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“Beautiful Chaos”: Clinicians’ Learning Experience in Collaborative Theater Programming

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“Beautiful Chaos”: Clinicians’ Learning Experience in Collaborative Theater Programming

Abstract

This study provides insights into speech-language pathology graduate student learning experiences during a community-based clinical rotation that targets skill development within an interdisciplinary theater program. Theater-based programming has shown some utility toward promoting pragmatic language skill development for children and teens outside of traditional clinical practice. In addition, the interdisciplinary nature of the program provides opportunities for student clinicians to engage in interprofessional collaboration with arts professionals.

The purpose of this study was to explore SLP graduate students’ experiences within a collaborative inclusion theater program. Semi-structured interviews collected from three graduate student clinicians were transcribed and analyzed according to Interpretive Phenomenological Analysis (IPA) methods to yield insights from student participant perspectives of this assigned clinical rotation.

Analysis of interview data suggests participants found opportunities to problem-solve collaborative roles and balances while forming concrete ideas related to how to a therapeutic effect.

The most salient concepts present across student accounts of experience included openness to the ongoing nature of the learning process, appreciation for the collaborative teaming involved in program activities, and the establishment of a set of ideas and tools to use for clinical utility.

This study provides helpful information for clinical educators considering the benefit of embedding potential interprofessional collaborations with performing arts professionals in clinical education.

Keywords

clinical education, interprofessional collaboration, inclusion, theater, student perspectives

This study provides insights into student learning experiences during a community-based clinical rotation that targets clinical skill development within an interdisciplinary theater program. This inclusion theater programming includes a cast of children with varying ability levels that work collaboratively to rehearse and perform a play. Hands-on experience-based learning allows speech-language pathology graduate students to extend learning beyond the classroom in authentic contexts. Clinical education within communication sciences and disorders (CSD) curricula already exists within a social and situated learning environment (Lave & Wenger, 1991), placing students within authentic, clinical practice activities to develop clinical skills. Research in education within rehabilitation sciences programming endorses the added benefit of experiential learning in clinical education to promote deep learning, skill development, and increase student confidence (Phillips, 2017; Walden & Gordon-Pershey, 2013). In addition to providing hands-on experiential clinical learning, programs are encouraged to expose students to interprofessional collaboration to support clinical development that prepares students for authentic interprofessional teamwork to holistically meet client needs (Council on Academic Accreditation for Audiology and Speech-Language Pathology [CAA], 2023; Zraick, Harten, & Hagstrom, 2014). Artistic expression through theater is one avenue by which language and interactional skill development can be promoted, making collaboration with theater professionals one possible interprofessional collaboration opportunity. Within clinical training opportunities that engage students in interprofessional collaboration and hands-on learning experiences, it is important to understand learning, not only from skills outcomes but from student perspectives. Understanding student perspectives of interprofessional collaborative practice within dynamic situations, such as inclusion theater programming, provides insight for clinical program development.

Interprofessional Education and Practice

Many individuals served by speech-language pathologists (SLPs) across settings have complex health and social needs that typically need to be addressed by more than one discipline (Bridges et al., 2011). Effective, holistic, person-centered care requires a team of professionals working together to meet an individual's medical, emotional, and social needs. Interprofessional practice (IPP) is an intentionally collaborative approach designed to address complex needs of individuals via team-based communication and decision-making influenced by collective knowledge and skills (Bridges et al., 2011). At the clinical training or preservice phase, interprofessional education (IPE) is an educational approach to prepare preservice professionals for later IPP by engaging students who are training in a variety of disciplines to learn with, from, and about each other (Bridges et al., 2011). IPE focuses on developing the ability for students of various disciplines to learn together and “to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges et al., 2011, p. 2). This paper will refer to the spirit of both IPE and IPP with the term “interprofessional collaboration.”

Incorporating interprofessional collaboration at the clinical training stage lays a foundation for IPP skills. Interprofessional collaborations during university training can provide students with greater confidence in interprofessional communication, teamwork, and help them develop relationships with and respect for professionals in other disciplines (Hajjar et al., 2021; Olszewski et al., 2019). Not only is such learning beneficial to students, provision of interprofessional collaborative learning is an accreditation requirement for graduate degree

granting institutions in the United States (CAA, 2023). Thus, programs must embed a variety of interprofessional collaboration opportunities into clinical training.

CSD educators who incorporate IPE into their curriculum better prepare their students for careers in education and healthcare. According to a recent survey conducted by the American Speech-Language-Hearing Association (ASHA), 95% of audiologists and SLPs believe IPP improves outcomes for the individuals they serve (ASHA, 2023). In general, IPP in health care and educational institutions, both sectors in which CSD professionals are key team members, has been shown to increase job satisfaction and reduce stress while increasing appreciation for one's field of practice, support holistic care, and promote stronger professional relationships (ASHA, 2023; Hall & Weaver, 2001; Merriman et al., 2020; O'Leary et al., 2020; Pullon & Fry 2005). In order for a collaborative team to provide effective services, parity must form amongst them to become a functional team. Reciprocal trust and positive perceptions of collaborators are crucial to developing a strong team where each member feels heard and able to contribute their expertise toward the shared goal (Blaiser & Nevins, 2017; DeVeney & McKevitt, 2021; Kester, 2018). Despite the benefits of IPP, practicing clinicians do not always find themselves prepared for interprofessional collaboration upon entry into the field.

Surveys of CSD professionals reveal that practicing clinicians are hesitant and face challenges in engaging in IPP due to lack of education in collaborative practice, lack of experience, resistance from other professionals, and lack of support from administrators (Pfeiffer et al., 2019). Practice-based IPE offers authentic, contextualized opportunities for student clinicians to develop collaborative working skills (O'Leary et al., 2020). A study conducted by Pfeiffer and colleagues (2019) suggests that IPE training is needed early in SLPs' careers to increase their likelihood of participating in IPP. Similar studies suggest that skills in interprofessional collaboration must be taught and practiced in order for clinicians to develop competency working effectively with other disciplines (Anderson, 2013; Dobbs-Oates & Wachter Morris, 2016; Hong & Shaffer, 2015; Pfeiffer et al., 2019; Salm, 2014). Such findings place an even larger emphasis on the importance of integrating collaborative practice into preservice curriculum to prepare future SLPs for increased success in such endeavors.

Indeed, increasing attention is being paid to interprofessional collaboration in clinical practice and clinical education. Much of the current focus for cross-disciplinary work in CSD is focused on either collaboration with other allied health or education students or professionals (Cassidy et al., 2020; Milliken & Sullivan, 2019; Mills et al., 2020; Stierli et al., 2020; Sylvester et al., 2017), with medical and educational systems representing the two largest social systems within which SLPs practice. Little attention has been paid to interdisciplinary collaboration between SLPs and practitioners in the arts.

