Objective - The aim of this study was to establish the construct validity of the Focus on the Outcomes of Communication Under Six (FOCUS©). This measure is reflective of concepts in the International Classification of Functioning Disability and Health - Children and Youth framework. It was developed to capture 'real-world' changes (e.g., communicative participation) in pre-schoolers' communication following speech-language intervention. Method – pre-post design was used. Fifty-two parents of 3 ...
Parents’ perspectives on the professional-child relationship and children’s functional communication following speech-language intervention

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Abstract

Background. Speech-language pathologists (SLPs) use family-centred practices to implement intervention. Thus, consideration of family-based outcomes is encouraged. The International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY) framework supports SLPs’ consideration of these outcomes (e.g., parental perspectives on children’s Activities and Participation and Environmental Factors associated with speech-language intervention).

Purpose. To explore parents’ perspectives about: (a) the child-SLP relationship (Environmental Factors) and (b) children’s functional communication (Activities and Participation)

Method. Sixty-seven parents of preschoolers with communication disorders participated in this study. All 67 parents completed pre-intervention and post-intervention structured interviews about their children’s functional communication. Parents of preschoolers who received intervention (n=52) provided ratings and comments regarding the child-SLP relationship established during intervention with the clinician (n=7). Themes were identified using content analysis. Fifteen children were waitlist controls and did not receive intervention.

Results. Parents of preschoolers who received intervention reported significantly greater gains in children’s functional communication compared to those who did not. Most parents (94%) provided positive/very-positive perspectives about the child-SLP relationship. The child-SLP rapport and the SLPs’ professional competence were common themes identified in parents’ perspectives.

Conclusion: (a) Significant gains in preschool children’s functional communication occurred following speech and language intervention, and (b) factors such as the rapport established between the child and the SLP as well as the SLPs’ professionalism were considered by parents.
to be important factors for creating a positive child-SLP relationship during speech and language intervention.
Much of paediatric rehabilitation within the western context adheres to a family-centred practice model (Law et al., 2005; Watts Pappas & McLeod, 2009). Family-centred practice is a philosophy of care, which strongly encourages and values parental involvement (Crais, Roy, & Free, 2006; Dunst & Trivette, 1996). This model of practice, comprised of both relational (e.g., good listening skills, respect, being nonjudgmental) and participatory components (e.g., including the parent, offering individualized and flexible services), encourages therapists, children and family members to work collaboratively (Wiart, Ray, Darrah, & Magill-Evans, 2010). Most preschool and school intervention programs, however, focus only on the relational component (Dunst, 2002). While there are challenges to implementing the family-centred service model, much of paediatric rehabilitation within the western context, including speech-language pathology, promotes working with the whole family (Darrah, Lay, & Pullock, 2001; Dunst & Trivette, 1996; Palisano, 2006).

In countries like Canada, government ministries that fund speech and language services for preschool and school-age children have released position statements that articulate the need for parental involvement in their child’s therapeutic process (Ministry of Education, 2005; Ministry of Health, 1996). To date, speech-language pathologists (SLPs) have shifted from having limited parental involvement to more collaborative relationships with parents and other members of the family, such as involvement during intervention and assessment sessions (Watts Pappas, McLeod, McAllister, & McKinnon, 2008). Parental involvement in children’s early intervention or later school programs can lead to better outcomes because those who are impacted by the child’s disability have been considered and included in the intervention process (Henderson, 1988; Ryan, 1995). SLPs are therefore encouraged to involve parents in their
children’s therapeutic process (Washington, Thomas-Stonell, McLeod, & Warr-Leeper, 2010). To be more family-centred, SLPs must gain the family’s perspective.

A shift in the paradigm for paediatric healthcare has fostered a focus beyond that of impairment to include family perspectives on children’s functional communication and contextual factors (McLeod & Threats, 2008; Howe, 2008; Rosenbaum & Stewart, 2004; Washington, 2007, 2010) such as therapeutic relationships. The *International Classification of Functioning, Disability and Health – Children and Youth* (ICF-CY) provides a theoretical context delineating specific considerations for the child-therapist relationship (Environmental Factors¹) and children’s functional communication (Activities and Participation²) (WHO, 2007). This holistic framework was derived from the *International Classification of Functioning, Disability, and Health* (ICF) (WHO, 2001) with a specific focus on the birth to 18-year-old population. The ICF-CY framework has two parts, each with a corresponding set of components that classifies health and well-being using a structured and interrelated hierarchical organization (WHO, 2007). The inclusion of Environmental Factors supports consideration of social, cultural and institutional factors that influence children’s functioning. In Chapter 3 of Environmental Factors entitled Support and Relationships, the child’s relationship with the professional (e.g., SLP, section e355) is highlighted.

The therapeutic relationship in speech-language pathology refers to the relationship established between the SLP and the child during intervention. Functional communication is defined as the ability to convey or receive a message regardless of mode, to communicate effectively and independently in natural environments (Goldsmith, 1994). Ultimately, functional communication (i.e., participation) refers to the child’s ability to be included with others (e.g.,

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¹Capitalization has been used to be consistent with usage in the ICF-CY and to differentiate between everyday usage of these terms.
friends or other peers, family members, teachers) (Thomas-Stonell, Oddson, Robertson, & Rosenbaum, 2009), in particular, the child’s ability to use his/her speech (i.e., articulation) and language (i.e., vocabulary or grammar) skills to start or enter a conversation, engage in play with others, and establish socially productive relationships (Fujuki, Spackman, Brinton, & Hall, 2005; Hart, Fujuki, Brinton, & Hart, 2005; Thomas-Stonell et al., 2009; Washington, 2010).

