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“When he’s around his brothers ... he’s not so quiet”:
The private and public worlds of school-aged children with speech sound disorder

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ABSTRACT

Children interact with people in context: including home, school, and in the community. Understanding children’s relationships within context is important for supporting children’s development. Using child-friendly methodologies, the purpose of this research was to understand the lives of children with speech sound disorder (SSD) in context. Thirty-four interviews were undertaken with six school-aged children identified with speech SSD, and their siblings, friends, parents, grandparents, and teachers. Interview transcripts, questionnaires, and children’s drawings were analysed to reveal that these children experienced the world in context dependent ways (private vs. public worlds). Family and close friends typically provided a safe, supportive environment where children could be themselves and participate in typical childhoods. In contrast, when out of these familiar contexts, the children often were frustrated, embarrassed, and withdrawn, their relationships changed, and they were unable to get their message across in public contexts. Speech-language pathology assessment and intervention could be enhanced by interweaving the valuable insights of children, siblings, friends, parents, teachers, and other adults within children’s worlds to more effectively support these children in context.

Key words: speech sound disorder, children’s perspectives, Bronfenbrenner’s bioecological theory, ICF-CY, qualitative research
HIGHLIGHTS

- Insights were gained by interviewing children, their friends, siblings, teachers, parents and grandparents.

- Bronfenbrenner’s bioecological model of development in context was applied.

- Children with speech sound disorder engage differently with others in private vs. public contexts.

- Professionals’ “listening ears” need to be attuned to children in context.


Children live their lives in many different contexts, including: home, educational, recreational, religious, community, and virtual environments. Bronfenbrenner (1979) referred to these contexts as forming an ecology of interdependent systems, conceptualizing these different environments that influence a child’s development as a series of nested spheres, with the child at the centre. Those with the most immediate contact with the child are represented in the innermost circle, the microsystem that contains the family, as well as friends and professionals, such as teachers, and speech-language pathologists. Each of these relationships is seen as representing a microsystem of its own. The next sphere, the mesosystem, is formed by the relationships between those in the various microsystems as they work together in supporting children’s development. Bronfenbrenner (1994, p. 40) defined the mesosystem as representing “the linkages and processes taking place between two or more settings containing the developing person.” The relationships of the mesosystem can be conceptualized as forming a web around the child, with the strength of the web being represented by the degree to which the different microsystems communicate and work together in the child’s interests. By strengthening the relationships within the mesosystem, Bronfenbrenner (1990) argued that the child’s needs and interests are best supported, and society best meets its obligations in ensuring the best interests of its citizens, including children. Professionals such as speech-language pathologists can partner with families, and significant others in their lives, in an holistic approach to support children’s development, with each support system relating to others in children’s environments in meeting their interrelated and individual needs.

In proposing the “bioecological model” (Bronfenbrenner, 1994, p. 41), Bronfenbrenner was particularly interested in the ways that environments, through the relationships within and between the different systems, interacted with genetics in supporting
(or inhibiting) children’s development. Bronfenbrenner advocated the importance of research that took into account these relationships between systems in understanding and enhancing relationships; that is, research that studied development in-context:

[the ecological]...understanding of human development demands more than the direct observation of behavior on the part of one or two persons in the same place; it requires examination of multiperson systems of interaction not limited to a single setting and must take into account aspects of the environment beyond the immediate situation containing the subject. (Bronfenbrenner, 1979, p. 21).

In order to build a shared understanding of the child, research is therefore required that both identifies individual children’s developmental needs, such as in their speech and language acquisition, and also identifies the relationship between these needs in relation to the children’s functioning in other aspects of their lives (World Health Organization, 2007). That is, research is required to consider the child’s needs, interests, and experiences in context and to enhance the relationships between those who make up the fabric of the child’s mesosystem.

**Children with Speech and Language Impairment in Context**

To date, Bronfenbrenner’s ecological model of children in context has been applied to the understanding of children with speech and language impairment in three main areas. First, as a model to underpin the identification of family and community factors that are predictors of childhood speech and language impairment (e.g., Harrison & McLeod, 2010; Zubrick, Taylor, Rice, & Slegers, 2007). Second, as a framework to ensure that factors within the child’s family and community environment are considered within a comprehensive assessment of children with speech and language impairment (e.g., Crais, Roy, & Free, 2006; Hyter, 2007; MacDonald & Carroll, 1992; Westby, Stevens-Dominguez, & Oetter, 1996). Third, as a framework to determine and account for facilitators and barriers within the environment that impact speech-language pathology and literacy interventions (e.g.,

Although not explicitly attributed to Bronfenbrenner’s ecological model of childhood, the context of the child also is considered by speech-language pathologists within speech and language intervention, particularly when promoting generalization of gains beyond the clinic. For example, during intervention to remediate stuttering, speech, or language goals, children are encouraged to speak in different environmental contexts with different communicative partners.

Over the years, the perceptions of others regarding children with speech sound disorder (SSD) (i.e., children in context) have been studied. Many researchers have shown that children with SSD are perceived to have more difficulties socially and academically than their typically developing peers (see McCormack, McLeod, McAllister, & Harrison, 2009 for a review). For example, many teachers perceive that childhood SSD impacts both socially and educationally on children’s participation at school (Bennett & Runyan, 1982; Ebert & Prelock, 1994; Overby, Carrell, & Bernthal, 2007; Sadler, 2005). Peers are more likely to have negative attitudes towards children, adolescents and adults with SSD than those with typical speech (Hall, 1991; McKinnon, Hess, & Landry, 1986; Silverman & Falk, 1992; Silverman & Paulus, 1989; Sweeting & West, 2001); although Freeman and Sonnega (1956) found no evidence for social “rejection” as a result of children’s speech skills. Researchers have identified peers’ negative attitudes even when only one or two consonants are mispronounced (e.g., [w] for /ɹ/ substitution, lisp) (Hall, 1991; Mowrer, Wahl, & Doolan, 1978); however, the severity of a person’s lisp was found to be associated with the degree of negative attitudes in adult listeners (Mowrer et al., 1978). There were differences in perceptions of the impact, depending on the outcome studied and whether the child has difficulties with speech, language, voice, or fluency, or a combination of these (Allard &
Williams, 2008; De Nil & Bruten, 1990). In most cases, childhood SSD is perceived as having a similar or greater impact on social and educational outcomes (Bennett & Runyan, 1982) and for some this can extend into adulthood. Veríssimo, van Borsel, and de Britto Pereira (2012) questioned adults with residual SSD and indicated that 17.5% of 80 participants reported they received negative reactions on their speech, 18.8% indicated that their speech affected their work, and 13.8% said their speech affected their social life.

