiveness of therapy or the efficacy of ER-SLT to improve longitudinal outcomes. Additionally, due to the barrier SLPs expressed about colleagues' lack of understanding of their scope of practice, research to understand this phenomenon is advised. Interprofessional practice and general collaborative practices might be advanced by increased knowledge regarding the prevalence and if appropriate, mitigation of biases, lack of information, or misunderstandings on this topic, particularly around the provision of ER-SLT. As stated, personhood, humanity, and solution-focused influences

were imbedded in SLPs' comments about their decisions and were most established when imbedding clinical expertise considerations in their practices. Further research to identify dominant themes that most influence each EBP tenet could foster an increased understanding in the field of speech-language pathology and studies to identify the most effective ER-SLT EBPs could possibly lead to further research to explore any shifts needed in SLPs' decision-making patterns. Finally, SLPs asserted their views that ER, executive functions, and advocacy skills work collectively to enhance students' readiness to thrive at employment pursuit. More information on the extent to which the collective focus on these skills proves effective and ideas on how SLPs incorporate this set of skills to maximize therapy experiences could provide practice insight and stimulate prioritization in settings where this may not yet be a focus. Finally, the insight gained from SLPs could be useful to employers as they seek to recruit and retain employees; understanding, tolerance, and training based on the results could foster more stability and improve retention rates in many employment settings. Collectively, these recommendations for future studies have the potential to result in the expansion of the knowledge base in the field of speech-language pathology and related fields regarding the contributions that SLPs working in high schools can make to improve the future employment outcomes realized by young adults with MMLI and ER deficits. These recommendations and other ideas resulting from this study have established its relevance within the realm of peer-reviewed inquiry. It is my hope that this exploratory study will serve as the beginning of promising research that will lead to advancements for all involved in the ER-SLT journey (see implications).

Implications

The integrative interpretive description design which was implemented using the HDITA approach effectively yielded enhanced understanding of (a) the problem of students with language impairments and emotion regulation deficits exiting high school and achieving poor workforce outcomes, and (b) of SLPs views and experiences regarding the role and decisions concerning ER-SLT. As the recommendations imply, the results of this study have many implications for positive social change in the lives and ability of students and young adults with MMLI/ER, their families, SLPs, other educators, individuals in the workplace, employers, and greater society to achieve or improve the trajectory of endeavors involving or impacted by the capacities of students with MMLI/ER. The findings and recommendations from this study have the potential to contribute to positive social change for students and young adults with language impairments and ER deficits. For SLP consumers, this study could improve awareness about MMLI/ER, highlight the need for ER-SLT, and potentially encourage SLPs to prioritize these services for students who need them; this could have a direct influence on the impacted population if this ER-SLT proved effective. Similarly, the study could improve awareness, highlight the mandate for SLPs' use of EBPs, and encourage SLPs to focus on EBP as they engage in CDM and strive to work at the top of their speech-language licensure. The provision of ER-SLT and the increased adoption of EBP have the potential to directly address the needs and improve skills for students with speech-language impairments, particularly those with MMLI/ER and therefore improve their preparation for postsecondary transition to adult settings, including the workforce. SLPs

working in high schools shared convincing statements about their perceived role, priorities, and concerns about providing ER-SLT to foster postsecondary transitions, career readiness, and employability; the highlighting of the positive and exposure of barriers are likely to inspire others with a general interest in how language impairments and/or emotion regulation have effects well beyond high school; and, how those deficit , which can ultimately impact young peoples' quality of life and contribution to society. Under the assumption that my recommendations will spark more interest and research on this and related topics, ER-SLT practices and the SLPs who implement them could appreciate increased awareness of SLPs' skill-set by those in the scholarly community and by educators who work closely with SLPs. This could promote increased positive attention to an educational and social problem that needs addressing. Yet, the exposure of SLPs' barriers and concerns that hinder systematic focus on and implementation of ER-SLT have implications for future research and evolution in the work practices of those who collectively address these disorders in schools, healthcare facilities, and vocational establishments. The revelation that SLPs prioritize executive functioning and advocacy skills has implications for practice terms of how SLPs, educators, vocational specialists, and employers will proceed. Some may adjust their routines or try to apply newly learned information in a different way (e.g., incorporating advocacy teaching when they had not emphasized advocacy skills prior learning of this study). Improved understanding, and ideally, quality-driven advancements in SLP practice and the practices of collaborative partners, established guidance, challenging debates, and eventual recommendations for or about EBPs are often the result of studies on unexplored topics in education and in allied