Improvements in functional communication following speech and language intervention are however considered the ultimate therapeutic outcome, thus facilitating participation in everyday life activities (Threats, 2003).

With the move towards family-centred practices, parents have been included in intervention and therefore have the opportunity to observe the child-SLP relationship. Further, parents have opportunities to observe their children’s interactions in everyday environments (e.g., home, playground, school). Consequently, asking parents their perspectives on the child-SLP relationship and children’s functional communication is considered appropriate.

**Parental Perspectives on Speech Therapy**

Parents of preschool children with communication disorders play a vital role in the assessment and intervention process (Bowen & Cupples, 2004; Crais, 1991, 1995; Glogowska, 2005; Markham & Dean, 2006; Kleinman, Braun, & Napiontek, 2004; Rudolph, Kummer, Eysholdt, & Rosanowski, 2005; Watts Pappas et al., 2008). However, there are few studies that have investigated parents’ views of SLP intervention (Andrews, Andrews, & Shearer, 1989; Glogowska & Campbell, 2000; Watts Pappas et al., 2008). To date, there is no published work regarding parents’ perspectives of the child-SLP relationship during speech-language pathology; however, two conference presentations have provided the following insights.
A survey of public perceptions regarding speech and language intervention in Greece was recently completed using a random sample of adults (Vlassopoulos & Desylla, 2010). These participants were asked to provide their perceptions of speech therapy, namely to describe what they perceived the job of the speech therapist to be. Those adults in the sample whose children had received speech and language services also provided additional information about their own as well as their child’s experience during speech therapy. Results from this study revealed that 92.4% of adults had positive perceptions of speech and language intervention (Vlassopoulos & Desylla, 2010). In particular, parents of children with communication disorders commented positively on the SLPs’ abilities to work well with children and families.

Additionally, Watts Pappas, McLeod, and McAllister (2007) described six themes identified by parents of children with speech sound disorders and SLPs regarding the factors that had an impact on the development of parent/professional partnerships: (a) approachability, (b) effective communicative skills, (c) respect for parents’ beliefs, (d) professional competence, (e) rapport with child, and (f) support of parental involvement. Parents identified all six factors, whereas, SLPs only identified the first four factors, omitting (e) rapport with child, and (f) support of parental involvement.

Only a few research studies have investigated parents’ perspectives on children’s functional communication following speech and language intervention (McCormack, McLeod, Harrison, & McAllister, 2010; Thomas-Stonell et al., 2009). In one study it was found that parents are twice as likely as SLPs to note the negative impact of communication disorders on a 2 to 6 year old child’s ability to participate in daily life activities (e.g., communicate clearly with others) and on their emotional health (e.g., frustration, behaviour problems) (Thomas-Stonell et al., 2009). This Canadian study of 375 parents of children with communication disorders and
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their SLPs (Thomas-Stonell et al., 2009) found that parents like SLPs, reported meaningful positive changes in their children’s functional communication following speech and language intervention. In particular, parents reported that their children could communicate more effectively with others. These findings suggested that parent reports of changes in functional communication following speech and language intervention were consistent with those of trained professionals. Thus, measuring functional communication from the parents’ perspective is another potentially important means of establishing children’s functional communication.

Government mandates and changes in clinical practice philosophies towards a family-centred approach have encouraged and supported parental involvement in children’s therapeutic process. A growing number of childhood disability researchers (e.g., Dunst & Trivette, 1996; Bishop & McDonald, 2009; Bowen & Cupples, 2004; Glogowska & Campbell, 2000; McCormack et al., 2010; Thomas-Stonell et al., 2009) have begun to reflect these changes and have included parents in their research. Despite the current emphasis on family-centred clinical practices, little is known about parental perspectives on children’s functional communication and parental perspectives on the child-SLP relationship established during speech and language intervention. If SLPs are to be family-centred in their service delivery practices, inclusion and understanding of parental perspectives is therefore essential.

Purpose

The authors of this study sought to examine the perspectives of a group of Canadian parents of children with speech-language disorders. The purposes of this study were to explore: (a) parents’ perspectives on the child-SLP relationship established during speech-language intervention and (b) parents’ perspectives on changes in children’s functional communication from pre-intervention to post-intervention. The authors of this study completed this research to
address two primary implications for speech therapy practices. First, the authors believed that there could be a wide-range impact of impairment-based therapies on a child’s ability to be included with others. Previous researchers, who have discussed the ICF and ICF-CY theoretical framework, have suggested that targeting goals in one ICF or ICF-CY domain could have direct effects in other domains (McLeod & Threats, 2008; Washington, 2007; 2010). The investigation of this theoretical concept in a clinical research study was deemed relevant to SLPs as it could establish the worth of speech-language services on other areas of development, not directly targeted during intervention. Positive experiences on children’s functional communication could be occurring, but have not yet been fully explored. Second, the authors wanted to investigate the topic of parental perspectives on the child-SLP relationship because this topic potentially offered a wealth of information, considered useful in guiding SLPs’ future practices. In particular, SLPs could be informed about which aspects of the therapeutic relationship were most commonly perceived by parents as contributing to the development of a positive therapeutic relationship. Ultimately, SLPs could modify their services to engage in evidence-based practices (EBP), guided by these parental perspectives.