The impact of childhood SSD on children’s quality of life has been examined from the perspectives of parents, professionals, and the children themselves (Feeney, Desha, Ziviani, & Nicholson, 2012; Markham, & Dean, 2006; Markham, van Laar, Gibbard, & Dean, 2009). For example, in a systematic review of children with speech and language impairment Feeney et al. (2012) found that health related quality of life, particularly relating to the social domain, is impacted for children and adolescents. The impact of childhood SSD has been found to extend beyond the child themselves, to encompass stigmatization and lower quality of life for their families (Macharey, & von Suchodoletz, 2008; Rudolph, Kummer, Eysholdt, & Rosanowski, 2005). The majority of these studies have used quantitative techniques (particularly questionnaires), and have asked adults and other children about the impact, rather than asking the children with SSD themselves.

To further our understanding of the needs of children in context, what is needed is an “examination of multiperson systems of interaction not limited to a single setting” (Bronfenbrenner, 1979, p. 121). To this end, an emerging area of study within the field of speech-language pathology has been to listen to children and other people in their worlds to understand children with speech and language impairment in context (Markham et al., 2009; McCormack, Harrison, McLeod, & McAllister, 2011; McCormack, McLeod, McAllister, & Harrison, 2010; Merrick & Roulstone, 2011; Owen, Hayett & Roulstone, 2004; Palikara, Lindsay & Dockrell, 2009; Roulstone & McLeod, 2011; Simkin & Conti-Ramsden, 2009;
Spencer, Clegg & Stackhouse, 2010). The majority of these studies have examined children and adolescents with language impairment in the context of school or speech-language pathology clinics. Primarily, insights have been gained from the children, but not others within their lives. There is a gap in our understanding of the lives and contexts of children with SSD. One study that has considered the broader context of preschool children with SSD is the study by McCormack et al. (2010). Thirty four interviews were conducted with thirteen preschool children with SSD and twenty one others including family members (including siblings, parents, and grandparents) and teachers. A phenomenological analysis of the transcripts revealed three problems: “a) the child’s inability to ‘speak properly’, b) the communication partner’s failure to ‘listen properly’ and c) frustration caused by the speaking and listening problems” (p. 379) as well as solutions to these problems.

It is important to consider the experiences of school-aged children with SSD as difficulties in speech sound production represent the dominant communication problem for primary school aged children (Mullen & Schooling, 2010). Additionally, there is a high association between childhood SSD (speech impairment) and limitations in activities and restrictions on participation in society (i.e., children in context) (McCormack et al., 2009). Consequently, the aim of this study was to understand school-aged children with SSD in context through a qualitative study of their everyday lives.

**Interpretivist Research**

Qualitative researchers assert that our experience of the world is characterized by human interactions with human consequences. Interpretivist methodologies search for these “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p. 67), in order to consider the human meaning of our experiences. In order to more fully understand experience, interpretivist research methods enable researchers to gather observations and reports from those who have experience of the phenomenon under study.
Interpretivist research methods then allow researchers to find the meanings of these experiences for these individuals being conveyed in these descriptions through the process of inductive analysis. As such, research using interpretivist perspectives seeks to identify significant “patterns, themes, and interrelationships” (Patton, 2002, p. 41) within data that reveal how a participant’s ... subjective experience incorporates the objective thing and becomes a person’s reality” (Patton, 2002, p. 106).

The value of interpretivist research is that it enables the researcher to go beyond the descriptive, by looking to what these descriptions, given by those experiencing a phenomenon, reveal about the experience of the phenomenon. For researchers in the phenomenological paradigm, this analysis is also considered as a basis for revealing an understanding of phenomenon itself (Crotty, 1998; Finlay, 2011). While not generalizable in the sense of establishing specific cause-effect relationships, interpretivist research can be informative in understanding other’s experiences in similar contexts. Interpretivist research can draw our attention to significant aspects of others experiences of the phenomenon, and help us to be aware of these possibilities for individuals experiencing the phenomenon (Eisner, 1991). Thus, findings of qualitative research enable consideration of the human experience of these phenomena for those working in similar circumstances.

Qualitative methods enable researchers to study the human lived experience, as understood by those experiencing a particular phenomenon. The aim is to study those experiencing it in their natural environment to develop a rich description of the experience, or phenomenon (Stake, 2006). Qualitative methods are interested in the meanings the participants make of their experiences in order to understand the experience in more depth (Bogdan & Biklen, 2007). By using child-friendly, qualitative forms of data collection, such as, drawing, talking and using pictorial expressions of feelings, child participants are able to offer their insights in ways that are familiar to them, in order to capture these meanings.
The present research applied interpretivist methods to build an understanding of school aged children’s experience of living with SSD. The findings of this research are intended to inform speech-language pathologists, educators, families, and others who work in supporting these children, with the aim of improving children’s participation in different contexts. Identification of significant aspects of children’s lives will enable support and advocacy from those who make up and work within children’s mesosystems, particularly their families, as well as health and education professionals.

Consequently, the aims of this investigation then were:

1. To explore the experiences of children with SSD in different contexts from multiple perspectives of important people in children’s lives.

2. To develop an understanding of the impact of SSD on the lives of children.

Method

Participants

Thirty-four people were interviewed in this study: six children with SSD (study children) and their parents, siblings, a nominated friend, teacher, and a significant other adult in their lives (see Table 1). The study children were recruited using a purposive sampling technique whereby “…cases for study…are selected because they are ‘information rich’ and illuminative, that is, they offer manifestations of the phenomenon of interest; sampling…is aimed at insight about the phenomenon, not empirical generalizations from a sample to a population” (Johnson & Christensen, 2004, p. 362). Participant data were anonymised to protect their identities and an alphanumeric code allocated to the lines in their transcripts in order to quickly identify the source of quotations used within the research (see Table 1).

Insert Table 1 here

Of the six study children, five were male and one was female. The children ranged in age from five to nine years. Each child was reported to have SSD of unknown origin, ranging
from mild (difficulty saying consonant clusters or multisyllables) to severely unintelligible speech (childhood apraxia of speech). Three children also were reported to have co-occurring language impairment (see Table 1). They were reported to have no cognitive or hearing difficulties. The study children’s parents provided these details of functional speech difficulties. For example, James’ mother (A2) indicated that at a recent speech-language pathology assessment, the speech-language pathologist “…said that he’s really very mild…he is able to say every sound that is age-appropriate”; consequently James was not offered regular speech-language pathology intervention. However, James’ mother (A2) indicated “We haven’t got that [correct sounds] into everyday speech yet…He speaks either very quietly or very loudly and all his words run together, there are no spaces in between so it can be very hard to understand what he’s saying.”