health fields. So, this study raises implications for progress in those disciplines over time. Implications for vocational and employment entities are to be highlighted as well. These results highlight factors that employers can take responsibility for or take advantage of. Some may decide to invest in training for their employees to retain them rather than continue to deal with the ramifications of constant turnaround. Others could discover that such training in ER could have a generalized impact on employee coping and stress management, including for employees without overt challenges. This study has implications for positive change in society. For example, just as advocacy efforts have influenced modes of operation, mutuality, cooperation and belonging for individuals with cultural differences, socioeconomic, neurodiverse traits, and other disabilities, a similar evolution progression could occur in the workforce and other elements of society. This could be made evident by the introduction to or increased interest in making additional instruction and emotion management supports, adaptations, accommodations, modifications, and the pursuit of other solutions in schools, employment agencies, places of business, social establishments, and other venues. Again, this could lead to generalized benefits and positive impact on others. Last, this study has implications for greater society. If young adults' regulation, career readiness, and employability skills, overall competence and confidence improve because of recommended research, enhanced guidance, and EBPs prompted by this study, the increased contributions that these young adults make to society and the possible decrease in adverse societal impacts associated with employment instability could be appreciated far and wide.

Conclusions

Young adults with a history of language impairments and emotion regulation deficits often exit high school with the long-lasting impact of those disabilities. Many of them struggle as they strive to transition and acclimate to the workforce. SLPs working in high schools were known to possess skills that may help to mitigate those students' postsecondary transition struggles; however, the research base did not contain sufficient literature to understand the ER-SLT provided to students with MMLI/ER in high schools. This rigorous integrative interpretive description study which used a HDITA was effective in reaching my purpose. This explorative qualitative study brought about enhanced understanding the SLPs' views and experiences that influence their perceived role and decision-making relative to their provision of ER-SLT. They communicated a strong belief that they can, should, and do help to address students' CRE skills as they prepare to transition to the workforce or other settings. However, SLPs decisions are deliberate and linked to their professional and personal ideals, particularly those of personhood, humanism, and solution-focused pragmatism. Research about their provisions of ER-SLT was absent from the literature for specific reasons linked to barriers and concerns these practitioners have. The qualitative information yielded by this study can serve as a vehicle for social change by inspiring future related research that could expand knowledge, lead to improved services, and enrich the lives of young adults with MMLI/ER, SLPs, and others in their communities.

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Appendix A: Abbreviations

Abbreviations	Explanation
ASHA	American Speech-Language-Hearing Association
CDM	Clinical decision-making
CRE	Career readiness and employability
CTE	Career and technical education
EBP	Evidence-based practice
EBCDM	Evidence-based clinical decision making
EBER-SLT	Evidence-based emotion regulation-targeted speech-language therapy
ER	Emotion regulation
ER-SLT	Emotion regulation-targeted speech-language therapy
ERT	Emotion regulation teaching <i>or</i> emotion regulation therapy
HID	High incidence disabilities
HDITA	Hybrid deductive-inductive thematic analysis
IEP	Individual Education Program
MMLI	Mild-to-moderate language impairment
SL	Speech-language
SLP	Speech-language pathologist or speech-language pathology
SLT	Speech and language therapy

Appendix B: Research and Interview Question Alignment for Research Question 1

IQ	RQ 1
	<i>What views and experiences influence SLPs' decisions to emotion regulation-targeted speech-language therapy?</i>
1	Please describe a typical workday for an SLP in a high school setting?
2	How does your caseload with students having mild-to-moderate language disorders compare to those with more severe language problems? For example, how do the types, intensity, and duration of service delivery compare, for example, consult, direct, inclusion, # of minutes, number of weekly sessions, etc. compare?
4	What are your thoughts about whether speech-language services in high schools help to prepare students for life after high school, particularly in the workplace? What are your general thoughts about the extent to which high school graduates with MMLI are prepared for the workforce?
5	For young adults with a history of language impairments who struggle in the workforce, what language communication skills do you believe they might have trouble with? What are some examples of _____?
6	Let's talk specifically about emotion regulation now. What are your general views about emotion regulation skills, high schools, and speech-language therapy? Just talk about your general observations and thoughts about the interconnectedness of those or any other ideas you may want to share.
7	Tell me more about your views regarding the connection between MMLI and ER deficits.
8	What are your thoughts about the extent to which emotion regulation skills impact young adults with MMLI in the workplace?
9	What are your views about SLPs providing therapy to address ER skills for high school students having MMLI?
10	Discuss any barriers that might prevent you from addressing ER with students who might need this kind of therapy?
11	Discuss any barriers that might prevent you from addressing ER with students who might need this kind of therapy?

Appendix C: Research and Interview Question Alignment for Research Question 2

IQ	RQ 2
	<i>How do SLP describe their role and decisions about providing EBER-SLT to prepare students with MMLI</i>
3	How do you typically make decisions about the details you just described such as whether you will provide inclusion services or not, the number of minutes, etc.?
4	What are your thoughts about whether speech-language services in high schools help to prepare students for life after high school, particularly in the workplace?
7	Let's talk specifically about emotion regulation now. What are your general views about emotion regulation skills, high schools, and speech-language therapy? Just talk about your general observations and thoughts about the interconnectedness of those or any other ideas you may want to share.
11	Describe your decisions about providing speech-language therapy to address students' emotion regulation. For example, how do you determine if, when, and how you provide therapy to address ER skills when students have multiple deficit areas impacted by their language disability?
12	Discuss any barriers that might prevent you from addressing ER with students who might need this kind of therapy?
13	How do you integrate evidence-based practices in your work with high school students with MMLI?

