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# Parents' Perspectives on Early Intervention for Children with Speech and Language Delays

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PARENTS' PERSPECTIVES ON EARLY INTERVENTION FOR CHILDREN WITH  
SPEECH AND LANGUAGE DELAYS

By  
Alissa Ann Williams

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of  
the requirement of the Sally McDonnell Barksdale Honors College.

Oxford, Mississippi  
May 2019

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## DEDICATION

I would like to express my deepest gratitude to my thesis advisor, Dr. Susan Loveall for providing assistance and encouragement throughout this whole process. She has dedicated so much of her time and energy to this project, and I could not have completed it without her constant guidance. I would also like to thank Dr. Misa Kayama and Dr. Teresa Carithers for their feedback and suggestions that have been so helpful. I would also like to thank Dr. Rebecca Lowe, Ms. Gina Keene, Ms. Amy Livingston, and Mr. Brad Crowe for their assistance with recruitment, and Jamie Mann, Marissa Hoffman, Sarah Grace Davis, and Madison Dacus for their research assistance. Finally, I would like to thank my friends and family for the constant support and love provided to me throughout this process. Thank you.

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## ABSTRACT

ALISSA ANN WILLIAMS: Parents' Perspectives on Early Intervention for  
Children with Speech and Language Delays  
(Under the direction of Dr. Susan Loveall-Hague)

Parents play an important role in the success of a child's language development. Further, research on early intervention has documented that parents can successfully learn and implement at-home therapy that results in positive language development of children with developmental disabilities. While the effectiveness of early intervention has been well-documented, there is little research exploring parents' perspectives on early intervention and their involvement in therapy at home. The purpose of this study is to fill that gap by examining: 1) how informed and involved parents report feeling regarding their child's therapy, 2) how parents perceive their relationship with their child's speech-language pathologist (SLP), including their interactions and discussions with their child's SLP about their child's therapy and their role in their child's therapy, 3) how effective they feel they are in implementing therapy at home, 4) any barriers they face when implementing therapy at home, and 5) what benefits they see in doing therapy at home with their child. The study included semi-structured interviews of nine parents of young children who received early intervention services. The interviews lasted 30-70 minutes. Interviews were audio-recorded, transcribed, and coded to identify major themes using analytic induction techniques. Parents expressed the importance of the communication between the parent and their child's SLP. They also spoke about their implementation of therapy at home and some barriers they face that keep them from being able to implement therapy at home. Lastly, they gave some advice for SLPs and spoke of the impact therapy has had on their child and family.

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## LIST OF ABBREVIATIONS

SLP	Speech-language pathologist
ASHA	American Speech-Language-Hearing Association
ASD	Autism spectrum disorder
IDEA	Individuals with Disabilities Education Improvement Act



## Chapter I

### INTRODUCTION

Parents play a significant role in a child's language development. Particularly, parents of children with language impairments are encouraged to play an especially active role via early intervention strategies (Brown & Woods, 2015; Venker et al., 2012). Previous research has documented that parents can successfully learn and implement such interventions (Shire et al., 2014) and that children whose parents are more involved in their therapy process will develop language skills superior to children whose parents are less involved (Siller & Sigman, 2008). However, despite the important role that parents play in early intervention, almost no research has examined parental perspectives on early intervention speech and language therapy. Therefore, the purpose of the present study was to examine the experiences and expectations of parents in their child's speech and language therapy process.

#### *Impact of Parents on Language Development*

Parents significantly impact the communication abilities of all young children, not just those with developmental disabilities or speech and language delays. For example, Hart and Risley (2003) found that parental language input when a child is young has a large impact on the child's language development, even 10 years later. They observed interactions between toddlers and their parents for 2 and a half years and found that the more language a child was exposed to by their parents, the larger their vocabulary was and the faster their vocabulary grew. They later observed the same children when they

were 9 and 10 years old and found that the children's rate of vocabulary growth at 3 years old was a predictor of their performance in school and their language skills at ages 9 and 10. This seminal study documented that parents are a major influence in their children's language development.

Previous research by Hart and Risley (1975) also found that parents could facilitate language development through the use of incidental teaching. Parents were taught to label and describe items in natural adult-child interactions. For example, if a child needed assistance with something, the adult would try to promote a verbal request from the child by using visual cues, such as a questioning look or verbal cues, such as asking, "What do you want?" or "What are these?" When parents were taught how to implement incidental teaching, their child's language complexity and spontaneous speech both increased. (Hart & Risley, 1975).