Procedure

Following ethical clearance from Charles Sturt University, suitable participants were recruited through a media release to the local newspaper and radio outlining the nature of the research and characteristics of potential participants. Additionally, people already known to the researchers were sent an invitation to participate in the project. Eleven families and two professionals contacted the researchers to obtain information about the research. Six families returned the consent form and agreed to participate. No information was provided about the families who did not return the consent forms.

Data collected from the participants included recorded semi-structured interviews using stimulus questions outlined in the *Speech Participation and Activity of Children* (SPAA-C) (McLeod, 2004). The SPAA-C contains a list of questions designed to assist speech-language pathologists to explore children’s activities and participation in society (concepts defined by the World Health Organization, 2007). Within the SPAA-C there are specific questions to focus discussions with the child, their siblings, parents, teachers, and
significant others (e.g., grandparents, family, friends, etc). In addition to the interview questions, the SPAA-C also contains a Likert pictorial questionnaire to determine the study children’s feelings (😊 😊 😋 😌 😐) about their communicative abilities across the different contexts of their lives (see Table 2).

Insert Table 2 here

Study children were also asked to draw three pictures: themselves with their family; something that they liked doing; and themselves talking to someone. Other child participants (e.g., friends and siblings) were given similar opportunities to complete the questionnaire and drawings. The incorporation of drawing and the Likert pictorial questionnaire follows methodological recommendations that suggest researchers reassess traditional data collection methods and include and utilize methods that are accessible to children (Barker & Weller, 2003; Curtin, 2001; Holliday, Harrison & McLeod, 2009; Roulstone & McLeod, 2011). Finally, the parents of each child were asked to provide recent speech-language pathology assessment reports in order to assist the researchers’ understanding of the children’s speech and language status (Table 1).

Before interviews were conducted, adult participants were informed of the nature of the research, what data would be collected, their right to withdraw from the project at any time. As part of the interview procedure, all interviewees were asked to sign a copy of the consent form. In the case of child participants, interviewers first obtained both verbal and written consent from the child’s parents. Once parental consent had been obtained, the children were informed of the research using child-friendly terminology and were asked to give their assent (Hurley & Underwood, 2002), both verbally and by signing a form, in the presence of their parents. Any child who did not wish to participate was not forced to do so. There was only one instance where a child initially declined to be interviewed, but after watching his siblings’ interviews, he asked to participate.
During the children’s interviews a parent or caregiver was in close proximity. Additionally, the interviewers ensured that all questions were framed in a positive manner when referring to the study child and others to ensure that the relationships between the participants were not altered (see McLeod, 2004). For example, friends and siblings were not asked directly about the children’s speech difficulty; instead they were asked whether their friend had difficulty with anything. The duration of each interview varied from ten minutes to one hour. The variation in the length of interviews was the result of the number of participants being interviewed at one time (e.g., sometimes both parents were interviewed together), and the age of the participants (interviews with children were shorter than the interviews conducted with adults). All interviews were tape recorded and then transcribed. Once completed, the transcripts were sent to the interviewees for review. Participants were given the opportunity to make modifications to the transcript (i.e. additions and deletions) as they felt necessary. Where child participants (including study participants) had been interviewed it was advised that they review the transcript with their parent/caregiver. No changes or follow-up interviews were requested.

**Data Analysis**

Data analysis began by the third author identifying individual *meaning statements* from each interview transcript. These meaning statements became the initial units of data, being “significant statements…that have particular relevance to the phenomenon being studied” (Johnson & Christensen, 2004, p. 367). Each statement was then coded by the third author to identify the source and position within the transcript. Coding maintained the link between data and source, and allowed the researchers to return to the context within the interview for later corroboration of meaning.

Once coded, the meaning statements were then aggregated to form a single data set for analysis. In this stage, the three authors sorted and re-sorted the meaning statements into
categories by identifying “recurring regularities” (Guba, 1978, p. 53) in the experiences of the participants. Individual statements from key informants who offered unique insights into the phenomenon due to their personal experiences also formed the basis of some categories (Lincoln & Guba, 1985).

After the data were sorted into a complete set of categories, these categories were then analyzed by the first two authors for areas of convergence (Creswell, 2009), or themes (Yin, 2011). This thematic analysis involved the researchers in an inductive “re-examination of the categories identified to determine how they are linked” (Hoepfl, 1997, p. 55). The aim of this recoding process was to not only to describe the phenomenon under investigation, but to more fully understand the participants’ “interpretations of the social life-world” (Crotty, 1998, p. 67). Here causal events, descriptions, and the ramifications of the phenomenon were considered in an attempt to develop a more holistic understanding of the participants’ experiences, and the phenomenon itself (Hoepfl, 1997).

To ensure the credibility of qualitative inquiry, qualitative researchers typically apply the term rigor to address issues of validity and reliability (Ezzy, 2002). In qualitative inquiry, rigor is achieved by careful application of the data gathering and handling procedures, and through triangulation against the different sources in the interpretive analysis of data (Stake, 2006) to ensure the validity of the conclusions drawn. In the analysis phase, Guba (1978) suggests a three step framework to ensure the completeness of findings. These three steps involve a cyclical process of analysis and checking to ensure that the emerging categories provide a consistent or whole picture of the participants’ experiences; are inclusive of all the data identified from the transcripts, and that the findings “make sense” to others with expertise in the area of experience and research. In this research, the first two steps of analysis and checking were undertaken by the researchers independently, and then in collaboration to ensure the data categories and emerging themes addressed the need for
completeness in explaining the data set. As part of this checking process, findings were modified until they presented a comprehensive description of the data, and no new categories were emerging, a stage referred to as saturation (Lincoln & Guba, 1985). In Guba’s (1978) third step, checking is sometimes achieved by presenting the findings to the participants for consideration and confirmation. In the current study confirmation was sought from speech-language pathologists and educators following presentations of the data.

Results

The data that were analysed included 34 interview transcripts from 6 study children and 28 important people in their lives, as well as 23 drawings and 11 pictorial Likert questionnaires from the study children, their siblings and friends (Table 1). Additional analysis of the children’s drawings and pictorial Likert questionnaires is described in McLeod, Daniel and Barr (2006). Three themes and ten subthemes were identified during the thematic analysis in relation to these children’s experiences of SSD (Table 3).

