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Parental involvement in speech intervention: A national survey

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Running head: Parental involvement in speech intervention
Abstract

A survey of 277 speech language pathologists (SLPs) investigated beliefs and practice regarding parents’ involvement in service planning and delivery for children with speech impairment. Although the SLPs frequently involved parents in service delivery for speech intervention, parental involvement in service planning was less frequent. SLPs working in educational settings involved parents to a lesser extent than SLPs working in health settings and private practice. More experienced SLPs involved parents less in decision-making. A gap between the SLPs’ beliefs and practice was found, with stated beliefs not always reflecting practice. 40% of respondents were unhappy with the level of parental involvement and perceived workplace, personal and parental barriers to working effectively with parents. Although the SLPs indicated that they believed in and used family-centered practices, beliefs and practice regarding parent decision-making were therapist- rather than family-centered.

Key words: parent, family, treatment, therapy, articulation, phonology, speech impairment
The way in which health professionals have worked with parents and families has changed significantly over the past 50 years (Hanna & Rodger, 2002). Speech-language pathologists (SLPs) have shifted from having limited involvement with parents to, in some services, a collaborative relationship with the whole family. Traditionally, a therapist-centred model was used in intervention services for young children in which the professional was considered the expert and thereby directed and controlled service planning, delivery and the parents’ involvement in the therapeutic process (Rosenbaum et al., 1998). More recently, a family-centred model has been accepted as best practice (Crais, Poston Roy & Free, 2006). Family-centred practice is a philosophy of care which embraces parental control over intervention services, considers the whole family as the client rather than just the child and focuses on forming positive relationships between families and professionals (Hanna & Rodger, 2002). The advent of family-centered practice has meant that SLPs are now challenged to not only involve parents and families in intervention but to also allow them a primary decision-making role.

Many intervention approaches used by paediatric SLPs, such as the Hanen Program for the promotion of early language development (Girolametto et al., 1994) and the Lidcombe Program for early stuttering intervention (Onslow et al., 2003) promote collaboration with families. Little is known however, about the extent to which SLPs involve parents and families in clinical practice for speech impairment. A survey conducted by McLeod and Baker (2004) of Australian SLPs’ intervention practices indicated that 88% of respondents involved parents in speech intervention. What was not specified was the exact type of involvement that the parents had in the
intervention and whether family-centred practices, such as parental involvement in goal-setting, were used.

Studies of SLPs’ beliefs and attitudes regarding working with parents and families are also limited. A number of studies investigating professional attitudes have included SLPs in a larger group of service providers (Bruce et al., 2002; Crais et al., 2006; Iversen et al., 2003; King et al., 1998). Three of these studies have compared parent/professional beliefs regarding family-centred practices. These studies found that parents’ and professionals’ perceptions of the use of family-centred practices in a service were similar (Crais et al., 2006; Iverson et al., 2003; King et al., 1998). Two studies found differences between professionals’ ideal versus actual practices in working with parents and families in early intervention (Bruce et al., 2002; Crais et al., 2006). However, no studies have specifically focused on SLPs’ perceptions regarding working with families in intervention for speech impairment.

The few experimental studies that have investigated the effectiveness of parental involvement in intervention for speech impairment have found that parental participation in speech intervention given primarily by a SLP can increase intervention outcomes, specifically with respect to the level of gain (Fudala et al., 1972; Sommers, 1962). Given the potential benefits of involving parents in speech intervention, a study was devised to investigate how SLPs work with families of children with speech impairment. The following research questions were posed:

1. What is the current extent of involvement of parents in service planning and delivery for their child’s speech impairment?
2. What are SLPs’ attitudes and beliefs regarding working with parents and families in speech intervention?

3. Are SLPs satisfied with the level of parental involvement in their service?

4. Do differences exist between the SLPs’ beliefs and reported practice in working with parents?

5. Are there differences between SLPs’ responses depending on their parental status, length of employment as a SLP and employment setting?