#### *Early Intervention and Parental Roles in Early Intervention*

Early intervention refers to the services provided to children from birth to three years and their families when a child is at risk for or has a developmental disability, delay, or any health condition that could affect their development or learning (American Speech-Language-Hearing Association [ASHA], n.d.). Children who are born with congenital or developmental disabilities such as Down syndrome and autism spectrum disorders (ASD) or who acquired disorders such as brain injuries or hearing loss that could affect development can benefit from early intervention services. The goal of these services is to reduce the effects a disability or health condition can have on a child's development (ASHA, n.d.). Speech-language pathologists (SLPs) are the qualified service providers for children who are at risk for developing delays in the areas of

communication, language, cognition, emergent literacy, speech, or feeding and swallowing. To determine if a child could benefit from early intervention, there is a process of screening, evaluation, and assessment that involves the child and the concerns and priorities of his or her family in order to develop the best plan for the child (ASHA, n.d.; Individuals with Disabilities Education Improvement Act [IDEA], 2011).

Not only do parents have an impact on the language of typically developing children, but they also can influence the language development of children with speech and language delays (Siller & Sigman, 2008; Shire et al., 2014; Venker et al., 2012). For example, in a longitudinal study Siller and Sigman (2008) found that children with speech and language delays whose parents were more responsive (i.e., using gestures or verbalizations to reinforce their child's play) had better language outcomes than children whose parents were less responsive.

Given the research regarding parental effects on children's language development, a primary goal of early intervention is to incorporate parents into the therapy process, thereby also increasing the total amount of therapy hours that can be provided to each child. Previous research on early intervention has documented the effectiveness of involving parents in early intervention. For example, Venker et al. (2012) documented that parents of children with ASD can learn how to implement and increase verbal responsiveness towards their child in a natural environment, with positive language outcomes. Similarly, Shire et al. (2014) taught parents of children with ASD who were minimally verbal intervention strategies to expand on their child's language and play and promote communication and joint attention. These parents mastered 70% of the learned intervention strategies. Thus, research suggests that parents do have the ability to

successfully implement interventions for their children with speech and language delays, which ultimately contributes to their child's language development.

### *The Relationship Between Parents and Speech-Language Pathologists*

Not only is there literature that supports the inclusion of parents in their child's therapy (Siller & Sigman, 2008; Venker et al., 2012), but there are also guidelines requiring SLPs to keep families fully informed in the therapy process (ASHA, 2006). ASHA (2006) states that it is the responsibility of SLPs to clearly convey their concerns, skills, and knowledge about their client's disorder with the family. ASHA also suggests that SLPs be empathetic and sensitive that this may be emotional and stressful for the family. SLPs are also responsible for teaching parents the skills and techniques needed to help work on their child's speech and language (ASHA, n.d.).

Thus, the relationship between parents of children with speech and language delays and their child's SLP can directly influence the parent's understanding and expectations of his/her child's therapy, and ultimately, the quality of the therapy that parents can provide (Auert, Trembath, Arcuili, & Thomas, 2012). If SLPs do not provide an environment in which parents feel comfortable asking questions, parents will not feel informed about their child's therapy or the rationale behind it, will not feel empowered to make informed decisions, are less likely to adopt their SLP's recommendations, and will feel less positive about their child's therapy overall (Auert et al., 2012).

### *Parental Perspectives*

Although previous research has clearly documented the importance of parents in early intervention, there is a gap in the research regarding parents' perspectives. However, given their large role in early intervention, parents' perspectives are important

to consider for several reasons. Notably, parents' understanding of therapy likely impacts their ability to make informed decisions and to carry out therapy at home. Their perspectives are also important to identifying barriers that interfere with their ability to provide therapy at home with their child.

Auert et al.'s (2012) study found that parents desire to be involved in their child's therapy but are not always as involved as they wish they were. Most parents in their study also reported that information provided to them about their child's therapy was vague or non-existent. This is one of the few studies to our knowledge that has examined experiences and expectations of parents in their child's therapy process, but the evidence provided is limited to only one population because it only focused on parents of children with ASD.

#### *Current Study*

Given the potential of parents to promote significant, positive changes in children's speech and language development, a large focus of early intervention is incorporating parents into the therapy process. To be successful, parents must have a clear understanding of early intervention and how they can assist in their children's therapy. It is the responsibility of SLPs to convey such information to parents, and the relationship between parents and their child's SLP directly influences this understanding. However, there has been very little research on parental perspectives of children's early intervention services. Thus, the present study attempted to address this gap in the literature by using semi-structured interviews to explore the experiences and expectations of parents regarding their role in their child's therapy process and the barriers they face when implementing therapy at home. Our research questions were as follows:

1. How informed and involved do parents of children with speech and language delays feel regarding their child's therapy? This included how well the parents understood the therapy goals provided to them, and the amount of knowledge they felt they were given on implementing these goals.
2. How do parents perceive their relationship with their child's SLP, including their interactions and discussions with their child's SLP about their child's therapy and their role in their child's therapy?
3. How effective do parents feel they are at implementing therapy at home?
4. What barriers do parents face implementing therapy?
5. What benefits do parents see in doing therapy at home with their child?