Insert Table 3 here

Within the three themes, the children spoke of their interests and strengths, their understanding and feelings about their SSD, and the effect of their speech on their lives. Theme 1: Myself, included children’s personal attributes and activities they enjoyed and in which they excelled. Theme 2: My speech, included children’s awareness of their SSD, how the children and others felt about their speech (frustration, embarrassment, protection), and alternative communication strategies used by the children to get their message across (e.g., having someone else speak on their behalf, repeating/ rephrasing the message).Theme 3: My challenges included the ways that children’s SSD impacted their lives: socially (e.g., friendships, teasing) and behaviorally (e.g., withdrawal, physical responses).

Further analysis of these themes and sub-themes indicated two distinct ways in which these children experienced and participated in the world, dependent on social context: the
children’s familiar or private world, and the public world outside these familiar environments. These two experiential domains act like two overarching themes to the children’s experiences as reflected in the data (see Table 3). How the participants talked about themselves, experienced the world, and experienced their SSD differed significantly, depending on these contexts.

In these two contexts, the study children typically maintained separate and contradictory identities, with their levels of interaction, engagement, and confidence altering, and where their relationships too were changed. While most children (and adults) do adjust their behaviors according to the demands and expectations of different contexts, these children’s different behaviors and participation in private versus public worlds were obvious. In their private worlds, the children could be themselves, and their speech status had limited impact on their experience of childhood. The experiences of these children in their private world, and the ways in which they interacted with others and pursued their own interests, was in stark contrast to the ways in which they behaved in their public world. Families commonly noted this contrast in their children’s behaviors and attitudes between the two worlds:

“Yes, he is different with different people. People he knows well he’s much more confident, happy around. People he doesn’t know so well he’s very shy.” (James’ mother, A2)
“He’s usually a quiet child - but when he’s around his brothers and he’s feeling in his element he’s not so quiet.” (Victor’s mother, F2)
“I think she’s far more confident in less stressful places, the least [stressful] being home, the most [stressful] being giving a speech in front of her class mates.” (Lucie’s mother, C2)

Each of the three themes (myself, my speech, my challenges) will be discussed in relation to the children’s experiences of their own (private) world, and then of the outside (public) world. In doing so; however, it is recognized that these distinctions are not completely separate, and that experiences in one context may impact positively or negatively on others. Thus, it is important to note that these two worlds are not seen as mutually exclusive for the children and their experiences across these worlds support these children’s development and functioning. It could be argued that it is this potential for interrelationship
across these children’s lives that demands those involved in different aspects of their lives work together in building the webs of support, or mesosystem, to promote maximum functionality for the child in all contexts. In order to assist the reader to enter the worlds of the research participants (Patton, 2002), and to provide a rich picture of the experiences of these participants, direct participant quotations, and interpretive commentary are provided together. The alphanumeric codes indicated in Table 1 are used to assist readers identify the source of the data. Table 3 provides a summary of these themes.

**My(Private)Self: At Home and in Familiar Contexts**

When speaking of themselves (theme 1) the participants spoke positively of their interests, areas of strength, and their relationships with close family and friends (Table 3). The children discussed what might be termed typical childhood experiences and interests, and demonstrated positive attitudes towards themselves, their interests, and friendships as well as favorite family activities. The children and others described a range of activities they enjoyed. Specifically: art, construction, playing with friends, playing computer games, and playing games/sport (see Table 1). Interestingly, almost all of these activities did not require communicative interactions with others. These activities also appeared in the drawings created by the children, their siblings, and friends. For example, Luke (D1) drew a picture that he titled “I am happy doing anything like art,” and Victor (F1) drew himself riding his motorbike. James (A1) drew a picture about “My family is watching me play Nintendo,” and Paul (B1) drew himself alone “in my bedroom playing the computer.” James’ friend (A5) drew them going on a walk together, Lucie’s friend (C4) drew them skipping together, Paul’s brother (B4) drew them together after a soccer (football) match, and Victor’s brother (F3) drew them swimming together. In describing themselves, a positive sense of self was indicated through their reporting of typical childhood activities and interests, and their relationships with friends and family. When families talked about the private world they said:
“at home he’s very comfortable” (James’ mother, A2), and “(he’s) a happy, easy going child” (Joshua’s mother, E2)

Others also spoke positively of the child and the activities they enjoyed. Each of the study children were described by both adult and child participants in this research with warmth and positive words: “a lovely kid, just a nice gentle nature about him” (B3), “a nice person, I really like to play with her” (C3), “a great kid, he’s got a bigger heart than most kids I know” (D2), and “a cool kid…me and him have fun together” (D5).

**My speech within my private world.**

When discussing their speech, all of the children were able to describe their SSD openly using personalized terminology. For example James (A1) described himself as having a “different voice, of course” and drew himself needing to talk to “someone with listening ears” (see Figure 1). (The need for listeners to be attuned to speech was also expressed by the preschool children described in McCormack et al., 2010). Joshua (E1) stated “I talk different to ah, ah, [name of friend].” Lucie (C1) stated that her talking was different from other children’s because “… my teeth that came out yet, they’re all wobbly…” and then said that “normally all the /s/ stuff…” was difficult. (She produced the /sp/ in the word-initial position of spider and spaghetti as [ps] (i.e. metathesis)). Luke (D1) said “I got a speech problem.” Paul (B1) allowed his brother and mother to speak about his difficulty with talking, but answered “no” when asked did others have trouble understanding him. Victor (F1) said “I can’t say words much.”

Although at times the children’s speech in the home environment was mentioned as an area of difficulty, their speech was not reported as a significant factor in their participation and enjoyment in play, activities, or relationships. Neither the children nor their families or friends indicated the children’s speech inhibited them in their interactions in these contexts.
The children’s rating of their feelings when talking to others (Table 2) indicated predominantly positive attitudes when speaking to friends and parents.

Although aware of the study children’s SSD, the participants’ friends and siblings also confirmed the children had good relationships, and enjoyed these typical shared childhood interests. When siblings and friends were asked “Is there anything your sister/brother/friend has trouble with?” some, but not all, of them indicated difficulty with speech. James’ friend (A5) said, “not really,” and Joshua’s friend (E6) said he had trouble “being killed [playing computer games].” Of those who indicated that their friends had speech difficulties, Luke’s friends indicated that he had difficulty “saying words” (D5), “speaking… and sometimes doing the right thing” (D6). Lucie’s friends were aware of her difficulty producing consonant clusters: Laura (C3) stated that Lucie had difficulty saying the words “*spiders, spaghetti*” and Imogen (C4) added “Lucie has difficulty with speaking and has some difficulties with some types of writing and spelling so I can help her a lot with that.” Similarly Paul’s friend (B5) was very specific about Paul’s talking and the strategies she used to understand him: “Well sometimes…/ssss/… he has trouble speaking. And guess what? When he speaks I go like, ‘what did you say?’ [Interviewer: and…can you work it out?] Yes. Suddenly… after he’s said it again…Because he speaks stuff in a little baby voice.”

