

Research Article

Facilitating Parental Involvement in Speech Therapy for Children With Speech Sound Disorders: A Survey of Speech-Language Pathologists' Practices, Perspectives, and Strategies

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Purpose: This study investigated the extent to which speech-language pathologists (SLPs) facilitate parents' completion of homework activities for children with speech sound disorder (SSD). In addition, this study explored factors related to more consistent communication about homework completion and strategies considered particularly effective for supporting this element of parental involvement.

Method: Licensed SLPs serving at least one child with SSD were invited to participate in an online survey. Questions relevant to this study gathered information regarding (a) frequency of communication about homework distribution and follow-up, (b) demographic and workplace characteristics, and (c) an open-ended question about the specific strategies

used to support parental involvement and completion of homework activities.

Results: Descriptive results indicated considerable variability with respect to how frequently SLPs engaged in communication about homework completion, but that school-based SLPs were significantly less likely to engage in this type of follow-up. Strategies considered effective, however, were similar across therapy contexts.

Conclusion: These results suggest potentially important differences between school-based services and therapy in other contexts with respect to this particular aspect of service provision for children with SSD.

Across therapeutic settings (i.e., clinics, schools, private practice), facilitating and encouraging parents' involvement in their child's speech-language therapy is considered within the speech-language pathologists' (SLPs') scope of practice (American Speech-Language-Hearing Association [ASHA], 2016) and is federally mandated for school-based SLPs (Individuals with Disabilities Education Act, 2004, Part B). Moreover, ASHA's position statement regarding the roles and responsibilities for practicing SLPs specifically highlights collaboration with families as a required component of service delivery for students of all ages (ASHA, 2018). These guidelines accord with a long-standing general belief that increased parental involvement

is a critical element for improving children's outcomes (Green et al., 2007; see Wilder, 2014, for a review; Zellman & Waterman, 1998) and underscore the SLPs' role in facilitating and fostering parents' involvement in their children's therapy experiences.

Despite the importance of these guidelines and requirements, the notion of collaborating with parents within the context of speech-language therapy has been operationalized in myriad ways, leaving considerable room for interpretation of what aptly constitutes "parental involvement." As required by law, it can be considered, at minimum, working with parents to determine and plan a child's individualized education program (IEP; Individuals with Disabilities Education Act, 2004). As described in the literature, parental involvement may be characterized as communicating with parents about their child's therapy goal setting and progress (McKean et al., 2012) but most often refers to the distribution and completion of therapy-related activities at home (e.g., Sugden et al., 2018). Drawing from parental involvement theories within the education-based literature, children's

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outcomes improve when parents and children engage in home-based learning activities that are supported and guided by the child's educator (e.g., Green et al., 2007), thereby reinforcing the skills and knowledge learned across settings. As such, in this study, the term *parental involvement* refers to the completion of home-based therapy activities that have been provided by the child's SLP.

Parental Involvement in Therapy for Children With Speech Sound Disorders

Increased parental involvement may be particularly advantageous for children receiving therapy for a speech sound disorder (SSD). Children with SSD constitute a large proportion of most school-based SLPs' caseloads (ASHA, 2018), and SSDs are among the most common type of pediatric communication disorder (McLeod & McKinnon, 2007). Children with SSD demonstrate difficulties in articulating certain speech sounds or types of speech sounds, which can severely limit their intelligibility. These difficulties are often associated with their language skills and reading acquisition (Cabbage et al., 2018), as well as social-emotional development (Eadie et al., 2015; Krueger, 2019). Thus, early and consistent speech therapy can have long-lasting and far-reaching benefits. Unfortunately, although there are numerous effective therapeutic approaches for improving speech sound production, the parameters of these therapies often involve high frequency and high dosage levels that may be difficult for practicing SLPs to maintain in individual therapy sessions (see Baker & McLeod, 2011, for a review). Encouraging and supporting parental involvement may be an effective way to ensure that children with SSD engage in sufficient practice for improving their speech sound errors.