## Chapter II METHODS

### *Design*

The current study utilized a qualitative design examining semi-structured interviews with parents of children with speech and language impairments who were currently receiving or had previously received early intervention speech and language therapy services. This approach allows the researcher to understand the meanings of participants' experiences instead of simply measuring pre-determined variables (Schwandt, 2007).

### *Participants*

Nine parents, eight mothers and one father, of young children with speech and language impairments living in Mississippi or Tennessee who received early intervention services participated in the study. Parents were recruited through a recruitment letter that was distributed to early intervention service providers, the HILL Program at the University of Mississippi, the Speech and Hearing Clinic at the University of Mississippi, and parent and family support groups. Recruitment letters were given to SLPs or other employees who worked at these sites, and then they distributed the letters to parents whose children were receiving or had previously received early intervention services. Parents who were interested in the study contacted the researchers. Some participants were also recruited via word-of-mouth from other participants

The participants' children ranged in age from 2;8-15;4 years. The children were heterogeneous in terms of clinical diagnosis, which included ASD, Down syndrome, hearing loss, sensory processing disorder, speech delay, and developmental delay. The children had all previously received or were currently receiving early intervention speech and language therapy. Table 1 represents the participant demographics. Table 2 represents the participants' children demographics.

Table 1: Characteristics of participants

Interview number	Relationship to child	Race	Ethnicity	Highest Level of Education
1	Mother	White	Non-Hispanic or Latino	Graduated college with a B.A./B.S. degree
2	Mother	White	Non-Hispanic or Latino	Graduated college with a B.A./B.S. degree
3	Mother	White	Non-Hispanic or Latino	Graduated with a graduate/professional degree
4	Mother	White	Non-Hispanic or Latino	Graduated with an associates/technical college degree
5	Mother	White	Non-Hispanic or Latino	Graduated with a graduate/professional degree
6	Mother	White	Non-Hispanic or Latino	Graduated with a graduate/professional degree
7	Mother	White	Non-Hispanic or Latino	Completed some college or technical school
8	Father	White	Non-Hispanic or Latino	Graduated with a graduate/professional degree
9*	Mother	Black or African-American	--	Graduated high school/GED



Table 2: Characteristics of participants' children

Interview number	Age	Gender	Primary diagnosis
1	3;5	Female	ASD
2	4;9	Male	ASD
3	2;8	Female	Speech delay
4	10;0	Male	Developmental delay
5	3;9	Female	Speech delay
6	9;10	Male	Down syndrome, hearing impaired, ASD, sensory processing disorder
7	3;9	Male	Down syndrome
8	5;6	Male	ASD
9*	15;4	Male	ASD
	14;5	Male	ASD
	12;5	Male	ASD

\* This participant had three children, all with ASD. She reflected mostly on her oldest child, but also spoke about her other two children.

*Procedure*

Semi-structured, face-to-face interviews were conducted with participant parents in a quiet location where they had privacy, such as a research lab, an office or conference room, or the participant's home, depending on each participant's preference. The interviews were audio-recorded, and lasted 30 to 70 minutes. An interview guide consisting of 10-12 open-ended questions was developed and utilized to explore parents' perceptions on and experiences in their children's speech and language therapy process

(See Appendix A for interview questions). The researcher stopped recruiting participants after interviewing 9 parents, when she considered that the data she obtained were saturated.

This project was approved by the IRB at the University of Mississippi. Before the interviews, the researcher obtained participants' consent. She reviewed the consent form and explained to parents what they would be asked to do if they chose to participate in the research study, the possible risks and benefits of participating in the study, permission to audio record, confidentiality and right to withdraw, and IRB approval. After the interview was completed, parents were given a gift certificate worth \$20 as an incentive for participating.

Prior to the interviews, participants were asked to fill out a background questionnaire about their child (Appendix B). During the interviews, parents were prompted to discuss their level of comfort with their child's SLP, how informed they feel/felt in their child's therapy, and their understanding of their child's therapy. Parents were also asked to report an estimate of the amount of quality time they spend with their child on therapy at home during a given week. In addition, the researcher asked parents about some barriers they face at home when implementing therapy and how much progress they see in their child's language development at home. Finally, parents were asked to describe the impact that at-home therapy has had on their lives and any advice they may have for SLPs.

### *Analysis*

Interviews were transcribed verbatim by the interviewer. Research assistants reviewed each audio recording and its corresponding typed transcription to check for

errors. Next, after repeated readings of the transcribed interviews, codes under each research question were induced across the interviews using analytic induction techniques (Schwandt, 2007). Key themes and subthemes were identified by the primary interviewer. To enhance the credibility of analyses, all coded interviews were then reviewed and revised by a second researcher. Any disagreements were solved through discussions.