This study was part of a larger program of validation research using the Focus on the Outcomes of Communication Under Six (FOCUS©; Thomas-Stonell, Oddson, Robertson, & Rosenbaum, 2010). In that program of research, participation outcomes and predictors of participation outcomes were examined for children with communication disorders following speech and language intervention.

Method
The authors employed a quasi-experimental design (Portney & Watkins, 2009) and data were collected over an 18-month time frame. Ethical and managerial boards provided approval for this project. All participants provided written consent to participate.

**Sample and Participant Selection**

Seven SLPs across three sites invited 96 parents of children with communication disorders to participate in this study. Each of these sites provided government-funded access to paediatric speech and language services in Ontario, Canada. To facilitate recruitment, convenience sampling was utilized. A standard script was used when recruiting each participant. Sixty-seven parents (64 mothers and 3 fathers) agreed to participate and were enrolled in the study with no attrition. Preschoolers and their parents resided in rural or urban settings and came from either single (48%) or dual (52%) income earning families. Preschoolers came from a range of racial backgrounds. Most participants (55%) were Caucasian (n=37), 12% were Hispanic (n=8), 12% were South-Asian (n=8), 11% were Caribbean-Black (n=7), 4.5% were Asian (n=3), 4.5% were African-Black (n=3), and 1% were characterized as other (n=1). Some families (25%) also reported that English was not the only language spoken in the home; however, all participating families were proficient in English.

Children ranged in age from 36 to 60 months (mean = 52 months) and the majority were males (66%). Children either had only a communication disorder (n = 43) or had a communication disorder and a developmental mobility impairment (n = 24). In this study, 52 preschoolers received speech and language intervention (Group 1), while the remaining 15 preschoolers were on a waitlist for intervention (i.e., parents who could not attend intervention sessions at the interval offered). The group of children awaiting intervention acted as a waitlist control group (Group 2).
The most prevalent diagnosis for children identified with developmental mobility impairments was Cerebral Palsy (58%). Most of these children were classified as Level 4, “child functions in sitting (usually supported) but independent mobility is very limited” on the *Gross Motor Function Classification System for Cerebral Palsy* (GMFCS; Palisano et al., 1997). The identified communication disorders for all children were: speech and language disorder (64%), language disorder only (21%), and speech sound disorder only (15%). All preschoolers’ communication level was established by participating SLPs using the *Communication Function Classification System* (CFCS; Hidecker et al., 2011). The purpose of the CFCS is to classify the everyday communication performance of an individual into one of five levels. The CFCS focuses on Activity and Participation levels as described in the WHO’s ICF (Hidecker et al., 2011). A parent, caregiver, and/or a professional who is familiar with the individual select the person’s communication level. Most preschoolers (39%) were classified as “effective sender and receiver with familiar partners” (Level 3 communicator).

All preschoolers were equivalent at pre-intervention for age, $F(1,65) = 1.77, p = .188, \eta^2 = .03$, initial communication level, $F(1,65) = 2.53, p = .117, \eta^2 = .04$ and sex, $F(1,65) = 3.89, p = .053, \eta^2 = .06$. Participants were also equivalent in pre-intervention functional communication skills as measured by the *Vineland Adaptive Behavior Scales-II* (VABS-II; Sparrow, Cicchetti, & Balla, 2005), $F(1,65) = 1.34, p = .251, \eta^2 = .02$ and the *Focus on the Outcomes of Communication Under Six* (FOCUS©; Thomas-Stonell et al., 2010), $F(1,65) = .45, p = .507, \eta^2 = .01$. Please see Table 1 for participants’ pre-intervention characteristics. In terms of parental characteristics, preschoolers were also found to be equivalent for: racial background (i.e., Caucasian versus non-Caucasian), $F(1,65) = .38, p = .540, \eta^2 = .01$; income earning, $F(1,65) =
.23, \( p = .630, \eta^2 < .01 \) and English as a second language home environment, \( F(1,65) = 2.53, p = .117, \eta^2 = .04 \).

All children received intervention at their local community site. Intervention reflected current community-based practices, which included access to individual and/or group intervention. According to the participating SLPs, as well as random observations completed by the first author, each site engaged in family-centred intervention services including: (a) engaging in active listening, (b) being compassionate, empathetic, respectful, and nonjudgmental in their language and behaviour towards both the parent and the child, (c) being aware of their professional beliefs and attitudes towards families, and as such were careful about working to complement parental capabilities and competencies, (d) ensuring that sessions were individualized, flexible (e.g., offering sessions at times most convenient to parents’ schedules), and responsive to family concerns (e.g., addressing areas of need highlighted by the families), and (e) providing families with opportunities to be actively involved in decisions and engaging in SLP/parent collaborations. Parents were present and participated in the intervention sessions. For example, the SLP would first model an elicitation technique with the child and then encourage the parent to practice that same strategy with their child. Hand-over-hand facilitation was provided as needed for each parent.

On average, preschoolers received 15.63 hours of direct group or individual intervention with a SLP (\( SD = 13.16, \) range = 3 - 57 hours, inter-quartile range = 11.40). The average intervention length was 18.19 weeks (\( SD = 10.32, \) range = 5 – 29 weeks, inter-quartile range = 19.25). Individual intervention was provided 65% of the time, group intervention was provided 25% of the time, and group plus individual intervention was provided 10% of the time.
Intervention was provided once or twice weekly over a 6-month interval. For example, the child receiving 3 hours of intervention was provided with six, 30-minute sessions once weekly.