Certainly, data from a number of studies are consistent in that SLPs value parental involvement and consider it to be a critical component of progress for children with SSD (ASHA, 2018; Caesar & Kohler, 2008; Pappas et al., 2008). For example, nearly all of the 400 respondents to Caesar and Kohler's (2008) survey of school-based SLPs reported that they sought parental involvement as part of the assessment procedures for children on their caseload. Similarly, a survey of 277 Australian SLPs (Pappas et al., 2008) indicated that, for children with SSD, a child's parent was present at the initial assessment, although only 35% of respondents reported regularly involving caregivers at every therapy session. Most respondents (75%) felt that caregiver involvement included homework activities, and SLPs felt that this factor was critical to improving children's outcomes.

Accordingly, both survey data and recent observational studies confirm that one of the most frequent methods SLPs use to initiate the parental involvement process is through sending homework activities and folders (Pappas et al., 2008; Sugden et al., 2018), particularly for school-based SLPs (Tambyraja et al., 2017). Tambyraja et al. examined therapy logs from 73 SLPs that recorded every instance of communication initiated by school-based SLPs to parents of children with speech and/or language disorders

on their caseloads. Although many SLPs did not communicate with parents on a regular basis, the most common form of communication was sending home a homework folder (24.13%), with sending home letters as the next most common method (3.72%). Similarly, at least 95% of respondents to the survey reported by Sugden et al. (2018) indicated that they usually or always sent home activities for parents to complete with their child.

These data align with intervention research that suggests that parents can implement home-based therapies with high fidelity and that children with SSD demonstrate significant improvement from parent-implemented therapy that is comparable to SLP-delivered intervention (e.g., Eiserman et al., 1995). Some studies have indicated that, when parents are specifically trained to implement home-based activities that supplement school-based therapy, there are positive impacts on children's outcomes (e.g., Fudala et al., 1972; Lancaster et al., 2010). Fudala et al. (1972), for example, found that children with SSD who were randomized to a treatment group that entailed parents attending therapy and completing homework activities demonstrated greater gains in speech production accuracy compared to children randomized to a group where parents received homework activities but little additional instruction or support.

In summary, there is evidence to suggest that SLPs value parental involvement and are often consistent in distributing home-based activities to support parental involvement and that completion of those activities can impart positive effects for children's outcomes. Unfortunately, to date, there have been very few empirical studies that have examined how to actually facilitate and support the completion of home-based practice that meaningfully supplements the therapy administered by the child's SLP (see Sugden et al., 2016, for a review). That is, although several studies suggest that many SLPs make initial attempts to encourage parental involvement and support the completion of home-based therapy activities, the frequency with which SLPs engage in follow-up communication to confirm parental involvement in home activities and the strategies that are most effective for doing so have not been previously examined.

Predictors of Follow-Up Communication About Homework

There are several possible variables that may affect how and whether SLPs seek to ensure that homework activities for children with SSD are completed. For example, although both Sugden et al. (2018) and Pappas et al. (2008) found that approximately 95% of SLPs reportedly distributed homework for children with SSD to complete with their parents, direct observational data from the study of Tambyraja et al. (2017) suggest that that this occurs much less frequently in school-based settings. Logically, SLPs working in private therapy or clinical settings are much more likely to see and interact with a child's parent on a regular basis, as opposed to school-based SLPs who may

have very rare in-person interactions with the parents of children on their caseloads (Pappas et al., 2008). As such, it seems likely that the *context of therapy delivery* (i.e., school based or not) could influence the degree to which SLPs can maintain consistent communication with parents.

Another possible factor that may influence whether SLPs follow up on homework activities is an SLP's *caseload size*. Although results from the study of Tambyraja et al. (2017) regarding factors associated with more frequent SLP–parent communication did not find caseload size to be a significant predictor, some research does suggest that dealing with large caseloads negatively influences how SLPs perceive the manageability and stressfulness of their work (Ferney Harris et al., 2009; Katz et al., 2010) and the extent to which they are able to tailor services for children with SSD on their caseload (Swaminathan & Farquharson, 2018). Thus, it is possible that, across workplace settings, SLPs with larger caseloads would have less time to follow up with parents on a regular basis.