Parents did report some difficulties with the children’s speech in the home environment, when the children were younger. For example, “When he was little [about 3-years-old] he used to have a terrible time with me because, you know, sometimes he’d sit there and he’d grab me like this [put his hands on my cheeks and move my head up and down] like ‘Can you understand me woman?’ It was just so frustrating for him, it was just incredible” (Victor’s mother, F2). Frustration at not being able to understand their speech continued to occur, but varied depending on the children’s intelligibility. Luke was the most
unintelligible and his mother (D2) said, “…I get so frustrated. Sometimes I could pull my hair out and then the other times I’m just walking around in tears. And, talking to you about it now, I could burst into tears….” Later she said, “I carry guilt because I get so frustrated with him.” Joshua’s father (E3) said, “he’s definitely frustrated me” to which his grandmother (B5) said “Oh yes.”

By the time of the current study (i.e., when the children were at school) all parents indicted they mostly understood their own children, and had ways of interpreting (or using other family members to interpret) what they were communicating when uncertain of what the children were saying. Mothers and siblings were the most frequent “interpreters” for the children (cf. Barr & McLeod, 2010; Barr, McLeod & Daniel, 2008). For example, Victor’s mother (F2) indicated how Victor’s 9-year-old brother Oscar (F4) was used as an interpreter: “Oscar is the one who can understand him the most. If I can’t understand him, which might be, you know, say twice a week, I say, ‘Oscar, what’s Victor trying to tell me?’ And he’ll know exactly like that. And you can just see Victor’s frustration go…”

Some of the interviewees also acknowledged that occasionally only a portion of the children’s messages could be understood. Sometimes the communicative attempt would end when a truncated message was received, rather than when the full extent of the message was understood. For example, Joshua’s grandmother (E5) said, “I understand him perfectly. Yeah… No, not perfectly. I understand what he wants.” The following incident told by Luke’s grandmother (D4) expanded this notion. After Luke had given up by saying, “It doesn’t matter,” the key message eventually was determined, and Luke’s positive response suggested that his message really did matter. Luke’s grandmother said:

I often find that if he’s telling me some great story, you know, like in a sentence. I’ll pick on, grasp on one word, and think now he’s said, and that must mean… I’m more or less guessing what he is telling me… The other week, it was very sad. I actually went inside and had a few tears in my eyes because he was trying to tell his aunty and me some story about his mother had bought some socks and they said ‘funky socks’ on the toes. Well, we didn’t have a clue what he was saying … he was going, ‘Oh Nanna.’ I’m saying, ‘Oh Nanny’s silly,’ you
In familiar, safe, environments the study children indicated positive feelings towards themselves and their lives, talking about their friends, family, interests, and activities. When these children ventured beyond these familiar environments, though there were noticeable changes in their activities, interactions, and relationships, and in their attitudes towards themselves.

**My(Public)Self: At School and in Other Public Contexts**

Having a SSD created challenges in the children’s lives in the public world. In fact, Luke’s mother (D2) said, “he’s such a great kid and his problems are all due to the speech.” Whilst these children experienced typical childhood activities and relationships in their private world, in the public world their speech impacted their functioning and thus, experience and engagement in these settings.

**My speech within the public world.**

The study children and others in their lives reported that communicating with others in the public world was less than comfortable. The children found it challenging to communicate with others who were less familiar with their speech. The children experienced frustration and embarrassment in their attempts to communicate in the public domain, with implications for their social interactions and engagement in the learning environment.

**Frustration and embarrassment.**

Themes of frustration and embarrassment when in public were commonly reported by the children, their parents, and teachers. Parents reported: “Very frustrated… Nine out of ten at school… Absolutely, totally…” (Victor’s mother, F2). Luke (D1) also reported frustration, “I just don’t like talking sometimes,” and when his mother (D2) was asked “So what’s the...
biggest impact of his speech difficulties?” she said: “Just frustration, really. You know, the interaction with people and getting frustrated.” James’ mother (A2) indicated “I think it may be a bit embarrassing for him…then again, it’s hard to know ‘cause he doesn’t really say.” Paul’s mother (B2) stated, “I’d say he gets embarrassed about it but he’s sort of accepted that that’s the way he is I think, which is kind of sad in a way.” During the interview, the children were invited to color faces that matched their feelings about their speech in differing contexts (see Table 2). In contrast to the generally positive feelings towards their speech with friends, parents, and even teachers, children’s overall feelings about their speech were not positive. Only Joshua, the youngest study child, was happy about his speech overall, on the pictorial Likert scale the others felt “☆, ☀, or ?.” The children’s feelings when others did not understand their speech was the most negative of the responses in the survey, indicating their embarrassment and frustration. Three of the children indicated they felt: ☀, two felt ☀, one felt “confused” and the final one was unsure (?).

*Alternative communication strategies.*

The study children did try different ways to communicate in these public contexts, revealing a range of strategies developed in their attempt to help them communicate with other children and adults. All of the children reported a range of communication strategies to help them in getting their message across to those less familiar with their speech. Typically these involved having someone else speak on their behalf, repeating or rephrasing the message, showing or writing the message, or acknowledging that only a portion of the children’s message could be understood.

“Say it again and again.” Most of the children indicated that they repeated the message when others didn’t understand them. Paul (B1) said he would “Do it again.” Luke (D1) said that when he was asked to repeat himself “I just don’t want to say it…And they keep forcing me to…I have to say it again and again.” The children were also creative in their
strategies for facilitating understanding. They would rephrase sentences, substitute words, emphasise the initial sound of the word. Lucie (C1), who had difficulty producing words containing consonant clusters starting with /s/, said “I normally think of a thing that means the same thing.” Luke (D1) “So I say it starts with ch and they still can’t understand me.”

*Have an interpreter.* Many of the interviewees spoke about how others spoke for the study children. Sometimes having someone else speak was initiated by the children, “He’ll often go to someone else and say it to them, and say can you sort of, I’m trying to tell this person this, and they don’t understand” (E2). At other times others fell into the interpreter role without being asked. For example, during interviews with Paul (B1) and Victor (F1), their brothers chose to sit with them and either repeat words (possibly to facilitate the interviewer’s understanding) or answer or their behalf before Victor and Paul formulated their own response. Victor and Paul typically would smile, nod or repeat the words that their brother offered on their behalf. Paul’s brother (B4) gave the following example while Paul listened and laughed “when he first starting off saying speech therapist like ‘beach berry’…And then it turned into ‘beach fairy’. And then, he still calls it ‘beach fairy’…When he tries to say long words he can’t [pause] say them properly..” However, it was acknowledged that talking for the children was not always beneficial. For example, Luke’s mother (D2) said “Talking for him…becomes a very bad habit as a parent, grandparent, cousin; for people around him to do.”