The number of hours of intervention was determined by each site, in accordance with its typical clinical practices (e.g., based on extent of communication disorder). Consistent with service delivery practices in Ontario, most children (79%) received intervention once weekly that lasted between 30 and 50 minutes. At the end of each session, SLPs provided suggestions for home practice targeting goals addressed during the intervention session. All intervention sessions were provided in English. At post-intervention, children were discharged from their current block of intervention and their parents were provided with home practice suggestions targeting goals addressed during the intervention block. Children’s speech and language skills were re-evaluated within 3-months post-intervention to establish next steps for services.

Across the three participating sites, there was common intervention content to address the preschoolers’ needs. Specifically, there were similarities in approaches to intervention, type of intervention, and goals targeted. Intervention goals across preschoolers were: Articulation/Phonology (33%), Expressive Language (29%), Receptive Language (14%), Intelligibility (14%), Voice/Resonance (5%), Play (3%), and use of Augmentative and Alternative Communication Devices (2%). Children’s functional communication skills were not directly targeted.

**Parent Report Measures**

In this study, parental perspectives were obtained in two stages. In stage 1, all parents were asked to complete 25-minute structured telephone interviews at pre-intervention and post-intervention describing their children’s functional communication. These interviews were completed with an independent SLP who was not involved in the children’s intervention.
Interviews about parental perspectives on their children’s functional communication were established using two specific measures only. One measure, the VABS-II (Sparrow et al., 2005) was an established measure of functional communication (participation) while the other measure, the FOCUS© (Thomas-Stonell et al., 2010) is a newly established treatment outcome measure of functional communication, currently in its validation stage. Higher scores on both measures were better than lower scores, as a higher score indicated better functional communication.

The VABS-II is an interview-based standardized assessment of everyday adaptations for four major domains, including communication, daily living skills, socialization, and motor skills for birth to 90 years. For the purposes of this investigation, only parental responses for the socialization domain of the VABS-II were utilized. Administration of the VABS-II – socialization domain was considered relevant to the current project to establish functional communication from the parents’ perspective using a measure with established psychometric properties. Parents described their children’s functional communication in three main areas: (a) interpersonal relationships, (b) play and leisure, and (c) coping skills, with response options for usually, sometimes or partially, never, or don’t know.

The FOCUS© is a new, broad-based measure of communication skills following speech and language intervention for children six years of age and younger. Based on the ICF-CY framework, it contains items, which evaluate communication skills at the level of Activities and Participation as well as investigations of Personal Factors relating to communication. Unlike most speech and language outcome measures, it evaluates changes in both Capacity (what the child is capable of doing in an ideal environment such as a structured, therapeutic therapy session) as well as Performance (what the child is able to do in various environments such as home, school, daycare) (Thomas-Stonell et al., 2010). Inter- and intra-rater reliability of the
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measure for parents’ responses is currently established (Thomas-Stonell et al., 2010). Further, preliminary evidence suggests that the FOCUS© has convergent validity for the construct of functional communication (i.e., participation) (Washington, Thomas-Stonell, McLeod, Oddson, & Warr-Leeper, 2010). Parents responded to 50 different statements about their children’s abilities to be involved with others in meaningful ways (e.g., “My child makes friends easily”) with response options on a 7-point scale ranging from “not at all like my child” to “exactly like my child”, or “can always do without help” to “cannot do at all”.

In stage 2 (post-intervention), parents of children receiving intervention (n=52 since 15 children were on a wait list to receive intervention) were asked to provide a rating of the child-SLP relationship established during speech and language intervention. These parents responded to the question, “How would you rate your child’s therapeutic relationship with his/her speech therapist?” These ratings used a five-point Likert scale from 5 = very positive to 1 = not very positive. Parents were then asked why they gave the rating provided. No additional questions were used to solicit the parent comments about the ratings. Parents’ comments were transcribed verbatim and then repeated back for accuracy. Parent ratings and comments were kept confidential and were not shared with the intervention sites or SLPs.

Procedural validity: Part I. To ensure the integrity of the data collected, 10% of interviews (12 interviews) were randomly selected and observed by a second individual, one of two graduate students in speech-language pathology. For the fidelity process, interviews were equally observed from pre-intervention (six interviews) and post-intervention (six interviews) sessions.

Procedural validity: Part II. Administration of the VABS-II and the FOCUS© was counterbalanced across participants and phases. Following administration of the parent report
measures, parents of intervention participants provided their ratings of the child-SLP relationship. Parental comments supporting the child-SLP ratings provided were collected last. Based on the observations of the two independent students, it was determined that the interviewer adhered to an invariant protocol 100% of the time.

**Reliability for VABS-II and FOCUS© scoring.** To ensure reliability of scores, double scoring for parental responses on the VABS-II and the FOCUS© was completed randomly and independently for the 12 sessions (interviews). Each session selected was from a different participant and equally selected across groups and assessment time points. Two graduate students in speech-language pathology were recruited to perform this task. For the VABS-II, point-by-point agreement in scoring ranged from 96% to 100%, with an average of 97%. For the FOCUS©, point-by-point agreement in scoring ranged from 83% to 100%, with an average of 96%. These data suggested that the scoring of the VABS-II and the FOCUS© was reliable.