### Chapter III RESULTS

Most participants noted that their experiences with early intervention speech and language therapy influenced how they understood their role and expectations of their child's therapy. Many parents also discussed that their relationship with their child's SLP is very important in keeping the parents informed and involved in their child's therapy. Parents also reported that they learned to incorporate therapy into the child's normal everyday tasks, but expressed difficulty in finding a balance between the time spent doing therapy with their child and the time spent just letting their child play like a kid. Several barriers, such as a family's busy schedule and lack of services available, reportedly interfered with the effectiveness of early intervention services. Many parents also offered advice for SLPs about being open, honest, and compassionate towards their child and family. Parents also discussed how their child's speech and language therapy has had an impact on their child's language, but the outcome is gradual. Each of these themes is discussed in more detail below.

#### *Relationship with SLP*

All parents expressed the importance of their relationship with their child's SLP and that they desired for their child's SLP to keep them informed and involved in their child's therapy process. Most parents, for instance, discussed that communication with their child's SLP is key to knowing what is going on in their child's therapy. One parent stressed how much the parents depended on their child's SLP to guide them, "Well the

communication is huge ... Asking questions and then communicating with me was key because otherwise I'd be lost."

Parents also noted a connection between communication with their child's SLP and their level of satisfaction with their child's therapy process. For example, when talking about the relationship with her child's SLP, one parent expressed, "And like she would send me videos of what he'd done and all that stuff, so she kept us up to date a lot ... we kind of developed a relationship that way, so it was really good."

While important, parents also indicated sparse explanations from SLPs of what they are doing and why they are doing it. It was common for the parents to say that they had little explanation from the SLP of what was going on in their child's therapy and why they were using certain therapy methods. This led some parents to seek out alternative sources of information. One mother described, "We could read more on the internet than they would tell us to work with her." Many parents expressed that the information received from their child's SLP was very important, so when parents felt that they received very little information from their child's SLP, they were left feeling very dissatisfied.

#### *Parents Implementation of At-Home Therapy*

Generally, parents indicated that they were given tasks or therapies to work on at home with their child. These assignments were provided either via paper work or face-to-face. Yet they indicated that they feel the pressure to work on therapy with their child but also know that their child is a kid, so there is a challenge in balancing the child's time as a child and someone who needs therapy. One parent expressed her concerns:

I'd say the biggest issue is just how often to push her versus like when do I just let her play and be a kid, like play how she wants to play, not me making her play this constructive way to learn from it.

When parents are asked to provide an estimate of the time they spent each week working on therapy with their child, most parents indicated that instead of setting aside a specific time to work on therapy, they incorporated therapy into their child's everyday natural interactions and environment. The following parent expressed that they try to label everything their child does in order to teach vocabulary as she goes throughout her normal everyday tasks:

I mean that one's sort of hard to answer because we've gotten so used to now every single thing we do, getting her dressed, walking up the stairs, going in the door, opening the door, every single thing we do is constantly labeled for her ... I mean how easy is it to just talk her step by step exactly what we're doing the whole time.

Most other parents also expressed that they have found that integrating therapy into their child's everyday activities was the most effective way to work on therapy goals instead of trying to set aside time every day to sit down and work on therapy with their child.

Parents also indicated that they felt their role in their child's therapy was to carryover therapy into the home, and they understood the importance of this role. They knew that their child would not benefit as much from therapy without this inclusion of therapy in the home and everyday life. For example, this parent expressed her view on the importance of the parent's role in their child's therapy:

I don't think a child is going to improve if you just take them and sit them in speech. Rather even if we did it 3 times a week or 5 times a week, if the parent or a guardian that's with the child is not working with him then he's not going to improve.

In addition, some parents expressed that their role when their child initially started therapy was to help plan goals, but once therapy got going, they just trusted the SLP with the goal planning. This parent said, "I mean we're real involved with the goal planning, but other than that, I mean they know him well enough now, they just kind of take it and go."

### *Barriers*

All parents spent a significant portion of each interview discussing any barriers, or "difficulties" in their child's early intervention services. A very common barrier to parents' implantation of therapy at home was their busy schedules, or more specifically, having time to work with their child. In fact, busy schedules were easily the most obvious barrier to working on therapy at home. One parent described, "Life pretty much. All of life. Time. You know there's only so much time in a day ... And you know, like I said I do have another son and then I have two jobs." Another parent expressed, "Then just other life things like you know, church, and if anybody else in the house has you know, practice or anything like that. So therapy, when you do therapy 3 times a week, it keeps you real busy. Way busy." Many parents, like these, indicated that they have other obligations in life that take up their time, such as work, family, and other therapies. These responsibilities hinder the parents from being able to work on therapy with their child as much as they would like.