*Use visual strategies.* A number of the children showed an object, gesture, or wrote the word in order to get a message across. James’ teacher (A6) said “So it’s his news day and he’s made something fantastic at home, he likes to bring something to talk about.” For example, Luke (D1) described this strategy as: “You put the thing what you talking about, I say, it’s it’s um it’s over there…” and his mother (D2) added “He does a lot of hand actions. He usually goes to great lengths to explain anything.” Paul’s father (B3) suggested that his
life would be easier if he could write his message: “I reckon if he could read, even if he couldn’t speak properly, if he could read, he’d have a wow of a time…if he could write down instead, I reckon he’d get by…And actually excel more than some others.” Victor (B1) also indicated that standing closer to the listener increased their ability to understand him.

**My challenges.**

In their experiencing of the public world outside their home and familiar environments, the children, and other research participants, reported social and behavioral concerns. The children commonly experienced restricted friendships, with marginalization from teasing and bullying related to their speech. When in public there were also some behavioral problems and the children were reported as withdrawing from interaction with others.

**Friendships.**

Some of the children were described as having few friends outside of the family. For example, Joshua’s (E1) family each indicated his isolation. His father (E3) described him as “an outsider,” his grandmother (E5) described him as “a loner,” and his teacher (E7) initiated similar sentiments: “I don’t know that it even bothers him that he hasn’t got a friend…I might be wrong, but I think that he’s so much into his own little world that he’s quite happy there.”

One of the questions to the parents was “Does s/he get invited to play at other children’s homes or invited to birthday parties?” This question caused some of the parents to cry; for example Luke’s mother (D2) answered “No and it breaks my heart ‘cause he’s such a beautiful kid.” She then indicated that “He’s never been invited to another party, except Owen, which really bothers me. Owen’s the sort of kid that says to [child] ‘I don’t like Luke today, don’t talk to him’, and they won’t… kids are so horrible.” In contrast, Lucie’s mother (C2) indicated she was frequently invited to play at other children’s homes. The other children’s experiences were between these extremes.
Marginalization, teasing, and bullying.

Most of the children indicated that they were teased by other children about their talking. Paul (B1) said that children said “mean things” and “boring things” when they teased him about his speech, so he would say “Please can you go away.” Luke (D1) said “On the bus … Somebody teased me, teased me about my speech… I said, ‘Stop it.’” Luke’s teacher (D7) agreed that he was teased at school about his speech and provided the following example demonstrating that she did not tolerate such teasing in her classroom: “Yeah, when he did his speech thing in front of the class, which I thought he did really well, there was a couple of little sniggers [laughs] so there were a few [students] dragged out and hauled across the coals.”

Withdrawal from interactions in public.

The predominant reaction of the children to the public context was withdrawal, making themselves less visible to others and avoiding situations that might be threatening. When families and teachers talked about the children in the public world, especially at school, they indicated that the children were shy, withdrawn, and isolated:

“…the shyness and not wanting to speaking front of the class I’d say are his biggest issues.”
(James’ mother, A2)

“He would be an easy child to overlook because he is quiet and … he could easily just slip into the middle there somewhere and never be seen again.” (Joshua’s teacher, E7)

“He isn’t confident at school.” (Luke’s mother, D2)

“At lunch time… some of the kids will pick on him because he can’t get out what he wants to say… so… he often goes up in the library and he’ll watch… through the windows and watch the kids play.” (Paul’s mother, B2)

These behavioral reactions were already having observable consequences on the children’s learning and development within the schooling context and concur with previous research that children with speech and language impairment can have reduced educational outcomes (Lewis et al., 2011; McCormack et al., 2011). The children’s withdrawal from
engagement in classroom activities, and in particular in activities involving language use in learning presented concerns for teachers and parents.

**Inappropriate behaviors.**

In response to being teased, Luke (D1) had sometimes reacted aggressively, causing his family and teacher some concern. Luke’s teacher (D7) noted: “Luke tends to lash out a bit as well... You know, he’ll tend to thump and then talk later.” As noted earlier, aggressive behavior was also exhibited by friends in their attempts to protect the study children from bullying and teasing (Joshua’s friend, E6).

**Changed relationships with friends and families in public.**

In the children’s public worlds, such as school, the children’s relationships with family and friends from their private worlds were often affected. These changes frequently related to others’ reactions to their SSD. Sibling relationships were particularly changed, with brothers and sisters moving into advocacy and protective roles, often to the detriment of their own social interactions (Barr et al., 2008). Joshua’s mother (E2) reported that his twin sister (E4) looked after him at school: “She’s sorta like the cavalry on the hill.” Joshua’s sister (E4) was reported by their teacher as always being within sight of Joshua in the playground, while Joshua was mostly reported as being alone. Joshua’s teacher (E7) corroborated the protection and support provided by his sister at school: “Joshua came to school as a very insecure little boy, I think. He relied heavily on Kelsey, his twin sister” (see Barr et al., 2008 for additional information about the sibling relationships of these study children).

Another child (Joshua’s friend, E6) reported physically standing up for his friend, “bashing” anyone who teased him about his speech: “if they don’t stop [teasing the study child] we just bash them.” Luke’s older sister also reported intervening when her mother placed her brother (study child) in potentially difficult situations, such as being sent on errands to shops. “I just worry that the people in the shop aren’t going to know what he is
saying and they’re going to say ‘I can’t understand you’ and he’s going to get upset. So I try to go everywhere with him he goes” (Luke’s sister D3).

The children’s parents also described how they wanted to protect the children from the public world. For example, Luke’s mother (D2) said “I just want to wrap him up in cottonwool now and protect him and not send him to school. But, like his teachers says I can’t do that, and I know I can’t.” Each of these social and behavioral challenges may have significant implications for the children’s social development, and particularly for their engagement in the school environment.

Discussion

The experiences of the children provided an insight into how the children’s SSD impacted on their socio-emotional experience, and functioning, in the different contexts of their lives. What emerged from these data from the 34 interviews around six study children may have significance for those who work with children with SSD, to facilitate participation and fulfilment in the many aspects of these children’s lives.