Theater as Clinical Tool

The arts provide opportunities for authentic, contextualized, and engaging activity for CSD clients. Collaboration among CSD professionals and professionals engaged in arts programming adds an additional avenue for meaningful IPP as well as new clinical tools for supporting communication targets for clients. Drama, in addition to interprofessional collaboration, provides an optimal tool for intervention targeting social interactional skills for children diagnosed with

autism spectrum disorder (ASD; Cook, 2020; Corbett et al., 2016; Reading et al., 2015). Theater provides an often fun and safe space to explore and try out forms of expression, action, and perspective taking, as well as opportunities to form a sense of community with others involved in rehearsal and production (Kempe & Tiscot, 2012; Reading et al., 2015). Elements tied to co-constructing a theatrical production span beyond memorization of lines and blocking to include more complex social consideration of perspectives and motivation of one's own character and other characters, sharing space and purpose, as well as the intentional transfer of energy and communication among characters (performers). Consequently, this space to trial social interaction skills has been utilized as a tool in providing neurotypical (Rees, 2016; Wright et al., 2013) and neurodivergent individuals who present with differences in social cognition and communication (Corbett et al., 2016; Kemp & Ploesch, 2022; Reading et al., 2015) opportunities to explore and practice social and interactional concepts, build community, and to increase interactional confidence. Therapeutic theater has been defined as the following:

theatre grounded in the healing properties of relationship [...] that, in theory, praxis, research and reflection is intended as therapy in which participants and audience alike have opportunities to define, consider and process relationships of all kinds through and as performance (Hodermarska et al., 2015, p. 174).

Taking on an acting role in a theater production allows a child to explore targeted social concepts indirectly through their character. Taking on an acting role in theater, means taking on the character's perspective and emotions in assigned scenes as well as perspectives of characters with whom scenes are shared. Creativity and imagination are encouraged to be used when evaluating what a character feels and how the character performs these through action, tone of speech, body movement, and facial expressions. This setting may provide opportunities to engage with skill development more authentically for specific goals and elicit a broader sample of individuals abilities and identities, which can lead to more effective therapy.

A few programs have specifically targeted social interaction skills of autistic children via theater programming. Reading and colleagues (2015) conducted a 10-week theater program with 16 neurodivergent students. Of the 10 weekly sessions, four took place in a theater and six in the school. Activities centered around learning about scripts, rehearsal processes, costume and scenery design, as well as performance. Compared to a control group of children that did not participate in the theater program, the theater group demonstrated significant positive improvements in pragmatic and expressive language skills such as perspective-taking, cooperation, and social responsiveness as measured by the Rating of Social Behaviors measurement scale created by the researchers (Reading et al., 2015). Other studies have measured similar changes in social interaction for autistic children utilizing theater as a tool for such development. Corbett and colleagues (2016), for example, observed measurable changes in skills associated with social interaction, including memory of faces, theory of mind, and group play utilizing toys compared to a control group not enrolled in this theater-based program. An important element in Corbett and colleagues' program was the inclusion of typically developing, trained peers who also functioned as actors alongside autistic children. The authors stressed the importance of peers to serve as "the primary agents of change thus serving as teachers and recipients of the reciprocal social exchange" (Corbett et al., 2016, p. 668).

Peers are individuals with equal standing as another in age, background, social status, or interests (McCarty & Light, 2021). Peers have an influential impact on the psychological, social, and physiological functioning of other children, and they can have a variety of natural social roles, which include friends, models, helpers, and collaborative teammates (Corbett et al., 2016; McCarty & Light, 2021). Since peers are age-matched, natural communicative partners, peer mediation can enhance generalization of newly learned skills and peer acceptance (Corbett et al., 2016; Kamps et al., 1992; Kasari et al., 2012). Therefore, the use of peers as a clinical tool is a logical choice.

Impact of Inclusion Theater. Inclusion of peers provides added value in that it also encourages steps toward a more open and inclusive society by providing neurotypical, age-matched peers with meaningful experiences that challenge social stigma surrounding disability and work toward normalizing differences through inclusive experiences. The goal of any clinician should be to provide efficient and effective services to all clients, using a holistic approach, treating clients as whole individuals with unique needs and abilities. The biopsychosocial framework developed by the World Health Organization (WHO, 2001) and organized through the International Classification of Functionality, Disability, and Health (ICF) explains “disability as a multifactorial and multidimensional phenomenon that is not only biomedical but also sociocultural in nature” (Yu & Sterponi, 2022, p. 28). ASHA supports this socially minded, holistic framework that stresses the need to support participation in daily life over impairment-focused interventions alone (Yu & Sterponi, 2022). In addition to aiding a holistic approach, inclusive practices are useful for addressing language and social skills as well as enhancing generalization of skills (Green et al., 2019). Inclusion is more than physical presence; it is meaningful participation and contribution that can elicit the feeling of belonging (Cook 2020, 2021; McCarty & Light, 2021). Inclusion from a service delivery standpoint entails “intervention services that are based on the unique and specific needs of the individual, and provided in a context that is least restrictive” (ASHA, 1996, p. 2). Inclusion theater provides an inclusive, collaborative learning experience for all individuals participating. Individuals indirectly learn and generalize pragmatic skills, and typically developing peers learn how to better support neurodivergent individuals. Inclusion theater implies change and growth for every participant, just as an inclusive society would; it does not exclude growth for neurodivergent individuals, but it encourages growth for individuals with all levels of abilities (Nijkamp & Cardol, 2020).

Inclusion theater consists of actors of all abilities, neurotypical and neurodivergent, and there is no partiality shown towards one population over the other. Both populations are seen as actors that are expected to fulfill their roles related to performing in a play. Inclusion is not intended to force marginalized groups to fit into preexisting social norms, rather it is about changing the shape of society to include and unify individuals of varying abilities and circumstances (Nijkamp & Cardol, 2020; Wooster, 2009). Inclusion theater is not taking neurodivergent students from an exclusive classroom and fitting them into a mainstream classroom, but it is inviting all children to join a fun life experience in a flexible, and supportive environment (Kempe & Tissot, 2012). In a further investigation of inclusivity, Cook (2020) identified statistically significant increases in assertiveness and self-advocacy skills of teenagers and young adults with various physical, cognitive, or emotional disabilities following participation in an inclusion theater program and production. In additional investigations of inclusivity in a therapeutic theater production setting, participants experienced increased self-esteem, healing, a space to share their story, and a sense

of community (Bailey, 2009; Cook, 2021; Emunah, 1994; Hodermarska et al., 2015; Mitchell, 1994; Snow et al., 2003; Snow et al., 2008). These benefits of inclusion theater indicate that inclusive, therapeutic theater is an environment in which people with disabilities can experience belonging, acceptance, and the opportunity to push past limits (Cook, 2021).