**Method**

**Participants**

Participants were members of Speech Pathology Australia (the only professional organisation for SLPs in Australia). The questionnaire was emailed to 2200 paediatric SLP members. Only SLPs who worked with children with speech impairment were asked to respond. 277 SLPs returned the questionnaire, indicating a 12.6% response rate. The response rate was similar to the number of SLPs who attended professional workshops about speech impairment (McLeod & Baker, 2004) and may have been reduced due to the fact that not all SLPs have email access at their workplace, and that the questionnaire was comprehensive, requiring an extended period of response time.

Of the 277 respondents, 97% were females and 37% indicated that they were parents. A number of different workplaces were represented with the most common being health settings (62%), education settings (32%) and private practice (32%) (some respondents indicated that they worked in more than one setting). Half of the respondents indicated that the majority of their current caseload consisted of children with speech impairment (mean and median = 50%; range = 0-100%) where speech
impairment was defined as a difficulty producing speech sounds which is of unknown origin (e.g., phonological delay, articulation disorder). The participants had between 1 and 39 years of experience working as a SLP, with a mean of 11 years.

Questionnaire

A comprehensive questionnaire was constructed to obtain information about SLPs’ involvement of parents in speech intervention and their beliefs about working with parents. The questions included features of contemporary speech pathology practice, as well as aspects that were gleaned from health and education literature as representative of family centred practice.

The questionnaire consisted of three sections:

1. **Demographic details** about the SLPs.

2. **Details of how SLPs typically involve parents in their practice**.

Participants were asked to indicate (on a five-point scale from always to never) how frequently they used different aspects of service delivery. Fifty-three aspects relating to potential parental involvement were examined, commencing with the initial contact through assessment, goal setting, intervention and homework. In addition, two open-ended questions asked the SLPs about their satisfaction with their involvement of parents in speech intervention and the presence of possible barriers in their work with parents and families.

3. **The SLPs’ feelings and beliefs regarding parental involvement**.

Participants were asked to respond (on a five-point Likert scale) to 15 statements regarding parental involvement in intervention (e.g., “Parents should be given a choice about how involved they are in their child’s intervention”). The statements
were informed by medical, health, education and speech pathology literature about family-centred practice.

Procedure

Members of Speech Pathology Australia who were registered as working with children were emailed a copy of the questionnaire. Only paediatric SLPs who were working with children with speech impairment were asked to respond. The participants were asked to return the questionnaire (via email or post) within three weeks of receiving the email. A reminder notice was sent via email three weeks after the distribution of the questionnaire to the same mailing list.

Data Analysis

Results were analysed predominantly using descriptive statistics. In parts two and three of the questionnaire Likert categories were combined to facilitate interpretation of the data (e.g., strongly agree/agree-sometimes-disagree/strongly disagree). Percentages were calculated after excluding missing responses. In a search for discriminating variables according to differences in the nature of parental involvement Wilcoxon rank sum tests were used to identify statistically significant differences and Spearman’s rank-correlation tests were used to identify statistically significant correlations between the respondents’ reported beliefs and practices. Kruskal-Wallis rank sum tests were used to compare the SLPs’ demographic characteristics and their responses to selected survey questions. Spearman’s Rank correlation tests were used to compare the SLPs’ years of experience with the same questions. The S-Plus 7.0 statistical program was used to conduct these tests. The written responses to the open-ended questions were analysed using content analysis procedures, whereby responses
or parts of responses were first coded into descriptive categories and then grouped into second-level more abstract categories (Miles & Huberman, 1994).

Results

Typical involvement of parents in speech intervention

*Parental involvement in the different phases of speech intervention*

In the assessment phase, the majority of respondents (84%) indicated that parents were always or usually present during assessment sessions for children with speech impairment. 67% of SLPs involved parents in goal-setting; however, only 38% always or usually allowed parents to make the final decisions about intervention goals. This difference was found to be statistically significant ($z = 7.566, p <0.001$). In the intervention phase of management, 80% of SLPs indicated parents were always or usually present at intervention sessions. However, although parents were mostly present during sessions, only 35% of SLPs indicated they always or usually involved parents in intervention sessions. The SLPs involved parents to a much greater extent in home activities with 95% of respondents indicating they always or usually gave home activities to parents.