**Content analysis and reliability.** A content analysis of parental comments about the child-SLP relationship was completed. Specifically, parental comments regarding “why” they gave the rating provided about the therapeutic relationship established between their child and the SLP during intervention was used to supply the data for this analysis. Content analysis is a research method useful for establishing meaning from text (Neundorf, 2002; Weber, 1990). This analysis involves the systematic, objective, analysis of message characteristics to make valid inferences from text (Neundorf, 2002). Fifty-one of the 52 parents provided comments about their ratings for the child-SLP relationship. These comments were transcribed during the post-intervention interview and then entered into an excel spreadsheet with participant information removed.
Parental comments about the child-SLP ratings were coded using six themes identified in the previous investigation of parents’ perceptions of competencies in paediatric allied health intervention (Watts Pappas et al., 2007). The six themes used were: (a) approachability, (b) effective communicative skills, (c) respect for parents’ beliefs, (d) professional competence, (e) rapport with child, and (f) support of parental involvement. These themes had not previously been applied to SLP intervention. Therefore, application of the themes in the current study provided insight into what factors may have contributed to parents’ perspectives on the child-SLP relationship established during speech and language intervention. These themes had face-validity as they were developed from parent comments about building therapeutic partnerships.

Two SLPs who did not provide assessment or intervention for families and children in this study completed the content analysis. These SLPs were blinded to the project aims. To facilitate the content analysis, the SLPs participated in a training session where each theme was described using parent descriptions from the original study (Watts Pappas et al., 2007) of parents’ perceptions of building partnerships with children (e.g., approachability “she was very professional, but at the same time very personable, a real person, not condescending”). At the end of the training session, the SLPs were provided with a sheet containing these descriptions. The two SLPs then independently read and coded each of the parent comments using one or more of the pre-identified themes. For example, one parent comment was “She is a good therapist and (my child) enjoyed working with her”. This comment was coded using two different themes, professional competence for “she is a good therapist” and rapport with child for “enjoyed working with her”. Inter-rater agreement for thematic coding of each parent comment in the current study was 90%.
Once the SLPs had achieved a consensus (i.e., 90% inter-rater reliability) on the coding of parental comments, a further analysis of the two most frequently coded themes was completed. The same two SLPs independently analyzed the parent comments to identify recurring subthemes in the written text. These SLPs then compared and discussed their findings using an iterative face-to-face process, until 100% consensus was achieved. It was determined that additional subthemes could be identified.

Inter-rater reliability for the subcoding of parental comments using these additional themes was established using 20% of the original sample. These comments were randomly selected. One SLP who helped to establish inter-rater agreement for the original coding participated along with a new SLP blinded to the previous data or the purposes of the study. Agreement between these two SLPs was established in two phases, each using 10% of the sample. For the first phase, data were coded independently by the two SLPs with agreement established at 90%. For the second phase, data were once again re-coded with agreement established at 100%. The distribution of coded and subcoded themes is outlined in Table 2. A sample of parent comments along with the corresponding child-SLP relationship ratings and assigned (sub)themes is provided in Appendix A. The samples chosen were selected randomly from all parent comments. The data in Appendix A represents 10% of the entire sample.

Data Analysis and Design

A pre-post design was utilized. Qualitative and quantitative analyses were completed. Raw scores (instead of standardized scores) were utilized. Researchers have recommended the use of raw scores for measuring treatment outcomes for children with communication disorders, as it is not realistic to expect noticeable relative gains (i.e., standard score or percentile rank changes) over a limited period of time in treatment (Hadley, Olsen, & Earle, 2005). All data were
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entered into the Statistical Program for the Social Sciences (SPSS) Version 18.0.0 computer program (PASW, 2009). To answer research question 1: What are parents’ perspectives of the child-SLP relationship during speech-language intervention?, results from the content analysis were provided. To answer research question 2: What are parents’ perspectives of children’s functional communication?, the two groups (intervention vs. waitlist controls) were compared over two time periods (pre-intervention vs. post-intervention). A 2 X 2 repeated measures Analysis of variance (ANOVA) was completed to address the group X time period data generated from the VABS-II and another 2 X 2 repeated measures ANOVA was completed to address the group X time period data generated from the FOCUS©.

A significant interaction effect was predicted for both ANOVAs with the intervention group expected to show more change than the comparison group (i.e., waitlist controls) for pre-intervention to post-intervention test performance. Since previous univariate analyses have shown that participants were equivalent at pre-intervention for both VABS-II and the FOCUS© performance, a follow-up to the significant interaction was completed to determine if groups behaved differently at post-intervention only (column-effect). Planned follow-up tests ($p < .025$) were completed for significant F values.

**Results**

**Perspectives on the Child-SLP Relationship**

Parents rated the child-SLP relationship using a five-point rating scale, where 1 represented not very positive and 5 represented very positive. On average, most parents (94%) had positive or very positive perspectives on the child-SLP relationship established during speech and language intervention ($M = 4.4$, $SD = .75$). There was very little variance in the ratings provided. Of the parents included in this study, 56% (29/52) rated the child-SLP
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Relationship as very positive, 38% (20/52) rated the relationship as positive, 4% (2/52) provided a neutral rating, while only 2% (1/52) rated the therapeutic relationship as not very positive.

**Content analysis.** The content analysis was completed to identify common themes in parental comments about the child-SLP relationship. These comments were used to provide an expansion on the therapeutic rating provided by parents on the one- to five-point scale. The most to least frequent themes were: (a) rapport with child (55%), (b) professional competence (27%), (c) support of parental involvement (10%), (d) approachability (5%), (e) effective communicative skills (2%), and (f) respect for parents’ ideas and beliefs (1%).