The framework of theater not only gives the opportunity for actors of all abilities to grow, but it also allows for student clinicians to develop their clinical skills while collaborating with other professionals. This study focuses on student clinicians engaged in IPP through theater. In the theater setting, student clinicians have the opportunity to collaborate with directors, choreographers, music teachers, actors, and other student clinicians. All individuals contributing to this inclusion theater work together as a team towards the goal of putting on a successful production and providing both a rewarding theatrical and learning experience for actors of all abilities.

Purpose

Responsible, evidence-based teaching considers the impact of learning on learners. The Scholarship of Teaching and Learning (SoTL) is a framework that supports a scholarly approach to development of academic curriculum and practices. The SoTL framework integrates student learning, teaching practices, and research inquiry (Hubball & Burt, 2006). Understanding clinical training experiences of preservice clinicians informs and guides future teaching and learning practice for clinical training. The purpose of this study was to explore speech-language pathology graduate students' experiences of interprofessional learning embedded within an inclusion theater program. Utilizing qualitative methodologies, this study aimed to answer the question: How do first-year speech-language pathology graduate students experience clinical education within collaborative inclusion theater programming?

Methods

This qualitative investigation of students' perspectives of experiences employed a phenomenological approach. Interpretive phenomenological analysis (IPA) was the specific method of phenomenology applied (Smith & Osborn, 2003; Smith et al., 2009). IPA is designed to guide the researcher through a systematic and cyclical pattern of interpretive investigation of the phenomenon in question. The interpretive focus of the process provides insight into how the shared phenomenon is experienced through the perspectives of those who live it, making this an appropriate methodology for investigating student learning experiences.

Participants. Following institutional review board approval, participants from a cohort of speech-language pathology graduate students (MS-SLP) enrolled in a master's level program in the southern United States were recruited. Study inclusion required that participants had participated in an interprofessional, community inclusion theater program to fulfill a clinical practicum assignment during the summer semester between their first and second years of graduate training. Five student clinicians were initially recruited. Of the five, three participants meeting inclusion criteria, all of whom identified as White females, agreed to participate. Three participants were considered suitable for the purposes of this investigation based on the methodology chosen for data analysis.

The number of participants for phenomenological inquiry necessarily needs to be low enough to ensure rich, thick description, while large enough to identify cross-participant shared experiences. These methods require sampling of a homogenous group to generate rich details about the perceptions and meaning making of a group within a specific context. Recent studies in helping professions and education that have utilized phenomenological methodologies provide some precedent for numbers of participants. However, even these range widely from three (Ward, 2003) to fifteen (Johnson and Howell, 2017) with varying numbers in between (Allen et al., 2014; Sabeghi, et al., 2021; Smith and Osborn, 2007). Smith and colleagues (2009) recommend a total participant count of three for novice undergraduate- and masters-level researchers conducting IPA study. Thus, for the current study, which began as an undergraduate research project for an independent study in qualitative data analysis, three participants from the same cohort were considered appropriate.

Clinical Course and Theater Rehearsal Design. The inclusion theater program was conducted at a local community theater. While not formally a university-sponsored camp, due to the prevalence of many summer camps for children offered in the community at the same time, several participants and parents referred to this program as a “theater camp.” The community theater and university speech-language pathology clinic had an existing partnership to develop and provide summer theater training, rehearsal, and production of a play for 16 actors between the ages of 7 and 18 of varied abilities and neurotypes. All the children involved identified as actors. Eight actors were classified neurotypical. Five actors had a diagnosis of ASD, one actor had a diagnosis of attention deficit/hyperactivity disorder (ADHD), another actor had been diagnosed with both ASD/ADHD, and one actor was diagnosed with a developmental delay secondary to fetal alcohol syndrome.

The cast participated in 2 hr rehearsals five days a week for four weeks, followed by two evening performances open to community audiences. Rehearsal consisted of a combination of theater warm-up games, character work, practicing of lines and scenes, choreography, music and lyrical practice, as well as two small group sessions and a story-telling session daily. The executive director of the community theater served as the director of the show, leading the main rehearsal. A music teacher and a choreographer led lyrics and dance sessions respectively.

MS-SLP students, under the supervision of the second author, were involved in each of these activities to varying degrees. One role was serving in a support capacity. They were each assigned specific actors for whom they identified communication and social skill strengths and needs, supporting development and implementation of strategies in coordination with the director and other teachers to empower successful engagement of each actor across all elements of the play. MS-SLP students also took a primary leadership role in facilitating the two small group sessions. One such session aimed to integrate theater arts topics and the script into interactive social targets such as emotional regulation and perspective-taking. The second session engaged actors in generating their own stories in order to broaden their connection to the idea of theater as storytelling and themselves as storytellers. On a rotating and voluntary basis, actors would construct a story with scaffolded support from MS-SLP students and then cast their fellow actors to practice retelling their story by acting it out. An MS-SLP student would create a written record of the story told. At the end of each rehearsal when the cast gathered to review important notes

before breaking for the day, the small groups would briefly reassemble to act out their day's story creation for each other. Once the actors left, MS-SLP students remained to engage in a combination of written and verbal reflections and discussions with their supervising faculty member. These discussions often included the theater director, music teacher, and choreographer.

Data Collection. Primary data sources consisted of three individual, semi-structured interviews conducted by the second author after the completion of the summer theater program. Interviews were conducted with the guide of an interview schedule (Smith et al., 2009) and utilizing open-ended, descriptive questions (Spradley, 1979; Westby, 1990) designed to encourage participants to reveal what was perceived as important to them and elaborate on their personal experiences during this inclusion theater clinical training program. Grand tour questions prompt discussion of broad topics, while mini tour, example, experience, and native-language questions allow the interviewer to follow up on specific areas mentioned by the participant and gain deeper, more detailed, and specific participant descriptions of an experience (Westby, 1990). For example, each interview began with grand tour questions such as, "So, to start out could you just kind of tell me about a typical day at theater rehearsal" to get a broad and general description in the participant's words. "Mini tour" questions such as, "Earlier you mentioned meeting with the director after rehearsals; can you describe those meetings?" gave more information about specific situations within the broader rehearsal. An "example question" would follow up on a participant statement to request examples to expand that statement. For example, if a participant mentioned that she had to remind actors to be quiet backstage, an example question such as "Can you give me some examples of what they were doing backstage?" would prompt the participant to elaborate on her experiences with the actors and their actions in the backstage space. Using these guidelines, the interviewer aimed to stay on the topic of this clinical training experience, but followed the participants' lead in the interview to collect responses through the participant lens that were not pre-filtered through the interviewer's language and topic choices.

Interviews averaged about 40 min in length. Table 1 below provides information on interview length by participant. Audio recordings were deidentified and transcribed orthographically. A total of 118 min and 37 s of data were transcribed and analyzed. Aliases were assigned to each participant.