Many parents also indicated difficulties with the early intervention services provided. Although early intervention services are intended to cater to families since the SLP comes into the client's home to do therapy, many parents indicated that they were not satisfied with these services. Many parents discussed that they felt their child was not given enough time in early intervention and that they had to wait too long for services to get started. This mother described her dissatisfaction when her child only received early intervention services once a week, "And for a hearing impaired child, that was not acceptable to my mother or I. (Child) should've been seeing somebody five days a week."

Further, some parents perceived that the services that were provided were very inconsistent. These parents believed their child needed more time with the SLP than what they were getting. One parent expressed her disappointment with the inconsistency of services provided for her child:

And with that speech therapist, she just, she did a great job with (child), but she never came. She would call and say she's behind on her workload or has to do this, and we would see her maybe one time a month ... And so (child) really needs the consistency.

Similarly, many parents expressed that in order for their child to make improvements, they needed much more consistent therapy than they were receiving. This left many parents feeling helpless as to what to do for their child because the struggle of inconsistent services was out of their control.



### *Advice for Therapists*

Most parents wanted to work with SLPs who were honest, open, and direct about their child, even if some of the conversations about their child were not easy. Parents wanted SLPs to convey any knowledge about their child in a way that was honest and to the point. For instance, this parent indicated her concerns by expressing, “You know just being open and honest and laying it all out there. We ain’t got time for the sugar coating.” Parents noted that they want honest feedback even if it is not positive. Further, if the SLP is unsure about something, the parents want them to be honest in admitting that while also being willing to find answers. This parent expressed her desire for this, “I think if she had been more up front in the beginning, I think the relationship we could’ve worked through that ... I think if she hadn’t known the answers she should’ve been like, ‘I really don’t know.’”

Practically speaking, many parents, however, indicated that they frequently had trouble understanding the terms used by SLPs to describe therapy. One parent spoke about their experience when they first began therapy:

When we first started, lots of people would use abbreviations. I had no clue what they were, or like certain terms for like things in therapy that I had no clue what they were talking about ... don’t ever assume that the other person knows what you’re talking about.

She then went on to later say, “So I guess just being really direct and clear with the way that you communicate is just the big thing.”

Parents also discussed that it is important that SLPs be compassionate and personable so that the child knows the SLP cares about him/her. When asked about her advice for SLPs, one mother stressed this importance:

To definitely have compassion, not only for the child, but for the parent and that anything that we have to do extra or that might be more difficult in life you know, requires extra time and patience, and so I would definitely say compassion is big. Several parents even expressed that their child could tell when a therapist did not care about them. One parent expressed, “And just have patience with them because even though (child) can’t talk, he has a heart too, and he can sense if a person doesn’t care for him.”

In addition to advice for SLPs, parents reported wanting more emotional support, both for their children and for themselves. They desired support from other professionals and from families that had been through similar experiences. They reported that they especially needed some emotional support early on in their child’s diagnosis because of the fear and confusion that was present. This parent explained, “Then, really knowing other parents and just what they did and talking to other people who have been through it was a huge help because we didn’t know anything. I didn’t know what to do.” Further, across interviews, parents expressed that there are many struggles that come along with having a child with disorders, disabilities, or delays. Because of this, they acknowledged that it is common to feel emotionally alone and stressed, and that parent support groups would be beneficial. One parent, for instance, described:

I would like to have just a parent support group, you know because we can, like she said we can help each other out you know, and get each other, you know, tips and ideas on how to help.

Another parent expressed that she felt the need for this kind of support by saying, “Because there does need to be some respite for parents and for caregivers ... and not even just respite, but affirmation ... I mean just to give support and hope.” One parent even thought that a parent support group was such a great idea that she was going to try and start one soon.

### *Child Outcomes*

When asked about the effectiveness of therapy on their child, many parents indicated that results were slow and sometimes hard to see, but therapy had made a difference in their child’s language. One parent described this gradual outcome, “There’s a lot of times where we’ll think, ‘gosh, you know, is he getting better?’ but then when we look back ... I mean now he’s just a completely different kid.” Many parents expressed this same feeling: at times wondering if therapy was effective, but when they look back, realizing how far their child’s language had come. Even though parents may not be able to see the day-to-day changes, they realized that overall their child’s language had improved.

## Chapter IV DISCUSSION

The aim of this study was to explore the experiences and expectations of parents with children with speech and language delays regarding their role in their child's early intervention speech and language therapy services. Results highlight the importance of the parent-SLP relationship and barriers to parents implementing therapy. Parents also reflected on what advice they would give SLPs and how early intervention has impacted their child's communication outcomes. Even though the progress is slow, parents have been able to see a change in their child's language after early intervention speech therapy.