*Use of family-centred practices*

The survey was designed to include service delivery options which were indicative of involvement of parents in speech intervention as well as options which were representative of family-centered practices. The SLPs’ responses to the family-centered service delivery options varied, with some family-centred practices used routinely by the majority of the SLPs and others rarely so. Family-centered practices
that were reported to be always or usually used by the majority of SLPs included for example: considering parents’ time and priorities when providing homework (94%), and asking parents if they agreed with the diagnosis given to their child (68%).

Approximately half of the SLPs always or usually allowed parents to suggest changes in intervention goals or activities (53%). Fewer respondents gave parents the option of the extent of their involvement in the intervention (44%), allowed parents to make the final decisions regarding the goals for intervention (38%) or gave parents an option regarding the service delivery format provided to their child (17%).

**Impact of demographic characteristics**

Demographic characteristics of the participants were compared with selected questions from part two of the survey using Kruskal-Wallis rank sum tests. The effect of the SLPs’ years of experience on their responses was analysed using Spearman’s rank correlation tests. The participants’ workplace was the most influential factor in their responses. Specifically, SLPs who worked in an educational setting were significantly less likely to have a parent present at (56%) (Chi-square = 89.140, df = 3, p <0.001) or participate in (16%) intervention sessions for speech impairment (Chi-square = 22.868, df = 3, p <0.001). SLPs who had completed training in either a Hanen or Lidcombe program were statistically more likely to involve parents in the intervention sessions (Hanen: Chi-square = 8.441, df = 1, p <0.01, Lidcombe: Chi-square = 8.870, df = 1, p <0.01). More experienced therapists were less likely to allow parents to make the final decisions about intervention goals (z = -2.972, p <0.01, rho = -0.182).

SLPs’ beliefs regarding parental involvement in intervention for speech impairment
The SLPs answered 15 questions about their beliefs regarding parental involvement in speech intervention. A priori the belief questions were classified as either indicative of a belief in parental involvement, family-centred practices or therapist-centred practices.

*Parent involvement beliefs*

Overall, the majority of the SLPs agreed or strongly agreed with the involvement of parents in speech intervention: 98% indicated they agreed or strongly agreed that parental involvement is essential for speech intervention to be effective and 97% agreed or strongly agreed that parents should be encouraged to participate in intervention sessions.

*Family-centered beliefs*

Beliefs in family-centered practices were also strong among the participants with the majority of the respondents agreeing or strongly agreeing with the family-centered statements overall. For example, 89% indicated they agreed or strongly agreed with the statement ‘the whole family is the client, not just the child’. However, not all of the respondents’ beliefs were family-centered: only 42% of respondents agreed or strongly agreed with the statement ‘parents should have the final say on the content of intervention goals and activities’.

*Therapist-centred beliefs*

The majority of participants did not believe in the therapist-centred statements in the questionnaire. For example, only 16% agreed with the statement ‘parents do not have the knowledge to determine intervention goals for their child’. However, some
therapist-centred statements had higher levels of approval from the SLPs. For example the majority of respondents agreed or strongly agreed that ‘parents should be able to find the time to do homework activities with their child’ (75%).

$\textbf{Impact of demographic characteristics}$

The SLPs responses to some questions were influenced by their years of experience. For example, responses to the belief statement ‘parents should have the final say on the content of intervention goals and activities’ were negatively correlated with the SLPs’ years of experience; the more years of experience the SLP had, the less likely they were to agree with this statement. ( rho = -0.182, z = -2.972, p < 0.001).