Table 1

Interview Length by Participant

Alias	Length in Minutes
P1. Donna	37:42
P2. Tanya	40:43
P3. Rosie	40.12

Data Analysis Procedures. Interview transcripts were analyzed following IPA methodology (Smith et al., 2009; Smith & Osborn, 2003). This cyclical, iterative process of analysis ranges from initial familiarization with the data through ultimate abstraction and identification of themes represented in the data through the following series of analytical steps outlined by Smith et al. (2009):

1. “Reading and re-reading”: Reading to become familiar with the data and to delve into the participant’s experience;
2. “Initial noting”: Taking note of and deconstructing items of interest to move towards accurate interpretation of the participant’s experience;
3. “Developing emergent themes”: Condensing ideas without sacrificing conceptual complexity by mapping interrelationships and patterns;
4. “Searching for connections across emergent themes”: Identifying connections that fit together and condense emergent themes;
5. “Moving to the next case”: Repeating the process for the next participant’s transcript;
6. “Looking for patterns across cases”: Making connections across cases that convey more abstract conceptual connections.

Writing up the results to convey a summary of findings established in steps one through six outlined above for a reader is the final step in the process. Once this process was completed with each participant’s data, shared themes were identified across participants. Superordinate and related subthemes derived via IPA are identified and supported in the results section by excerpts from interview transcripts and secondary data sources drawn on for triangulation of interpretations.

Rigor. Verification strategies were employed across the analysis phases to strengthen analysis procedures as well as to reduce bias during data interpretation. These included bracketing of researcher bias during analysis, consensus coding, and member checking following analysis. Qualitative inquiry utilizes a variety of systematic, analytical procedures to collect, describe, and interpret authentic, contextualized data to better understand the experiences, interactions, and meaning-making through the experiences of the individuals studied (Creswell and Poth, 2018; Damico and Simmons-Mackie, 2003). This process aims to move from an outsider’s etic perspective of the phenomena to an emic, or insider’s perspective, of studied phenomena (Agar, 1986). Interpretation of new experiences is influenced by past experiences (Berger & Luckmann, 1966) therefore it is important for qualitative researchers to acknowledge and embrace the shape of their own interpretive lens prior to engaging in data analytic procedures. Both researchers drafted and shared positionality statements with one another before beginning phase one of analysis. This served to support researchers in identifying their own position in relation to topics and experiences conveyed by the data with the aim of achieving introspective awareness regarding how unique backgrounds influence data interpretation (Madison, 2011).

Researchers also applied a process of bracketing during the phenomenological data analysis process (Smith et al., 2009). Bracketing is one tool utilized to support researchers in identifying their etic perspective during data analysis. Bracketing is a process during which the researcher identifies their own preconceptions and biases to concentrate on the phenomena under investigation within the view of the participants. This is not done to set aside one’s own past experience and ignore it, rather separate it from the data with an intentional awareness and an

acknowledgement of how this unique lens impacts understanding and perception of another's experience (Moustakas, 1994; Smith et al., 2009; Van Manen, 2014). In addition, weekly consensus meetings were held between the researchers to discuss and debrief regarding similarities, differences, and emerging connections of the interview content. During these consensus meetings, researchers would repeatedly return to the transcripts to ensure interpretations were supported by the data.

Once themes across participants had been established and defined, a secondary data source was collected for triangulation of findings. After analysis of primary data was complete, a 43 min 3 s lamination session was conducted with one of the three participants, Donna, for verification purposes and to add a layer of interpretation to the researchers' findings. Lamination is a verification procedure utilized to gain participant reactions and insights related to the data and to researcher interpretations (Nelson et al., 2013). This process is conducted to add an additional interpretive layer of understanding. The lamination session was conducted approximately four years after the initial interview data was collected. At the time, Donna was practicing as a school-based SLP. This session was conducted by the first author with the second author present to take notes and serve as a support facilitator. During this session, the researcher presented a number of quotes directly from the initial interview to the participant, providing her with an opportunity to explain and expand on the meaning of the quotes. The quotes presented were highlighted and embedded within the full interview transcript, allowing Donna to read beyond the selections chosen and presented to her by the researchers during this step of the process. Following this, the researcher presented a summary of interpretive findings to Donna, inviting her detailed response. Donna's responses included names and vivid details about her recollection of this clinical practicum. Twice during the interview, she requested a few extra seconds to pause and reread the data to contextualize the content prior to responding. This lamination session was subsequently transcribed and analyzed to both verify accuracy of findings and add a layer of participant interpretation to the findings. Results of the data lamination process and contributions of Donna's perspective are woven into the results presented below.

Results

Iterative analysis and abstraction of concepts shared in interviews led to the identification of three superordinate themes, each with associated subthemes related to this shared student experience. Three superordinate themes were identified in response to the research question: How do first-year graduate students in speech-language pathology experience clinical education within an interprofessional collaboration to provide inclusion theater programming? Table 2 provides a list of superordinate themes by etic and emic titles along with associated subthemes and examples from the dataset.

The most salient concepts present across student accounts of this interprofessional collaborative training experience within an inclusion theater environment included openness to the ongoing nature of the learning process, appreciation for the collaborative teaming involved in program activities, and the establishment of a set of ideas and tools to use for clinical utility. Table 3 below indicates which themes and subthemes were present in each participant's data.

Table 2*Overview of Results: Superordinate Themes, Subthemes, and Examples*

Subthemes	Subtheme Examples
Theme I: Continuous Journey <i>“like a journey taking place”</i>	
Changing Expectations	“I feel like we kind of underestimated some of their abilities” (Rosie)
Realizing Role	“I need more work with that..” (Rosie)
Theme II: Therapeutic Framework <i>“help them carry it on into like a real-world job”</i>	
Identifying Therapeutic Tools	“It's more effective to hear from your peers than from people who are older than you.” (Tanya)
Designing a Therapeutic Context	“We made sure that it was a safe place for everyone to kind of discuss what their thoughts were...” (Donna)
Theme III: Collaborative Balance <i>“it was like we were, you know, a team”</i>	
Parity	“The biggest thing at first was learning to trust each other” (Tanya)
Among Clinicians	“We’re all coming in here with our own type of skills and own style” (Rosie)

Table 3*Presence of Subtheme by Participant*

Subthemes	Donna	Tanya	Rosie
Theme I: Continuous Journey <i>“like a journey taking place”</i>			
Changing Expectations	X	X	X
Realizing Role	X	X	X
Theme II: Therapeutic Framework <i>“help them carry it on into like a real-world job”</i>			
Identifying Therapeutic Tools	X	X	X
Designing a Therapeutic Context	X	X	
Theme III: Collaborative Balance <i>“it was like we were, you know, a team”</i>			
Parity	X	X	X
Among Clinicians	X	X	X

Table 4*Description of Diacritic Markers Present in Transcription Data*

Diacritic Marker	Function of Diacritic Marker
(.)	This indicates a pause. (.) indicates a one-second pause. Beyond a one-second pause, the number in parentheses indicates the number of seconds of pause duration. For example, (2) indicates two seconds.
(())	Text found within double parenthesis indicates transcriber notes. These may remark on ambient noise, the presence of laughter, or other non-linguistic data present on the recording.
CAPITAL letters	Words spelled with all capitalized letters indicate the speaker increases volume or pitch on that word(s).