Parents in this study pointed to the importance of communication between the parent and the child's SLP. The parents' understanding of their child's therapy hinged on this communication, consistent with Auert et al.'s (2012) findings that the amount of information parents receive from their child's SLP influences how informed and involved they feel in their child's therapy process. Parents expressed that they want to be as involved as possible with their child's therapy and to feel that they are doing all they can to help. Although, when they received little explanation of therapy from their child's SLP, the parents were left feeling overall discontent. They also want to be informed about their child's therapy and what to do at home with their child. While it is the SLP's responsibility to keep the family informed and involved (ASHA, 2006), these results suggest that often parents feel less informed and involved than they would like.

The parents also indicated that SLPs give them therapies and tasks to do at home with their child, but some struggle knowing when to work on these things with their child and when to let their child just freely play and be a kid. Most parents understand that it is important that they spend time with their child at home working on therapy, and they indicated that their role in their child's therapy is to carry over the therapy into the home. These findings are consistent with previous studies that demonstrate the importance of parent involvement with their child at home in order to achieve positive language outcomes (Siller & Sigman, 2008; Venker et al., 2012; Hart & Risley, 2003). However, parents find it difficult to sit down with their child for several hours a day to strictly work on therapy. Therefore, they have learned to take the opportunity to implement therapy into their child's everyday tasks when they get the chance. The struggles of parents knowing when to work on therapy with their child and how to make time for working on therapy at home, all affect to the parent's understanding of their child's therapy and their role in their child's therapy.

Parents also indicated that there were some barriers, or difficulties they faced in their child's early intervention services. One of the primary barriers was busy schedules that hindered parents from working on therapy at home with their child. Parents expressed their concerns by talking about how they wish they had more time in a day to work with their child, but with jobs and other obligations in life, they just did not get to work on therapy goals with their child as much as they would like.

Another difficulty with early intervention was that the parents felt that their child did not receive enough early intervention services and that the services they did receive were inconsistent. Most parents felt that their child should receive speech and language

therapy multiple days a week, but that was not the case for most of the children. Many received early intervention only once a week, and sometimes, even then, the services were not reliable or consistent. They felt that their SLPs would often reschedule or show up late. This inconsistency and lack of services seemed to be hindering their child's language from improving as much as possible, which is consistent with Guralnick's (2011) findings. He suggests the importance of children receiving services as early in development as possible in order to have the most effect on improving their language development.

Based on their experiences, parents were asked what advice they had for SLPs working with families and children similar to their own. Parents consistently noted that they want SLPs to be open, honest, and direct when speaking to parents about their child's therapy. This is consistent with Auert et al.'s (2012) findings that parents desire a clear explanation of their child's therapy and their role in their child's therapy. Parents explained that many times, especially when they first began therapy, they did not understand the terms that SLPs used when talking about their child's therapy, so they wanted therapy explained in terms they could understand. They also felt that the way SLPs communicated with their child was important. They felt that in order to make an impact on the child, the SLP must be compassionate and personable so that the child knows the SLP cares about him/her.

Parents also expressed that they wanted more emotional support for their families and children. When a child has disabilities, disorders, or delays, their family experiences many emotional struggles and stress. They felt that parent support groups would help ease these feelings and provide the support these families need. Many parents even took

the initiative to reach out to other families and professionals who could help them because they felt such a strong need for this emotional support. This is addressed in ASHA (2016) which states that it is in an SLPs' scope of practice to provide individuals with disorders and their families with support groups.

### *Implications*

The information provided in this study indicates that parents of children with speech and language delays want to feel informed and involved in their child's early intervention speech and language therapy and that their ability to do so hinges on their communication with their child's SLP. However, many parents did not feel as well-informed as they would like, nor did they always know how to effectively implement therapy techniques themselves. Thus, there are several ways to improve communication between SLPs and parents and to more efficiently and effectively involve parents in early intervention speech and language services. SLPs could try to give parents updates of their child's therapy as often as possible. It is also important that SLPs be sure that parents know how to implement the tasks they are given to do at home with their child. Since parents want honest and clear information about their child, it is important that SLPs fully explain a child's therapy in terms that parents can understand. Parents struggle knowing when to work on therapy with their child versus when to let them just be a kid, and busy schedules serve as a barrier to working on therapy at home. Therefore, SLPs could emphasize tips and tricks to help with these issues. This could include giving parents strategies on how to integrate therapy into their child's everyday activities and showing them when and how to have focused therapy time with their child. Given the inconsistency of early intervention services, and the large caseloads many SLPs are

working with, finding more efficient strategies for involving parents may help to improve communication outcomes for many young children with speech and language delays. Because parents feel there is such a need for more emotional support, it would be beneficial for SLPs to work with families on finding additional support through other professionals, other families, and parent support groups.