This research highlighted the existence of two worlds for children with SSD as they experienced different contexts. Within a Bronfenbrennian understanding, the children’s private and public worlds are significant contexts of development (Bronfenbrenner & Morris, 1998). In the home and familiar environments (their private worlds), the children experienced typical childhoods and their SSD had little impact on their activity and relationships. In the public sphere, the children’s SSD altered their functioning, identities and relationships significantly and they experienced social and behavioral challenges. Children with SSD were disempowered when they were unable to get their message across and fully influence their public worlds.

From a developmental view, these children’s experiences of restricted social interactions within the wider world represent significant risk factors in terms of educational,
social, and emotional outcomes (Wentzel, Barry, & Caldwell, 2004). In terms of Bronfenbrenner’s ecological theory, the role of the family and other adults in the mesosystem, therefore, becomes critical in addressing not only the children’s SSD, but in supporting the child in successfully engaging with the outside world. Increasing the awareness of these children’s experiences, and increasing communication between members in the mesosystem, can mean that these children might be better prepared for the challenges of the outside world, and better supported in building the skills they require for broader engagement.

James’ drawing showed his conversational partner with “listening ears,” describing that he need people who could hear what they were trying to articulate (see Figure 1). Speech-language pathologists and educators need to ensure their “listening ears” are attuned to children in context. Since it is likely that many children with SSD operate differently in different contexts, speech-language pathologists should consider whether children who attend their clinics are showing their private or public personas.

These findings present a strong case for building, and supporting a robust mesosystem for children with SSD, which can only be achieved through interdisciplinary engagement between those in the microsystems around each child. For those working within these children’s mesosystem to support their development, these findings provide an important way of understanding the context of their development and indicate the importance of working across disciplines, strengthening the interconnections in the web of support. As a result, professionals can work with children and their families in designing programs that best meet their children’s immediate and longer term needs, and contribute to the quality of their lives and functioning (Chen & Whittington, 2006).

When children with SSD are in less comfortable, sometimes threatening contexts, those close to the children (e.g., siblings and friends) take on protective roles. These
protectors reduce the impact of other’s reactions and support these children in contexts where they are unable to be themselves (see Barr et al., 2008). Without these supports the study children needed to adopt a range of strategies to communicate their meanings, and often withdrew from social and communication activity. Professionals are encouraged to seek out these advocates and supporters, including those who are children (e.g., siblings and friends), and to acknowledge their role in the mesosystem of children with SSD. Speech-language pathology assessment and intervention could be enhanced by encompassing the valuable insights of children, siblings, friends, parents, teachers, and other adults within children’s worlds to interweave those in the mesosystem in more effectively supporting these children in context.

**Limitations and Directions for Future Research**

This paper presents multiple perspectives of the lives of six school-aged children with SSD in context, and has provided insights into the two worlds that these children live in. However, it only represents one moment in time. Future longitudinal research with more participants is likely to provide additional insights into their lives. The current research relied on the interpretive lens of a research team that included a speech-language pathologist and educators. Participation in the research design and analysis by children, their parents, and others is likely to reveal greater insights into their experiences.

**Conclusion**

By drawing on the experiences of the study children and those close to them, this research gives voice to the experience of children with SSD as they negotiate their worlds. The inclusion of people who were close to the children provided broader information on the children’s experiences across the varying contexts they experience in everyday life. This multi-person systems perspective (Bronfenbrenner, 1979), broadens our understanding of the ways in which the children negotiate these different contexts to “take into account aspects of
the environment beyond the immediate situation containing the subject” (Bronfenbrenner, 1979, p. 21). In doing so, this research extends the work of McCormack et al. (2010) that focused on the communication experiences of pre-school children, to investigate the broader experiences of children with SSD in the early years of school, across a range of contexts.

In familiar contexts (private world), school-aged children with SSD experienced typical childhood activities and relationships, with their speech appearing to have minimal impact on their participation and enjoyment of life. In the public world these children had less comfortable experiences, and responded in different ways, with changes in their relationships and experience of the outside world. In these public contexts, the children’s relationships with their families and friends were also often altered. Children with SSD are disempowered when they are unable to get their full message across and influence their worlds fully. They need an interconnected web of support to enable them to live fully in both private and public contexts. To enable the development of this web of support, it is important that those who make up the multi-person systems that support children take into account children’s experiences in all these contexts in working with them, in order to meet children’s individual socio-emotional and needs.

ACKNOWLEDGMENTS

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LEARNING OUTCOMES

1. Acknowledge that children with SSD experience the world in different ways, depending on whether they are in private or public contexts.

2. Describe the changes in the roles of family and friends when children with SSD are in public contexts.

3. Understand the position of the child as central in Bronfenbrenner’s bioecological model.

4. Identify principles of child-friendly research.

5. Recognize the importance of considering the child in context during speech-language pathology assessment and intervention.
CEU QUESTIONS

1. When describing Bronfenbrenner’s bioecological model which phrase is incorrect:
   (a) the child is in the centre
   (b) the microsystem includes those closest to the child (e.g., family)
   (c) the mesosystem describes relationships between those in the microsystem
   (d) the child’s development in context is conceptualized as a cube.

2. When interviewing children which statement is not always necessary?
   (a) it is important to gain consent from their parents
   (b) it is important to gain assent from the children themselves
   (c) it is important to use standardized questions
   (d) it is important to consider child-friendly techniques such as drawings

3. True or false? The siblings of children with speech sound disorder frequently act as interpreters for them?

4. When in public contexts, children with speech sound disorder may have:
   (a) social challenges (e.g., friendships, marginalization, teasing)
   (b) behavioral challenges (e.g., withdrawal, physical responses)
   (c) relational challenges (e.g., changes in relationships with family and friends)
   (d) all of the above.

5. True or false? During a speech-language pathology assessment it is not relevant to consider the child in contexts such as in the playground, playing sport, and participating in religious activities.