Theme I: Continuous Journey, “like a journey taking place.” The superordinate theme *Continuous Journey* was apparent to some degree in all participants’ description of their experience. This theme referred to an ongoing process of learning and recognizing one’s own role as a clinician. This theme was further represented by two subthemes: *Changing Expectations* and *Realizing Role*.

Changing Expectations. *Changing Expectations* was present in all participants’ data and referred to participants coming into the program with a set of ideas and beliefs that were challenged and sometimes proven wrong during this experience. This included expecting certain behaviors and underestimating the capabilities of the populations represented among the actors. In addition, some participants expressed this theme by describing observations of children demonstrating strengths and abilities in unexpected ways. Donna described the dynamic of support between a neurotypical actors and neurodivergent actors. In this example, she identified how it was not only the neurotypical actors, described by Donna as “peer mentors,” that provided support:

On stage this young high spirited peer mentor would often forget her lines or where to go for her lines, and it got to the point where my client who’s not a peer mentor would say “hey it’s your turn.” So that showed me he’s totally paying attention, that he knew he knew where he was supposed to be and what he was supposed to be doing.

In this quote, Donna recognized that the neurodivergent actors possessed strengths that she did not expect them to have. They were not there merely to be helped, but to be equal participants. While this actor’s behavior had not initially indicated to Donna that “he knew where he was supposed to be and what he was supposed to be doing,” his ability to support a fellow cast member in her success demonstrated that he was indeed aware of the expectations, but he may not have communicated his tracking of this information to Donna in ways she expected. Tanya echoed the experience of observing neurodivergent actors supporting their peers noting, “The peers were helping and even my client told someone ‘hey, it’s your turn to go narrate.’” Tanya

observed that neurotypical actors helped but used the word “even” to signal she was not expecting her “client” to return the support. In addition, Donna and Tanya did not expect this rehearsal and performance process to be as successful as they later experienced it to be. Tanya did not believe the actors would be able to learn their lines though “towards the end they didn’t need anything.” The surprise that the actors could meet expectations within the time frame of the program was also conveyed by Donna. Rosie nicely summarized these changing expectations by explaining, “I feel like we kind of underestimated some of their abilities.” Through these stories of discovering unexpected strengths among children enrolled in this program, these participants demonstrated that engaging in inclusion theater rehearsal as part of their clinical skill development revealed to them that they had previously underestimated the capabilities of populations served by SLPs.

In her follow up lamination session, Donna’s contributions further strengthened this theme. She expanded on how her expectations were challenged in regard to expecting certain behaviors and underestimating capabilities. She recalled that she initially only expected the neurotypical actors to support neurodivergent actors but reflected on this clinical training opportunity through the lens of her current professional experience:

Of course, you know, now that I've worked a little bit more in this field, I realize that neurotypical kids have a whole host of issues too...So, I don't know how this kid was brought up, how this kid looks, he may not have a new or debilitating disability. But this kiddo might have issues as well, such as that. So, I did not expect that.

In this response, Donna explained her idea of the abilities of children have not only changed through the inclusion theater graduate clinical experience, but continued to change as she practices as an SLP. This supports the idea that learning as an SLP is a continuous journey.

Realizing Role. The subtheme *Realizing Role* was also represented across all participants’ data. It referred to participants’ reflections on the relationship between this experience and their future role as a clinician. Participants achieved this via self-reflection, holding themselves accountable, and acknowledging there is more to learn. Concepts that were strong throughout data related to this theme included an acknowledgement of a learning curve associated with this clinical placement as well as student clinicians expanding ideas of their future professional roles as SLPs.

All three participants discussed skills, concepts, or client behaviors that were challenging when encountered and that remained difficult to learn or get used to after an initial exposure. For example, Donna described a client that responded poorly to student clinician attempts to reward his good behavior. She explained that this experience was a “learning curve” for her and her peers since they were used to rewarding children for exhibiting good behavior.

Donna: We were so used to rewarding kids for being good and exhibiting expected behavior.

Interviewer: Okay

Donna: So that was the learning curve for us.

Here Donna shared that she was used to a clinical approach to managing clients through rewarding socially-preferred behaviors and expecting a positive response to the reward. In fact,

rewarding this neurodivergent actor's behavior had the opposite effect. When Donna stated "we were so used to" it signals that she would reward "good" behavior out of habit, and this learning curve challenged her to break that habitual approach and expectations. In this experience, Donna had to learn how to adjust her initial approach and learn a new approach for the individual, witnessing the uniqueness of each client's needs. Rosie experienced a similar "learning curve", in which she was faced with reconsidering herself as the sole expert, "what you might think is wrong or what you might think you have the solution its totally not what they're upset about." From both examples, the participants encountered client actions that were challenging in some way. Through this they learned to change initial mindsets and approaches to support individuals effectively. They realized that their roles as future SLPs required them to be flexible in their approaches and to include the client as a compass directing therapy.

Donna and Rosie both further acknowledged how this inclusion theater clinical experience influenced and expanded their concept of themselves as future SLPs. In the following quote, Rosie reflected on how participating in this program prepared her for her future by teaching her useful skills for her future clinical career, such as how to navigate needs of multiple children and maintain her professionalism in her role:

It helped me too because I know in the future, I'll probably have kids in the group that one might have the same goal but get annoyed when I'm trying to help with another person and display things like that and they need to know that's not right you know. So that was interesting 'cause I had to learn how to talk professional.

While Rosie reflected on relevant skills for her future role, Donna echoed the same theme by exploring her idea of her future role as an SLP to a different degree. Donna reflected on how her experience sparked an idea of promoting similar inclusive experiences. She discussed and brainstormed potential avenues for creating inclusion programming in schools and wondered about barriers that might inhibit such program development. Later in the interview, she concluded that a program such as this inclusion theater camp is a "great way to start." This inclusive program sparked an idea of promoting change in the future, and how her future role as an SLP may be reflected in that idea. In summary, participants expressed coming to better understand their professional roles by exploring and expanding their idea of their future responsibilities as SLPs through their involvement in this collaborative inclusion theater program.