#### *Limitations and Future Directions*

Social desirability is a limitation that comes with self-reporting. Parents in the study may only report what makes themselves look good, especially when it comes to the amount of time spent each week with their child on at-home therapy. The interviewer made an effort to help them freely describe their perceptions, by making the interviews conversational and building relationships with them before the formal interview. There was a relatively small sample size due to the limitation of the geographic area; however, the researcher considers that the data has reached saturation. Although, a future study could reach out to a larger geographic area for a larger sample size. Consideration should also be given to the fact that some participants' children had already aged out of early intervention while some children were currently receiving early intervention. Therefore, the information retrospectively provided by parents may be less accurate than the information provided by parents whose children were currently receiving early intervention services. Additionally, children's diagnoses could have an effect on the parent's experiences and expectations. Therefore, future research could compare the opinions of parents based on their child's diagnosis to see if the child's diagnosis effects the parents' experiences. Finally, it should be noted that the findings in this study are taken from the parents' perspectives. Regarding the information provided about



inconsistency of early intervention services, SLPs are often working in less than ideal situations such as low funding and large caseloads. Therefore, a study considering SLPs' perspectives could provide insights into their experiences and the barriers they face.

## LIST OF REFERENCES

- American Speech-Language-Hearing Association. (n.d.) Early Intervention. Retrieved from <https://www.asha.org/practice-portal/professional-issues/early-intervention/>
- American Speech-Language-Hearing Association. (2006). Guidelines for Speech-Language Pathologists in diagnosis, assessment, and treatment of autism spectrum disorders across the life span. *American Speech-Language- Hearing Association*, 1-46. Retrieved from <http://faculty.washington.edu/jct6/ASHAGuideLinesAutismAssessmentScreening.pdf>
- American Speech-Language-Hearing Association. (2016). Scope of practice in speech-language pathology. Retrieved from [www.asha.org/policy/](http://www.asha.org/policy/)
- Auert, E. J., Trembath, D., Arciuli, J., & Thomas, D. (2012). Parents' expectations, awareness, and experiences of accessing evidence-based speech-language pathology services for their children with autism. *International Journal of Speech-Language Pathology*, 14(2), 109-118. doi: 10.3109/17549507.2011.652673
- Baxendale, J., Frankham, J., & Hesketh, A. (2001). The Hanen Parent Programme: A parent's perspective. *International Journal of Language & Communication Disorders*, 36, 511-516. doi: 10.3109/ 13682820109177938

- Brown, J. A., & Woods, J. J. (2015). Effects of a triadic parent-implemented home-based communication intervention for toddlers. *Journal of Early Intervention, 37*(1), 44-68. doi: 10.1177/1053815115589350
- Gillet, J. N., & LeBlanc, L. A. (2006). Parent-implemented natural language paradigm to increase language and play in children with autism. *Elsevier Ltd., 1*(2007), 247-255. doi: 10.1016/j.rasd.2006.09.003
- Guralnick, M. J. (2011). Why early intervention works: A systems perspective. *Infants and Young Children, 24*(1), 6-28. doi: 10.1097/IYC.0b013e3182002cfe
- Hart, B., & Risley, T. R. (1975). Incidental teaching of language in the preschool. *Journal of Applied Behavior Analysis, 8*(4), 411-420. Retrieved from <https://doi-org.umiss.idm.oclc.org/10.1901/jaba.1975.8-411>
- Hart, B., & Risley, T. R. (2003). The early catastrophe: The 30 million word gap by age 3. *American Educator, 27*, 4-9.
- Hart, B., & Risley, T. R. (1974). Using preschool materials to modify the language of disadvantaged children. *Journal of Applied Behavior Analysis, 7*(2), 243-256. doi: 10.1901/jaba.1974.7-243
- Individuals with Disabilities Education Improvement Act (IDEA). (2011). Part C Final Regulations. Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>
- Odom, S., Brown, W., Frey, T., Karasu, N., Smith-Canter, L., & Strain, P. (2003). Evidence-based practices for young children with autism: Contributions for single-subject design research. *Focus on Autism and Other Developmental Disabilities, 18*(3), 166-175. Retrieved from