A further analysis of the written text arising from the two most frequently coded themes (i.e., rapport with child and professional competence) was completed. A total of nine additional themes were identified using this process. Six subthemes were identified in the ‘rapport with child’ theme: child enjoyment, child-SLP interaction, SLP liking child, child liking SLP, child liking intervention, therapeutic experience. Three subthemes were identified in the ‘professional competence’ theme: SLPs’ skills/abilities, SLPs’ managing child’s personality, child’s improvement/progress in therapy. These subthemes provided details about the factors that contributed to building the child-SLP relationship. Please refer to Appendix A for an example of the (sub)themes.

**Parental Perspectives on Children’s Functional Communication**

Parents’ descriptions of their children using the VABS-II and the FOCUS© were utilized to establish functional communication outcomes from pre-intervention to post-intervention. As predicted, there was a significant interaction effect, with intervention participants experiencing significantly greater progress compared to the comparison group (i.e., waitlist control participants). This finding suggested that parents of children receiving intervention observed that
significantly greater changes in children’s functional communication were occurring over time. Examples of changes observed included the following: (a) being able to tell stories that made sense, (b) participating in group activities, (c) joining in conversations with peers, (d) engaging in pretend play with others, (e) making friends with others, and (f) responding to others when asked questions.

Results for the VABS-II scores were as follows: both the group type, $F(1,65) = 7.37, p = .008, \eta_p^2 = .10$ and the time period, $F(1,65) = 44.10, p < .001, \eta_p^2 = .40$, main effects were significant, as well as the Group Type X Time Period interaction, $F(1,65) = 4.47, p = .038, \eta_p^2 = .06$. Due to the significant interaction effect, main effects for group type and time period were not interpreted. Instead, a simple main effect analysis at the post-intervention time point (column effect) was completed as a follow-up to the significant interaction effect. Significant differences were found at post-intervention, $F(1,65) = 15.40, p < .001, \eta^2 = .19$. Pairwise comparisons of means at post-intervention revealed that intervention participants had higher VABS-II mean scores on average compared to waitlist controls. Figure 1 illustrates between group performances for VABS-II data.

Results for the FOCUS© scores were as follows: the group type main effect was not significant, $F(1,65) = .40, p = .530, \eta_p^2 = .01$; however, the time period main effect, $F(1,65) = 24.74, p < .001, \eta_p^2 = .28$, as well as the Group Type X Time Period interaction, $F(1,65) = 15.73, p < .001, \eta_p^2 = .20$ were significant. Main effects for intervention group and time period were not interpreted. Instead, simple main effects analyses were completed as a follow-up to the significant interaction effect. Significant differences were found at post-intervention, $F(1,65) = 4.48, p = .023, \eta^2 = .06$. Pairwise comparisons of means at post-intervention revealed that
Parents’ Perspectives on Intervention

...Participants had higher FOCUS© mean scores on average compared to waitlist controls. Figure 2 illustrates between group performances for FOCUS© data.

**Discussion**

**Child – SLP Relationship**

Parents had positive perspectives about the child-SLP relationship following speech and language intervention. Characteristics such as the ‘rapport with child’ and the SLP’s ‘professional competence’ during intervention were large parts of having a positive child-SLP relationship. There were particular features of each characteristic that contributed to these parental perspectives. The 55% of parent comments that were coded as ‘rapport with child’ were further analyzed and led to the identification of six features that contributed to the perception of having a good rapport: child-SLP interactions, therapeutic experience, child enjoyment, child liking SLP, child liking intervention, and SLP liking child. These features reflect the relational component of family-centred practices. Further, the subsequent analysis of the 27% of parent comments coded as SLPs ‘professional competence’ revealed that the SLPs’ clinical skills/abilities, child’s progress in intervention, and the SLPs’ abilities to manage the child’s personality were components of the SLPs’ perceived competence. Ultimately, this perception of SLPs being competent contributed to the parents’ rating of a positive child-SLP relationship.

**Children’s Functional Communication**

The current findings demonstrate that speech and language intervention positively impacted functional outcomes in young children with communication disorders. The children who received intervention made significantly more gains compared to no intervention waitlist controls in functional communication skills. According to children’s parents, these gains were noted in making friends, telling stories, and engaging in conversations and play with others. The
importance of investigating the child’s ability to be included with others is being increasingly recognized (Howe, 2008; Threats, 2003; Washington, 2010). In particular, the ICF-CY framework has encouraged movement away from an impairment-based model of speech and language services toward the use of a holistic framework (e.g., ICF-CY) that focuses on functional assessments of children’s communication from the parents’ perspective (Rudolph et al., 2005; Thomas-Stonell et al., 2009; Washington, 2010). Thomas-Stonell and her colleagues (2009) found that parents of young children with communication disorders reported positive meaningful changes in children’s functional communication following intervention.

In the current study, SLPs did not provide direct targeting of children’s functional communication. Instead, intervention goals focused primarily on traditional speech and language skills (i.e., impairment-based targets). Therefore, the significantly greater gains observed in functional communication provide some evidence for the broad range impact of speech and language intervention compared to no intervention for a variety of children with communication disorders. The child’s ability to move beyond that, which is targeted in therapy, thus facilitating inclusion in everyday life activities, is considered the ultimate therapeutic outcome (Threats, 2003; Washington, Warr-Leeper, & Thomas-Stonell, 2011). As suggested by proponents of the ICF-CY framework (McCormack et al., 2010; McLeod & Threats, 2008; Thomas-Stonell et al., 2009; Washington, 2010), SLPs should also consider broadening their intervention approaches to begin targeting functional communication (e.g., attention, socialization), which could positively impact on children’s traditional communication skills.