Theme II: Therapeutic Framework, "help them carry it into like a real-world job." The superordinate theme *Therapeutic Framework* was apparent to some degree in all participants' data. This theme referred to participants identifying optimal environments, approaches, processes, and tools that can support successful intervention practices. In the beginning of Donna's interview, she first jokingly described a typical day at theater practice as "beautiful chaos" before breaking down the series of organized activities, targets, and tools that comprised daily rehearsals. Across the interviews, participants revealed concrete elements learned through this program that they see as relevant to clinical practice. The data that contributed to this *Therapeutic Framework* theme included specific participant references to neurotypical peer actors and theater practices being therapeutically beneficial. It also incorporated identifying optimal environments, approaches, processes, and tools for intervention practices. This

superordinate theme was best represented by two subthemes: *Identifying Therapeutic Tools* and *Designing a Therapeutic Context*.

Identifying Therapeutic Tools. *Identifying Therapeutic Tools* referred to the influential tools and strategies that participants identified as effective for intervention. Two of the main therapeutic tools explored across participants included peer models and use of theater for skill development. While there are pre-existing studies to provide evidence-based support for both the use of peers and the structure of drama rehearsal to promote interactional skills, participants of this study expressed the value of these tools through direct experience using them and witnessing the impact thereof. Through this experience, participants witnessed the influence neurotypical peer actors had on neurodivergent actors and the how theater “relayed into real life” (Tanya). Rosie compared application of skills in the theater rehearsal process to the typical clinician-client dyad in a traditional therapy session:

What we did was more like usable than just sitting here, like checking “hey you got 8 out of, you know, like just a checkmark of hitting goals.” It was just more things you would (.) common things you would need to use every day to help them be more successful.

Rosie explained with this observation that theater rehearsal allowed clinicians to engage children in authentic interactions that were more closely aligned with everyday interactions. She connected the authentic context within which to target skill development as beneficial. In addition to the effectiveness of theater and the generalization to real life, Tanya believed using peers seemed “more real life and realistic, hearing it from someone your own age than someone older than you trying to tell you what to do.” Overall, all three participants observed “great generalization for these kids to get that experience” from theater and that it was “more therapeutic, I think, for the kids to hear that from their peer mentors” (Donna). In the lamination session with Donna, she affirmed this interpretation of the data, reinforcing that theatrical rehearsal and the participation of peers served as useful clinical tools. She expanded this in a few ways. First, she confirmed and elaborated on the learning opportunities for neurodivergent students, adding that she understood the benefits a bit differently once she had more experience in practice and more exposure to neuro-affirming groups:

Yeah, so you know, again, you know, these kids are not only with their peer mentors learning off of them, and how to regulate emotions and take other people's perspectives, but they're able to go on stage and exhibit that as well through their character. You know, there's so many adults in the Autistic community now that are (.) that are telling us about masking (2) And now that I know more about masking and how the adult community feels about it, this was a unique situation where we weren't trying to get the kids to mask. We were trying to get them to relate to their peers, in an affirming way, through theater and music and song. And I think that that is different from the typical masking we hear about that hurts the community.

In the beginning of her response Donna expressed the effectiveness of peers and theater, but expanded on this, differentiating harmful expectations from what she hoped was the opposite. Recently, she learned more about the idea of neurodivergent individuals masking their differences to seem neurotypical for the comfort of others. With this in mind, she reflected back on how this inclusion theater experience was “unique.” Instead of using theater and peers as tools to encourage neurodivergent actors to mask, she felt this camp gave her practice encouraging

neurodivergent actors “to relate to their peers, in an affirming way through theater.” In this description, participants learned how to use peers and theater rehearsal tools in a neurodiversity-affirming way.

Designing a Therapeutic Context. *Designing a Therapeutic Context* referred to participants identifying optimal environments and approaches that can support successful intervention practices. Data related to this subtheme was present in accounts by both Donna and Tanya, but not overtly present in accounts by Rosie. Beyond identification of strategies and tools to implement in future clinical practice, this experience was tied to an increased understanding of larger contextual factors that could support intervention. Though related, the subtheme *Designing a Therapeutic Context* was different from *Identifying Therapeutic Tools* because it encompassed effective factors of the environment and approaches used and acknowledged by the participants while *Identifying Therapeutic Tools* focused on the discrete tools and strategies identified and used in the theater camp. Two consistent factors related to this subtheme included application of flexibility to all approaches and expectations and the establishment of a safe learning environment. In the following example, Donna explained the flexibility clinicians practiced: “It was a trial-and-error process. Some things didn’t work. Um when something did work, we stuck with that. So it just depended on the atmosphere too at the time.” Donna described providing therapy as a “trial and error process,” and she added that the atmosphere can influence what ideas and plans they “stuck” with. Later, Donna described the “trial and error process” as “everyone was kind of bouncing ideas off of each other and ‘let’s try this tomorrow, if this doesn’t work that’s fine, we’ll do something else.’” In this response, the participant denoted the flexibility to try, grow, and learn through “trial and error” for both participants and clients.

Throughout the experience, all participants practiced flexibility, to test out ideas and approaches. Participants expressed the belief that there needed to be a safe environment for both the clinicians and actors to learn. The theater program was designed to be a fun, low-risk environment for the actors, but participants made a concerted effort to establish an accepting and comfortable environment. In her interview, Tanya described attempting to make the activities engaging at the group level to avoid a feeling of individualized therapy or instruction. She explained that instead of singling out and correcting an actor in front of the group, clinicians aimed to avoid embarrassing actors by not putting the spotlight on them and rather targeting struggles through a team effort, allowing the individual struggling to not feel alone. Throughout this experience the participants described gaining practice identifying processes, approaches, and environments that promoted successful intervention practices.

Theme III: Collaborative Balance, “it was like we were, you know, a team.” The superordinate theme *Collaborative Balance* was apparent to some degree in all participants’ data. This theme referred to participants’ sense of teamwork and reciprocal learning amongst professionals. This supraordinate theme was further represented by two subthemes: *Parity & Among Clinicians*.

Parity. *Parity* referred to interprofessional expressions of equality, trust, and reciprocal learning across team members of the represented professions. During this inclusion theater camp, the student clinicians collaborated with other professionals such as a director, music teacher, and

dance teacher. For a collaborative balance to exist, a bond of trust was formed between the collaborative team, allowing all members to contribute. Rosie stated that the music teacher and other art professionals “might notice some things that we didn’t notice during the music,” and she later admitted she and other clinicians “would have eventually thought of it but she does that all the time.” In these statements, Rosie seemed to be affording art professionals their expertise and trusting their professional competency to contribute to this therapeutic collaborative partnership. Overall, Rosie described the collaborative energy in terms of how the various professionals “bounced off each other.” In the following example, Tanya expanded on this idea of bouncing off each other with an example of herself and the director of the play:

We were able to learn from each other and take things. Because he is the expert when it comes to theater and we’re not. So, there were certain things that he did that we may not have thought of, and we were able to tie those things into what we were working with, so it was like we were, you know, a team.