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.9591&rep=rep1&type=pdf>

- Roberts, M. Y., & Kaiser, A. P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. *American Journal of Speech-Language Pathology, 20*, 180-199. doi: 10.1044/1058-0360
- Schwandt, T. (2007). *The Sage dictionary of qualitative inquiry* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Shire, S. Y., Goods, K., Shih, W., Distefano, C., Kaiser, A., Wright, C., ... Kasari, C. (2014). Parents' adoption of social communication intervention strategies: Families including children with autism spectrum disorder who are minimally verbal. *Journal of Autism & Developmental Disorders, 45*, 1712-1724. doi: 10.1007/s10803-014-2329-x
- Siller, M., & Sigman, M. (2008). Modeling longitudinal change in the language abilities of children with autism: Parent behaviors and child characteristics as predictors of change. *Developmental Psychology, 44*(6), 1691-1704. doi: 10.1037/a0013771
- Simmons, S. S., Paul, R., & Shic, F. (2015). Brief report: a mobile application to treat prosodic deficits in Autism Spectrum Disorder and other communication impairments: a pilot study. *Journal of Autism & Developmental Disorders, 46*, 320-327. doi:10.1007/s10803-015-2573-8
- Wilcox, M., & Woods, J. (2011). Participation as a basis for developing early intervention outcomes. *Language, Speech, and Hearing Services in Schools, 42*, 365-378. doi:10.1044/0161-1461

Venker, C. E., McDuffie, A. S., Weismer, S. E., & Abbeduto, L. (2012). Increasing verbal responsiveness in parents of children with autism: a pilot study. *Autism, 16*(6), 568-585. doi: 10.1177/1362361311413396

## APPENDIX A

### Interview Questions

1. Background Information on Child
  - a. Can you tell me a little bit about your child?
    - i. Your understanding of why your child is receiving therapy.
    - ii. Typical day
    - iii. Typical therapy session (observe therapy, etc.)
    - iv. Your role in your child's therapy process (planning, etc.)
2. SLP Relationship
  - a. Can you tell me about your experience with your child's SLP?
  - b. How do you describe your relationship with your child's SLP?
  - c. How do you feel that your relationship with your child's SLP affects your understanding of your child's therapy and your role in your child's therapy?
  - d. How do you describe the level of comfort you have asking your child's SLP questions about their therapy?
3. Knowledge, Comfort, and Confidence of At-Home Therapy
  - a. Tell me about the therapy goals you are given to do at home with your child each week.
  - b. Tell me about your understanding of the therapy goals and how comfortable you feel in implementing these at home.
  - c. How informed do you feel about your child's speech therapy?

- i. Are you given any kind of literature on understanding therapy or diagnoses?

#### 4. Barriers

- a. How much time would you estimate that you spend each week on average with your child working on therapy goals?
- b. If any, what are some difficulties you face that keep you from being able to effectively work on therapy goals with your child at home?
- c. What suggestions do you have about anything that can be done to make communication easier?
- d. Are there any types of support you would like to see in place for your child or your family?
- e. What advice would you have for speech therapists that work with your child or your family or situations similar?

#### 5. Outcomes

- a. How effective do you feel doing therapy with your child at home has been?
- b. What kind of changes do you see after doing therapy with your child at home?
- c. How has at-home therapy impacted you, your child, and your family?

APPENDIX B

**BACKGROUND/DEMOGRAPHICS**

*The following questions are about **your child**.*

**Child's Sex:**  Male  
 Female

**Child's Date of Birth:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Child's Race:**  White  
(Check all that apply)  Black or African-American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other /Pacific Islander  
 Other  
 Prefer Not to Answer

**Child's Ethnicity:**  Hispanic or Latino  
 Not Hispanic or Latino  
 Prefer Not to Answer

**Was your child adopted?**  
 No  Yes > Age of adoption? \_\_\_\_\_

**How many siblings does your child have?** \_\_\_\_\_

**Please explain why your child is receiving services, including any relevant speech/language delays, hearing loss, or developmental disability diagnoses.**

**Please list the types of services your child is receiving.**



The following questions are about **you** and your **other family members**.

**Your Relationship to Child:**  Mother  
 Father  
 Grandmother  
 Grandfather  
 Other Relative (describe: \_\_\_\_\_)

**Your Year of Birth:** \_\_\_\_\_

**Your Race:**  White  
(Check all that apply)  Black or African-American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other /Pacific Islander  
 Prefer Not to Answer

**Your Ethnicity:**  Hispanic or Latino  
 Not Hispanic or Latino  
 Prefer Not to Answer

**Your education (check the HIGHEST level completed):**

Completed 8<sup>th</sup> grade  
 Graduated high school/GED  
 Completed some college or technical school  
 Graduated with an associates/technical college degree  
 Graduated college with a B.A./B.S. degree  
 Completed some graduate work  
 Graduated with a graduate/professional degree

**How many people are currently living in your home (including yourself)?:** \_\_\_\_\_

**How many dependents *under the age of 18* are currently living in your home?:** \_\_\_\_\_

**How many *adult* dependents are currently living in your home?:** \_\_\_\_\_

**Your Zip Code:** \_\_\_\_\_