$\textbf{Belief versus practice}$

Five of the SLPs’ practices from part two of the questionnaire were matched with a corresponding belief statement from part three. For example, the action statement ‘parent(s) make the final decision about goals for intervention’ was matched with the belief statement ‘parents should have the final say on the content of intervention goals and activities’. The SLPs’ responses to these beliefs and actions were compared and analysed to determine if statistically significant differences or correlations existed between them. A Wilcoxon rank sum test was used to identify significant differences and a Spearman’s rank correlation was used to identify the presence of correlation (p < 0.05 significance level was set for both of these tests).

The SLPs’ responses to two of the belief statements correlated positively with their responses to the corresponding action statement. That is, their beliefs and practices corresponded regarding parental presence in the intervention session and parents
having the final decision about intervention goals. A significant difference was found between three of the corresponding beliefs and actions: parental choice in the level of their involvement, parental involvement in the intervention sessions and the use of home activities which were incorporated into the daily family routine.

Open-ended responses: Satisfaction with parental involvement and the presence of barriers or supports.

When asked whether they were satisfied with the level of parental involvement in their clinic, 40% of the SLPs indicated they were not happy with the level of parental involvement in their service or some aspects of their service. A content analysis revealed two categories of responses: a belief in the importance of parental involvement and barriers to involvement.

a) A belief in the importance of parental involvement.

Many SLPs made statements about their belief in the importance of parental involvement in intervention for speech impairment, particularly the use of homework activities. This response is typical: *The involvement of parents in doing homework is vital if any improvement is to occur.*

b) Barriers to parental involvement.

Many SLPs also spoke of the barriers to parental involvement in intervention. In response to the question ‘What is the reason for more or less parental involvement?’ three main categories emerged: workplace barriers, SLP barriers and parent barriers.

Workplace barriers

Involving parents in intervention was reported by 16% of the SLPs to be problematic due to the inflexible forms of service delivery that could be offered to clients at their workplace. In particular, the difficulty of parental involvement in intervention for
children seen within the school system was reported. For example, one respondents reported: *I work within schools – parental involvement is minimal due to time constraints. I generally speak to class teachers and teachers’ aides who pass on information to parents, as they feel appropriate.*

**SLP barriers**

As well as barriers to parental involvement caused by workplace issues, some barriers were reported as coming from the SLPs themselves. 11% of respondents reported therapist barriers including time constraints, SLPs’ beliefs about parental involvement and a lack of therapist confidence or experience in involving parents in intervention: *I recognize a need to increase my family centred practices but fall back on old patterns.*

**Parent barriers**

The barriers to parental involvement most frequently cited by the SLPs (29%) were the parents themselves, due to a variety of reasons. Factors such as the parents’ capability to be involved in the intervention and their available time for things such as attendance at sessions were seen as possible barriers to their involvement. Some respondents also felt that parents’ beliefs and expectations about their participation in the intervention could limit their willingness to be involved: *Parent attitude – some parents seem to think if they bring their child to therapy, they’ve done their job and it is the SLP’s job to fix the speech difficulty.*

**Discussion**

The majority of SLPs who responded to the questionnaire involved parents in speech intervention in some way. The most frequently used form of parental involvement was the provision of home activities which were always or usually given by almost all of the respondents (95%). Parental involvement in intervention planning occurred less
than their involvement in intervention provision. For example, although 68% of respondents indicated they always or usually involved parents in goal setting and 53% always or usually allowed parents to suggest changes in intervention activities and goals, only 38% always or usually allowed parents to make the final decisions about intervention goals. Parents also had limited control over other aspects of the intervention such as the extent of their involvement and when to begin intervention for their child. These results indicate that although parents were usually involved in intervention services for their child with speech impairment, the SLP retained primary control over the direction of that intervention, a therapist-centred approach to management.