**Clinical implications.** This research study has resulted in two important findings thought to have possible practical implications for SLPs working with preschoolers with communication disorders. The first finding was that parents valued the SLPs’ rapport with their child and as well
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as the SLPs’ professional competence. The positive child-SLP relationship, which was supported by the rapport established between the child and the SLP, may have resulted in removing barriers to attendance and increasing motivation to come to therapy. The additional subthemes identified regarding the child-SLP rapport offered some insight into why/how positive experiences may have occurred. Ultimately, decreased frustration on the part of the child (i.e., happy about going to therapy) and the parent (i.e., not fighting with child to go the speech therapy needed to address communication needs) could have occurred. Further, the parents’ perception of the SLPs’ professional competence suggested that parents were attentive to the level of expertise the clinician had to address their child’s communication needs. Combined, these insights have implications for the enactment of evidence-based practice within speech-language pathology. It can provide direction for how to consider the clients’ perspective and the importance of the clinicians’ expertise. SLPs’ consideration of these types of parental perspectives to guide future practices, can also contribute to the ongoing move towards family-centred practices in speech-language therapy.

The second finding of this research was that intervention reflecting impairment-based goals had an impact on functional outcomes, a result that has rarely been tested due to limited assessment tools. This result was tested using the new tool, the FOCUS© as well as the established measure, VABS-II socialization domain. The fact that outcomes using both measures were significant for intervention compared to waitlist controls supports the worth of speech-language interventions on other areas of development for preschoolers with communication disorders. The results provide evidence for the importance of the breadth of the ICF-CY. There is interaction between impairment and intervention and functional outcomes. Findings obtained from this study, suggested that direct targeting of one domain of the ICF-CY (e.g., Body
Functions - articulation functions, section b320) resulted in observable gains in other domains (e.g., Activities and Participation – conversations with others, sections d3503 and d3504). As such, SLPs should be aware of the broad based impact of direct, impairment based services on a child’s ability to be included with others.

Limitations of the Present Study and Future Directions

A randomized sample of parents of children with communication disorders could not be obtained. Since this sample of parents was based on the caseload at three centres, the children may not be completely representative of all children identified with communication disorders.

Another limitation of this study was the sensitivity of the rating scale utilized to obtain parental perspectives on the child-SLP relationship. There were only two positive response options on this scale. A large percentage of parents had positive or very positive perspectives of the child-SLP relationship established in speech-language intervention. Future research investigations should incorporate a rating scale that has a broader range of response options to increase sensitivity. Two different response scales could be used to achieve this objective – one for positive responses and the other for negative responses. A more even distribution of responses would provide more insight into the parents’ perspectives on the child-SLP relationship. A greater distribution for ratings along the 5-point scale would also facilitate comparisons between more positive and less positive parent ratings. Further, a larger group of questions that could help provide more variance across parents’ comments could be used. Also, questions regarding parental perspectives on amount of change/progress expected in intervention could be collected. An interesting analysis comparing parents’ ratings of change as well as the child-SLP relationship to child progress on an outcome measure (e.g., the FOCUS©) could therefore be completed to determine the nature of the relationship among these factors.
Future investigations of the child-SLP relationship could also be expanded to include perspectives of both the child and the SLPs directly about the therapeutic relationship. Use of direct examination of these perspectives could provide a first-hand opportunity to examine how individuals engaged in the child-SLP relationship view their partnership. This information could then be used to guide and/or inform professional practice. Additionally, to confirm the applicability of the themes/subthemes, parents could be asked to participate in focus groups. A discussion of the importance of the child-SLP relationship, parent-SLP relationship and the factors contributing to these relationships could be achieved. This would facilitate a greater understanding of and appreciation for parents’ perspectives. It would also be important to ask parents directly about features of the speech-language services provided that were important to them. Specific information about the participatory component of family-centred practices could consequently be obtained.

An additional limitation was that counterbalancing in test administration across assessment intervals was aimed for by asking parents to complete the VABS-II followed by the FOCUS© at pre-intervention and at post-intervention the FOCUS© was administered first followed by the VABS-II. However, it is possible that this order confounded the results, since the assessment interval varied with the order of tasks. If this study were replicated, having half of the participants complete the VABS-II first and the other half complete the FOCUS© first at both pre- and post-test could achieve proper counterbalancing.

It is also acknowledged that we cannot confirm whether or not the parents were answering the questions to the functional communication outcomes, in order to be “good participants”. Thus, there is a possible influence in the way the data were collected on these parental comments.
Conclusion

The findings of this descriptive study provide insights into a group of Canadian parents’ perspectives on speech-language pathology. In particular, major components necessary for building positive therapeutic partnerships in speech language intervention (e.g., ‘rapport established’ and ‘professional competence’) were identified. Within speech-language pathology, we do not have enough information about these parental perspectives. Theoretical discussions about the provision of speech and language services beyond an impairment level however enable a greater understanding of: (a) other factors that could significantly contribute to parents’ perspectives on the experience of therapy, and (b) children’s functional communication. Including parents in the therapeutic process and the evaluation of outcomes facilitates an enhanced understanding of their perspectives that could be used to guide service provision. Consequently, the needs of the child with the disability and his or her family can be better serviced.
Declaration of Interest Statement