Answers: 1(d), 2(c), 3(true), 4(d), 5(false)
| Interviewees: Children with speech sound disorder and their significant others. |
|-------------------------------------------------|------------------|
| **James (A1)** |
| James is 6-years-old and enjoys playing computer games, playing with friends, construction and sport. An SLP assessment was conducted when he was aged 5;11 and it was noted that he had particular difficulty producing the consonants /s, z, ʧ, ʤ, ʃ, l, ɹ/. His receptive language was within normal limits and he had a moderate expressive language impairment at the time of the SLP assessment. During the interview he exhibited a mild speech sound disorder, with particular difficulty producing multisyllabic words. |
| **Significant others** |
| Mother (A2), Brother (A3, aged 8), Brother (A4, aged 2), Friend (A5, aged 6), Teacher (A6) |
| **Paul (B1)** |
| Paul is 6-years-old and enjoys constructing things with his father, art, playing computer games, playing with his friends, imaginative play, and is good at math. An SLP assessment conducted when he was aged 3;4 and 4;6. At 3;4 he had severely unintelligible speech and expressive language difficulties. At age 4;6 it was noted that he had particular difficulty producing the consonants /p, t, j, v, ɹ, θ, ʃ, ʧ, ʤ/ and exhibited cluster reduction, weak syllable deletion, and some vowel distortions. His expressive grammar was below the range expected for his age. At the time of the interview he had a moderate speech sound disorder and a mild expressive language impairment. |
| **Significant others** |
| Mother (B2), Father (B3), Brother (B4, aged 11), Friend (B5, aged 6), Family friend (B6, adult) |
| **Lucie (C1)** |
| Lucie is 9-years-old and enjoys art/drawing, playing with friends, playing computer games, imaginative play and sport. During the interview she exhibited a mild speech sound disorder with particular difficulty producing /s/ consonant clusters. She had not |
| **Significant others** |
| Mother (C2), Friend (C3, aged 9), Friend (C4, aged 8) |
visited an SLP.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luke (D1)</td>
<td>Luke is 8-years-old and particularly enjoys drawing artworks and shopping, but also enjoys construction, playing with his friend Owen and sport. During the interview he had severely unintelligible speech and his mother indicated that he has suspected childhood apraxia of speech. An SLP report was unavailable.</td>
<td>Mother (D2), Sister (D3, aged 14), Grandmother (D4), Cousin (D5), Friend (D6), Teacher (D7)</td>
</tr>
<tr>
<td>Joshua (E1)</td>
<td>Joshua is 5-years-old and enjoys playing computer games, sport and imaginative play. SLP assessment reports were available for when he was 3;11, 4;8 and 5;9 years of age. Each noted that he had predominantly had a severe delay in receptive language skills. He also had delays in speech and expressive language and exhibited a mild stutter. During the interview he had difficulty following instructions, and producing some of the late 8 consonants such as /ɹ, θ/.</td>
<td>Mother (E2), Father (E3), Sister (E4, twin), Grandmother (E5), Friend (E6, aged 8), Teacher (E7)</td>
</tr>
<tr>
<td>Victor (F1)</td>
<td>Victor is 8-years-old and enjoys playing with his brothers and friends, construction, and playing computer games. He excels at handwriting, math and sport. At the time of the interview he had moderately unintelligible speech and his mother indicated he had suspected childhood apraxia of speech. An SLP report was unavailable.</td>
<td>Mother (F2), Brother (F3, aged 12), Brother (F4, aged 9)</td>
</tr>
</tbody>
</table>
Table 2. Children’s responses to ten questions regarding how they feel about their talking.

<table>
<thead>
<tr>
<th>Question</th>
<th>James</th>
<th>Paul</th>
<th>Lucie</th>
<th>Luke</th>
<th>Joshua</th>
<th>Victor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you feel about the way you talk?</td>
<td>?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>?</td>
</tr>
<tr>
<td>2. How do you feel when you talk to your best friend?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>3. How do you feel when you talk to your [brothers and sisters]?</td>
<td>?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>4. How do you feel when you talk to your [mom and dad]?</td>
<td>?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>5. How do you feel when you talk to your [pre]school teachers?</td>
<td>?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>6. How do you feel when your teachers ask you a question?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>?</td>
</tr>
<tr>
<td>7. How do you feel when you talk to the whole class?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
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<tr>
<td>8. How do you feel when you play with the children at [pre]school?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
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<tr>
<td>9. How do you feel when you play on your own?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
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<tr>
<td>10. How do you feel when people don’t understand what you say?</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td>?</td>
</tr>
</tbody>
</table>

Key. ☺ = happy; ☺ = in the middle; ☺ = sad; ☺ = another feeling (children were asked to specify); ? = don’t know
Table 3.

*Themes in context revealed during the content analysis*

<table>
<thead>
<tr>
<th>Contexts</th>
<th>Themes</th>
<th>Subtheme</th>
<th>Representative quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private world</td>
<td>Myself</td>
<td>What people say about me</td>
<td>“a lovely kid, just a nice gentle nature about him” (Joshua’s father, E3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Things I enjoy and am good at</td>
<td>“I am happy doing anything like art” (Luke, D1)</td>
</tr>
<tr>
<td></td>
<td>My speech</td>
<td>Awareness and acceptance: What we know about my speech</td>
<td>I have a “different voice, of course” and need “someone with listening ears” (James, A1)</td>
</tr>
<tr>
<td>Public world</td>
<td></td>
<td>Frustration and embarrassment</td>
<td>“Very frustrated… Nine out of ten at school… Absolutely, totally…” (Victor’s mother, F2)</td>
</tr>
<tr>
<td></td>
<td>Alternative communication strategies</td>
<td></td>
<td>“He does a lot of hand actions.” (Luke’s mother, D2)</td>
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<td>My challenges</td>
<td>Friendships</td>
<td>“an outsider” (Joshua’s father, E5), “a loner” (Joshua’s grandmother, E5),</td>
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<td></td>
<td></td>
<td>Marginalization, teasing, and bullying</td>
<td>“I don’t know that it even bothers him that he hasn’t got a friend...” (Joshua’s teacher, E7)</td>
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<td>Withdrawal from interactions in public</td>
<td>“At lunch time… some of the kids will pick on him because he can’t get out what he wants to say… so… he often goes up in the library and he’ll watch… through the windows and watch the kids play” (Paul’s mother, B2)</td>
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<td>Inappropriate behaviors</td>
<td>“… he’ll tend to thump and then talk later.” (Luke’s teacher, D7)</td>
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<td>“I know his behavior problems are due to his speech frustration, they always have been.” (Luke’s mother, D2)</td>
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<td>Changed relationships with friends and families in public</td>
<td>“I just worry that the people in the shop aren’t going to know what he is saying ... So I try to go everywhere with him he goes” (Luke’s sister D3)</td>
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</table>
Figure 1. James’ drawing titled “Talking to someone with listening ears.” Note James on the left with a sad mouth, and his friend on the right with large listening ears. From Using children’s drawings to listen to how children feel about their speech, S. McLeod, G. Daniel, & J. Barr, 2006, Proceedings of the 2005 Speech Pathology Australia National Conference p. 41. Copyright 2006 by Speech Pathology Australia. Reprinted with permission.