In this example, Tanya acknowledged that the student clinicians and theatrical professionals reciprocally learned “from each other.” More specifically, because the director was not an SLP did not mean that the student clinicians did not learn from him. Rather, by working together with him to serve these children, they observed novel ideas and strategies that they could adopt into their clinical practice. To allow another professional to contribute to their learning as well as learn from them, a degree of trust was present. Tanya and other student clinicians trusted that the theatrical professionals were “experts” when it came to their field and their contributions were just as important as the student clinicians. This formation of trust, equality, and reciprocal learning worked together to form a collaborative and respectful balance.

In her follow up lamination session, Donna expanded on the lasting impression interprofessional collaboration in this theater program had on her current practice. She explained that collaboration to promote inclusion could be extended to other elements of the students’ lives. For example, she stated, “we don’t really have theater at my school,” but she has applied these collaborative ideas to working with other faculty and staff on her campus to make graduation rehearsal and ceremonies, campus parades, and other events more deliberately inclusive based on the model she experienced at the theater. She explained that it is not always easy:

And they’re not always inclusive, you know. They want to separate them from their peers during graduation, because they want it to look perfect... And you know, it might not be perfect, and that’s okay. But their parents deserve to see their kids with (.) with their typical peers. And that (.) you get a lot of pushback in the schools with this. I’m learning in the last two years. So, yes. Inclusivity is everything. And I think it’s so important for their peers too.

In this response Donna stressed the need for inclusion in school and school events. She understood her responsibility to promote inclusion meant trying to collaborate with other school professionals but received “pushback” instead of help. Yet, Donna continued to use collaborative skills from this theater collaboration in her daily work to identify opportunities for collaboration to serve children and promote inclusion.

Among Clinicians. *Among clinicians* referred to recognizing roles within the intra-professional student group dynamic and establishing a structure among the cohort of MS-SLP clinicians.

Early on in this experience, the participants identified differences among themselves in personality, clinical style, and skill levels. Donna explained this as, “we’re all coming in here with our own type of skills and our own style.” Rosie added that watching other clinicians with different personalities and different approaches demonstrated ideas she didn’t feel she would have thought of on her own. Upon identifying these differences, all three participants mentioned actions taken to “collaborate in different ways” (Rosie). Tanya explained that the clinicians developed “a system” and that one of their main challenges was “we all wanted to do everything.” Tanya further explained that “it’s hard whenever you have a personality like most of us, I guess to let go and let someone else do it. So that was the biggest thing at first, because I feel like everyone wanted to do everything.” In this example, Tanya described both the need for structure among clinicians and the development of a system for collaborative structure. Rosie went on to describe that the clinicians opted to take turns developing ideas and activities to achieve this collaborative balance. Donna further detailed the collaborative system by explaining the clinicians would plan as a team by “discuss[ing] everyday...so we knew what was expected of each other the next day. It was an organized process...that probably helped with the collaboration of it.” In these examples, the participants described identifying a need for organization within their group and how they met that need by navigating individual strengths and personalities to delineate responsibilities and establish an effective team.

Discussion

This study aimed to explore speech-language pathology graduate student experiences of clinical education embedded within a collaborative partnership with performance arts professionals to provide inclusion theater for children of all ability levels. Across the iterative examination of participant data, three themes and six subthemes were identified within and across student clinician expressions. The themes *continuous journey*, *therapeutic framework*, and *collaborative balance* yield insight into the experience from the perspectives of the participants in this study. These themes and subthemes showcase what and how MS-SLP participants perceive learning while putting IPP into practice in an inclusion theater context. Participants experienced this inclusion theater clinical placement as an opportunity to develop professional skills and identity, as well as an appreciation for working on an interprofessional team. They perceive this collaborative, interprofessional experience as having helped shape their minds to be flexible for their clients and providing them with concepts, approaches, tools, and strategies to utilize in their future careers.

Both interprofessional and intraprofessional collaboration require a team to pursue a shared goal and trust one another’s professional contributions toward that goal. At this camp, the MS-SLP participants learned to trust expertise and contributions from both other clinicians and performing arts professionals. They developed an awareness that this partnership helped them fulfill their roles and helped campers have both a fun theatrical and therapeutic experience. In this data, participants discussed both the process of developing trust among themselves and with other disciplines. They also highlighted the benefit of sharing ideas and seeking help that comes out of that sense of mutual trust and respect for the expertise and skill other professionals bring to the table. This relates to Green’s (2019) study, in which participants experienced parity between each other and other professionals in real-time to reach a shared goal. Participants in the current study observed how parity among professionals promoted the flow of collaboration and

helped form a functional team that effectively worked together to improve the well-being of the actors.

Collaboration between clinicians and professionals from other disciplines led the participants to self-reflect on their strengths, weaknesses, and ways to improve as a future SLP. In this sense, by realizing and representing one's own skills and role, the participants began developing their clinical self. Data captured in the *Realizing Role* theme demonstrates the development of the clinical self and part of the process of clinicians establishing themselves as a partner responsible for contributing to the collaborative team. In her lamination session, Donna described the challenges she now faces as a practicing SLP to promote inclusion on school campuses. Her description of both her actions to promote inclusive events and the barriers to her efforts echoed Pfeiffer and colleagues' (2019) findings that SLPs face collaborative barriers such as push back from colleagues. In addition, Pfeiffer and colleagues found prior training in collaboration across professions to be a key predictive factor of SLP engagement in IPP. Further alignment can be drawn between their work and examples provided by Donna in her lamination session, as she drew connections to her inter-collaborative training via this inclusion theater program and her current efforts as a practicing SLP to promote collaboration to support inclusive practices in graduation ceremonies and parades on campus. Her descriptions outlined the IPP skills she took from collaborating and developing parity with art professionals into her future career and how these skills were useful in developing programs trying to urge her peer colleagues to consider making these practices inclusive in the first place.