The SLPs’ beliefs and attitudes regarding working with parents also supported a therapist-centred model of intervention, particularly more experienced SLPs who were more likely to agree with therapist-centred statements and disagree with family-centred belief statements. The overwhelming majority of SLPs (98%) believed that parental involvement is essential for speech intervention to be effective. However, the participants appeared to hold a stronger belief in parental involvement in provision of intervention rather than in planning. Although the respondents indicated their belief in a number of family-centred practices, such as considering the whole family as the client, only 42% of SLPs indicated that they agreed that parents should have the final say on the content of intervention goals and activities. This finding is similar to other studies investigating professionals’ perceptions of working with families, in which the professionals believed they should take the lead in intervention planning and decision making (Bruce, 2002; Litchfield & MacDougall, 2002; Minke & Scott, 1995). For example, Litchfield and colleagues interviewed 10 physiotherapists working with
children with disabilities. The therapists reported concerns about a loss of professional identity and ethical concerns if parents were to be allowed to be the primary decision makers in their child’s intervention.

In many cases the beliefs of the participants matched the practices they reported they used in their management of children with speech impairment. However, some of the SLPs’ beliefs about speech intervention were not used in practice (see Figure 1). Why this incongruence between beliefs and practice? Other factors may influence the extent that SLPs can involve parents in intervention, even if their ideal service provision model would include parental involvement. For example, although many participants indicated their belief in the importance of parental involvement, 40% of the SLPs reported they were not happy with the level of parental involvement in their service, or aspects of their service. Agency barriers and parent barriers such as parent time, capability and beliefs were suggested by SLPs as some of the major factors which prevented them from involving families as much as they would like to in intervention. Working in an educational setting appeared to be particularly problematic for involving parents. SLPs who worked in educational settings involved parents significantly less in the intervention than respondents who worked in other settings. Another explanation for the belief-practice divide could be the impact of transitioning to a new model of practice. SLPs might be attempting to embrace family-centred practices and beliefs but may not have yet fully transferred this new model of care to their regular practice. This phenomenon is not new. Other studies have also demonstrated an implementation gap between the beliefs versus practices of professionals in their interaction with parents and families in early intervention (Bruce et al., 2002; Crais et al., 2006; O’Neil & Palisano, 2000). For example, Bruce and
colleagues (2002) surveyed 483 allied health practitioners regarding their use and beliefs about family-centred practices. They found a marked difference between the professionals’ perceptions and practices of family-centred care.

Limitations

The limitations of this study include the limited response rate, a possible self-selection bias for the SLPs who chose to respond to the questionnaire, and the fact that the SLPs’ practices in involving parents were based on their own report and were not independently verified.

Conclusion

The SLPs overwhelmingly believed parent involvement was essential in intervention for speech impairment and frequently involved parents in speech intervention. Although many family-centred practices were reported to be used, the majority of SLPs were using a primarily therapist-centred model of intervention; particularly the more experienced SLPs. Working in an educational setting was associated with significantly less parental involvement in the intervention. The SLPs were still the primary decision makers in the management of speech impairment and parents were provided with limited choice and control over service delivery options, goals and the extent of their involvement in the intervention.

A gap between the SLPs’ beliefs and practice was present with the SLPs’ stated beliefs not always reflecting their reported practice in working with parents. Further research is required to establish SLPs’ actual rather than reported practices in working
with parents and families and also establish what form of involvement parents want in intervention for their child with speech impairment.

Acknowledgments

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References


Figure 1. SLPs’ beliefs compared with practice

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<thead>
<tr>
<th>Comparison</th>
<th>Issue</th>
<th>Response</th>
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<td>Parental presence in intervention sessions</td>
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</tr>
<tr>
<td></td>
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<td>[BELIEF: It is essential for the parent to be present at the intervention sessions]</td>
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<td>Parental choice regarding the extent of their involvement in the intervention</td>
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<tr>
<td></td>
<td>[PRACTICE: Parent(s) given option regarding extent of their involvement]</td>
<td>[BELIEF: Parents should be given a choice about the extent of their involvement in their child's intervention]</td>
</tr>
<tr>
<td>Belief ≠ Practice</td>
<td>Parental participation in intervention sessions</td>
<td><img src="image3" alt="Bar chart" /></td>
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<td></td>
<td>[PRACTICE: Intervention provided by therapist and parent in intervention session]</td>
<td>[BELIEF: Parents should be encouraged to participate in intervention sessions]</td>
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