The authors report that there are no financial or personal relationships with other people or organizations that could inappropriately influence the content and writing of this paper. Therefore, the authors report no conflicts of interest for this study. The authors alone are responsible for the content and writing of the paper.
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## Appendix A

Parent ratings, comments, and coded themes/subthemes

<table>
<thead>
<tr>
<th>Participant</th>
<th>Parent Rating of the Child-SLP Relationship</th>
<th>Parent Comment (about child-SLP rating)</th>
<th>Theme(s) Coded</th>
<th>Subtheme(s) Coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1041</td>
<td>5</td>
<td>(My child) really likes her therapists. (My child) looks forward to seeing her therapist and (my child) gets really excited. (My child) says it’s &quot;my special time without my siblings&quot;</td>
<td>Rapport with child</td>
<td>Child likes SLP; child enjoyment; therapeutic experience</td>
</tr>
<tr>
<td>G1040</td>
<td>5</td>
<td>(My child) asks to go all the time to go to speech therapy. (My child) loved it, (my child) loved her teacher. They had a great time together</td>
<td>Rapport with child</td>
<td>Child likes therapy; child likes SLP; child-SLP interaction</td>
</tr>
<tr>
<td>G2011</td>
<td>4</td>
<td><em>She is a good therapist</em> and (my child) enjoyed working with her*</td>
<td>Professional competence* &amp; rapport with child*</td>
<td>SLP abilities/skill*; child enjoyment*</td>
</tr>
<tr>
<td>G2015</td>
<td>4</td>
<td>(My child) had a good relationship with her therapist*. <em>She (the therapist), had good ideas and made (my child) learn more and talk better</em></td>
<td>Rapport with child* &amp; professional competence*</td>
<td>Child-SLP interaction*; SLP’s clinical skills; child improvement/ progress*</td>
</tr>
<tr>
<td>G1031</td>
<td>5</td>
<td>(My child) had a good time with her teacher</td>
<td>Rapport with child</td>
<td>Child likes SLP</td>
</tr>
</tbody>
</table>

*Note. Parent ratings, associated comments and themes/subthemes coded represent 10% of the sample of available responses. These samples were randomly chosen.

#Parent rating scale: 5 = very positive, 4 = positive, 3 = neutral, 2 = not positive, 1 = not very positive

*Comment coded as professional competence/"comment coded as rapport with child

~Subtheme(s) coded. These are subthemes arising from the two most frequently coded themes (rapport with child and professional competence) for why parents provided the child-SLP ratings. Semicolon represents a new subtheme. The italicized parent comments/themes/subthemes represent those associated with professional competence.*
Table 1. Participants’ pre-intervention characteristics

<table>
<thead>
<tr>
<th></th>
<th>Group 1 (n=52)</th>
<th>Group 2 (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (mean)</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td>Age (range)</td>
<td>37-72</td>
<td>37-62</td>
</tr>
<tr>
<td>Gender distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females (n=)</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Males (n=)</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>CFCS Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level (mean)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Level (range)</td>
<td>1-5</td>
<td>1-4</td>
</tr>
<tr>
<td>VABS-II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>119.21 (22.75)</td>
<td>111.60 (21.16)</td>
</tr>
<tr>
<td>FOCUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>253.87 (51.55)</td>
<td>263.80 (47.88)</td>
</tr>
</tbody>
</table>

CFCS = Communication Function Classification System (Hidecker et al., 2011)
VABS-II = Vineland Adaptive Behavior Scales-II (Sparrow et al., 2005)
FOCUS = Focus on the Outcomes of Communication Under Six (Thomas-Stonell et al., 2010)
Table 2

Percentage of Theme and Subtheme Codings for Parent Comments

<table>
<thead>
<tr>
<th>Theme</th>
<th>Percentage of parent comments coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapport with child</td>
<td>55</td>
</tr>
<tr>
<td>Professional competence</td>
<td>27</td>
</tr>
<tr>
<td>Support of parental involvement</td>
<td>10</td>
</tr>
<tr>
<td>Approachability</td>
<td>5</td>
</tr>
<tr>
<td>Effective communicative skills</td>
<td>2</td>
</tr>
<tr>
<td>Respect for parents’ beliefs</td>
<td>1</td>
</tr>
</tbody>
</table>

Subthemes for *Rapport with child* [Total subtheme count* = 77]

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Percentage of parent comments subcoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-SLP interaction</td>
<td>34</td>
</tr>
<tr>
<td>Therapeutic experience</td>
<td>27</td>
</tr>
<tr>
<td>Child enjoyment</td>
<td>12</td>
</tr>
<tr>
<td>Child liking his/her SLP</td>
<td>12</td>
</tr>
<tr>
<td>Child liking intervention</td>
<td>9</td>
</tr>
<tr>
<td>SLP liking child</td>
<td>6</td>
</tr>
</tbody>
</table>

Subthemes for *Professional competence* [Total subtheme count* = 27]

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Percentage of parent comments subcoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLP clinical skills</td>
<td>48</td>
</tr>
<tr>
<td>Child improvement/progress</td>
<td>44</td>
</tr>
<tr>
<td>Personality management</td>
<td>8</td>
</tr>
</tbody>
</table>

*Coding and sub coding of parents’ comments was established using one or more themes/subthemes.*
FIGURE 1. Preschoolers’ between group performance on the Vineland Adaptive Behavior Scales (VABS) – II illustrated at each time period.
FIGURE 2. Preschoolers’ between group performance on the Focus on the Outcomes of Communication Under Six (FOCUS©) illustrated at each time period.