Appendix D: Primary Interview Questions

Introduction

The researcher will attempt to establish rapport and put the respondent at ease. This time will include a brief reminder about confidentiality and the right to withdraw at any time.

- Hello, _____. I would like to thank you again for...
- If you are ready, we will get started with the interview. There may be times I will ask you to speak more on a subject. There is no right or wrong answer. However, if you speak of something that could be especially relevant, I might ask you to clarify or provide a few more details. Would that be, ok?

Interview

1. Could you describe a typical workday for an SLP in a high school setting?
 - Tell me more about how you _____?
 - When you say _____, how does that look on a typical day?
2. Tell me more about how you _____?
 - How does your caseload with students having mild-to-moderate language disorders compare to those with more severe language problems? For example, how do the types, intensity, and duration of service delivery compare, for example, consult, direct, inclusion, # of minutes, number of weekly sessions, etc. compare?
3. How do you typically make decisions about the details you just described such as whether you will provide inclusion services or not, the number of minutes, etc.?
 - Tell me more about how you _____?
4. What are your thoughts about whether speech-language services in high schools help to prepare students for life after high school, particularly in the workplace?
 - I heard you say _____, I would love to hear more about _____.
 - That is informative. Could you provide a few examples of when you _____?
5. What are your general thoughts about the extent to which high school graduates with MMLI are prepared for the workforce?
 - I appreciate your openness. Give me more insight about _____?

6. For young adults with a history of language impairments who struggle in the workforce, what language communication skills do you believe they might have trouble with?
What are some examples of _____?
 - When you say _____, how does that look?
 - You are providing important insight. Let's talk specifically about emotion regulation now. What are your general views about emotion regulation skills, high schools, and speech-language therapy? Just talk about your general observations and thoughts about the interconnectedness of those or any other ideas you may want to share.
7. Tell me more about your views regarding the connection between MMLI and ER deficits? Would you mind going into more detail about _____?
 - What are your thoughts about the extent to which emotion regulation skills impact young adults with MMLI in the workplace?
 - Tell me more about _____.
8. What are your views about SLPs providing therapy to address ER skills for high school students having MMLI?
 - I heard you say _____. Tell me more about _____.
9. Describe your decisions about providing speech-language therapy to address students' emotion regulation. For example, how do you determine if, when, and how you provide therapy to address ER skills? when students have multiple deficit areas impacted by their language impairment?
Would you mind going into more detail about_?
 - What about when students have multiple deficit areas impacted by their language impairment?
10. Are there barriers that might prevent you from addressing ER with students who might need this kind of therapy? I would love for you to be as open as possible.
 - How do you integrate evidence-based practices in your work with high school students with MMLI?
 - Would you mind going into more detail about _____?

Appendix E: Supplemental Interview Statements and Questions

Demographic Questions

- What is your state? _____
- Age? _____?
- Race? _____
- How many years of experience do you have working as an SLP in high schools?

Validation/Clarification Questions

Variations of the following statements will be used to share my understanding of what I heard with the respondent and to check for accuracy. In some cases, the respondent could be encouraged to say more.

- I understood you to be saying that _____. Feel free to correct me if I have misunderstood OR
- I understood you to be saying that _____. Please clarify or add to my summary if I am missing important parts of your answer.
- I am not sure I clearly understood. Would you tell me _____ again?

Respondent Encouragement (only used if judged to be needed)

The following phrase or statements could be used to put a visibly nervous respondent at ease or to encourage a respondent to keep talking without implying approval or disapproval of answers. These might be stated before or after answers or when seeking additional details or insight.

Thank you for explaining that so thoroughly.

- That is informative.
- I appreciate your candidness.
- You are providing important insight.

Variations of the following statement could be used if a respondent appears apprehensive about answering the question in a forthright manner.

- Remember, I am just hoping to get honest insight. Your identity will be kept completely confidential. Your name will be coded with a number and no other personal information, other than age (if disclosed) and the number of years of experience. No city, school name, etc.

Probing Questions

When necessary, variations of the following bulleted questions and statements could be used to urge participants to expand on initial statements, provide more details, or delve into the question further.

- Tell me more about how you _____?
- When you say _____, how does that look on a typical day?
- I heard you say _____, I would love to hear more about _____.
- That is informative, could you provide a few examples of when you _____?
- Give me more insight about _____?
- Would you mind going into more detail about _____?
- Is there anything you would like to add about _____?