A strong expression of developed clinical skill and confidence was evident across this data. Participants demonstrated the belief that this experience developed their views of populations served and increased their professional ability to identify and use appropriate clinical tools. In addition to identifying and becoming more confident utilizing certain clinical strategies and techniques, participants also developed an appreciation for theater as an intervention tool appropriate for targeting perspective taking, narrative development, expressive language, and practicing social interaction among other areas in an SLP's scope of practice. They identified theater programming as a tool to target social interaction skills within an authentic context and provide clinicians with opportunities for interprofessional collaboration. These participant observations are consistent with existing research (Cook, 2020; Corbett et al., 2016; Reading et al., 2015). In this study, participants collaborated with drama professionals and witnessed the benefits that the performing arts give children of all abilities. Participants identified theater as being a therapeutically beneficial tool through direct experience using it and witnessing the impact. They witnessed theater as being a safe and authentic environment, promoting generalization of social skills, such as perspective taking, emotional regulation, and conversing with peers. In this experience, peers were recognized and utilized as influential, therapeutic tools. Corbett and colleagues (2016) identified peers as "the primary agents of change" (p. 668) serving as both teachers and partners in social exchanges. Throughout this clinical experience, participants witnessed peers being the primary agent of change. Participants recognized the authentic influence peers provided in this therapeutic theatrical experience, in which the age-appropriateness of peers helped generalize developing social skills to "real-life" in real-time during the social exchanges between the neurodivergent actors and neurotypical actors. The participants' experiences support the idea that peer mediation can enhance generalization of newly learned skills and peer acceptance, due to the age-appropriateness and naturalness of the

communicative exchange (Corbett et al., 2016; Kamps et al., 1992; Kasari et al., 2012). The utilization of peers was seen to promote a more inclusive social setting that revealed strengths and skills participants did not expect a neurodiverse group to demonstrate. The promotion of inclusion through theater and peer social exchanges throughout this experience was perceived by MS-SLP participants to water growth for actors of all abilities, supporting Nijkamp and Cardols' (2020) findings. Participant experiences of peers as useful clinical resources aligns with existing research. Participants of this study identified the value of the peers not through reading this research, but through hands-on clinical experience utilizing peers within this theater program.

Implications. This program gave MS-SLP students experience working collaboratively with each other and professionals from other disciplines to provide an enriching, inclusion theater program for children of various neurotypes. This study provided student participants with an opportunity to share their perspectives of having this experience embedded into their formal clinical training. Theoretical generalization of these findings points to implications for both clinical practice and clinical education.

Participants reflected on clinical skill development they perceived from this collaborative clinical training experience. Two of the supraordinate themes that were derived through interpretive analysis were related to development of clinical skills and knowledge and ideas of self as clinician. An example of this is found in the theme *Therapeutic Framework* when participants identify through experience and trial and error which strategies, tools, and contexts are beneficial for their clients. Being faced with a variety of individuals who shared a label within a setting that required prompt clinical decision-making encouraged pre-service clinicians to identify individualized client strengths and needs beyond textbook expectations of populations or therapeutic practices. Such observations of student experiences of learning through doing strengthens the argument for application of experiential learning models within the already situated-learning formats of most CSD clinical education. The third supraordinate theme was related specifically to experiences of collaboration. MS-SLP participants learned skills from other professionals that could be incorporated into their own clinical toolbox. Working collaboratively to solve problems related to the needs of the actors individually and collectively supported student participants not only in identifying the contributions and benefits of their collaborators, but also in more concisely defining their own clinical and professional role as SLPs. This ability to recognize and appreciate contributions and skills of another professional while knowing and contributing according to one's own role is an essential component of collaboration that was identified by all three participants as a component of this experience.

Within the collaboration, participants further honed both their clinical skills and tools, as well as their concept of their professional identity. Within the inclusion theater program environment, participants reported that they learned to identify and value the impact of inclusion practices and, in Donna's case, continued to seek ways to promote inclusion in future clinical work. Realization of such goals required her to utilize skills in collaboration she credited back to this clinical education experience. The "beautiful chaos" did not prevent MS-SLP students from learning to think creatively and critically about how to organize themselves and the activities to make them meaningful for the actors. Participants perceived that it gave them the opportunities to engage in problem-solving and to be proud of their achievements as clinicians.

Considering the role of SLPs in promoting and supporting access to inclusion and social engagement, creative programming in collaboration with arts professionals can support clinicians in developing intervention contexts that exist beyond the rehab and education box. Therefore, authentic social engagement should not purely be promoted through collaboration with other education and rehabilitation specialists. While these valuable collaborations should continue to be promoted, the interactional lives and needs of our clients span beyond these settings. This means that clinical training for pre-service SLPs that supports building skills for successful collaborations should also promote interprofessional teaming across social contexts so that clinicians can be inspired and prepared to take their collaboration skills to novel places where the child needs them. While this is one example from a small program, these findings suggest that involvement in creative collaborative programming that engages clinicians in authentic problem-solving outside of a formal clinical setting can support clinical and professional growth.

Limitations and Future Directions. This study of three graduate students provided a thick and rich description of the learning experience through their perspective as pre-service clinicians. However, there are some limitations of this study as well as indications for future directions in related research. The data analyzed must be encountered with the acknowledgment that the participants and researcher were known to one another due to their supervisory relationship during the theater project. While a preexisting relationship with the interviewing research may have brought benefits due to participant-researcher familiarity, the fact that the interviewer also served as course instructor and clinical supervisor for this clinical experience may have influenced the content shared or withheld by participants. In addition to processes utilized in this study for validation in the analysis phase, collection and triangulation of additional secondary data could have enhanced the interpretation. Future explorations of student clinical development experiences can seek to incorporate a greater variety of such elements as data for analysis.

Further studies into collaborative, hands-on learning during clinical education can inform clinical training and professional development that aims to increase pre-service clinicians' skills in interprofessional collaboration. Such focus need not be isolated to traditional educational and medical settings. As seen in this study, clinical education and communication skills can be targeted through community-based partnerships that open students and clients up to a variety of authentic communication events. In addition, perspectives of other individuals related to this study as well as the longer-term perspectives of such a collaboration would be beneficial in understanding such collaborative programming within clinical training from a wider perspective. This study looked only at the student perspective of this collaboration. Future studies could explore perspectives of other collaborating professionals as well as the actors and parents involved in the rehearsal and production process to gain insight into the meaning and impact of such programming. Lamination with Donna indicated that she deliberately incorporated skills related to both interprofessional collaboration and inclusive practice into her independent clinical career following graduate school. This points to another avenue of exploration for future research, one that would investigate perspectives and attitudes of former students regarding interprofessional clinical training after they have joined the profession.

Conclusion

Results of the current study indicate that the participant MS-SLP students experienced growth in clinical and professional areas of practice. Participating in a hands-on inclusion theater project within a clinical training practicum challenged preconceived notions participants held about neurodivergent individuals and individuals with developmental disorders, provided participants an opportunity practice real-time clinical decision-making to meet communication needs in authentic environments, and promoted exploration of the impact of a variety of tools and contexts for intervention. In addition, these participants perceived that their team benefited from the opportunity to practice inter- and intra- professional communication and problem-solving skills. Participants discussed these collective skills and experiences as part of their journey toward a more prepared professional self. Interprofessional collaboration opportunities embedded within CSD programs should not ignore collaborative teaming opportunities with the arts. Despite not existing within an educational or medical system, theater arts programming and collaboration with theater arts professionals can provide clinicians-in-training with rich experiences that bolster clinical and professional skills while broadening student impressions of what intervention can be.

Disclosure Statement

The first author has no relevant financial or non-financial relationships to disclose. The second author is a salaried employee at Lamar University and serves as the lead clinical supervisor for the collaborative theater program described in this research.

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