Research also suggests that an SLP's *years of experience* can influence their practices regarding facilitating parental involvement. According to a recent survey (ASHA, 2018), SLPs who reported lack of parental involvement as a workplace challenge was higher among SLPs with less than 5 years of experience (37%) than for SLPs with over 20 years of experience (21%). The directionality of how this would influence follow-up communication with parents is unclear. It could be that SLPs with fewer years of experience have not yet implemented successful strategies to engage parents and, therefore, need to communicate more often with them to support levels of home involvement. On the other hand, it is possible that SLPs with fewer years of experience may not feel as comfortable in reaching out to parents compared to SLPs with more experience (Pappas et al., 2008) and, thus, do not communicate as often with parents about homework completion. Regardless of the specific nature of the relation, it seems likely that differences in how SLPs foster parental involvement might vary as a function of their experience in working with families of differing levels of involvement and interest.

In addition to these structural characteristics of SLPs' clinical practice, research also suggests that other qualitative characteristics may similarly influence the frequency of intentional efforts to facilitate parental involvement. As noted above, the recent ASHA (2018) schools survey asked respondents whether lack of parental involvement was a workplace challenge. Although this variable was selected more often by SLPs with less experience, approximately one fifth of SLPs with more years of experience still considered this a notable barrier in their practice, suggesting it is a widespread challenge. It is possible, therefore, that the extent to which SLPs follow up with parents is bidirectional in nature. That is, if SLPs feel that parents are unlikely to respond and engage in homework activities, they may be less likely to continue providing them. Collectively, findings suggest that, even though the majority of SLPs value parental involvement, practices specific to intentionally facilitating parental involvement are highly

variable and may be dependent on their *perceived levels of parental support*.

Strategies to Facilitate Parental Involvement

Historically, the notion of involving parents in speech therapy has been emphasized as an important part of clinical practice, and practitioner articles offer several useful suggestions and ideas on how SLPs can engage parents successfully (Crais et al., 2006; Gottwald & Hall, 2003; Mitchell & Alvarez, 2015). Specific to children with SSD, data from Sugden et al.'s (2018) study suggest that SLPs do try to provide specific suggestions and guidelines on how long and how often to practice at home. Still, little is known about the mechanisms and strategies that SLPs utilize in daily practice that successfully yield increased levels of parental involvement for children with SSD. To address this important gap concerning feasible methods of communication, this study sought to identify and characterize the types of parental involvement strategies that practicing SLPs consider particularly effective.

Purpose of This Study

Involving parents in children's speech therapy is an important, indeed required aspect of service delivery. This is particularly true for children with SSD who may benefit from intensive practice and reinforcement across contexts, settings, and communicative partners (Allen, 2013). Research suggests that SLPs regularly send speech practice homework for parents and children to complete (Pappas et al., 2008; Sugden et al., 2018, Tambyraja et al., 2017); however, the extent to which SLPs follow up with parents to facilitate and support the completion of these activities is unknown. If parental involvement, operationalized as the completion of homework practice with their child, is indeed key for improving the speech sound production skills of children with SSD, it is vital to increase our understanding of the ways in which practicing SLPs support the completion of homework practice and activities. As a first step to address this gap in the literature, this study addressed the following research questions: (a) To what extent do SLPs follow up with parents regarding the completion of homework activities for children with SSD; (b) to what extent does the context of therapy delivery, caseload size, years of experience, and perceived parental support predict the frequency of homework follow up; and (c) what strategies do practicing SLPs feel are successful for facilitating and supporting parental involvement?

Method

Participants

Survey information was posted on two online community listservs utilized by SLPs across work settings (school based, clinic based, private practice, etc.) who were likely to serve children with SSD. The posting included an anonymous link to the 35-question, web-based survey,

which was created using Qualtrics software (March, 2018). The institutional review board at the author's institution approved the study prior to recruitment and survey distribution.

The first portion of the survey explained the purpose of the study that participation was voluntary and confidential and that participants had the right to withdraw or decline completing questions if they chose. Participants then had the option to provide consent to participate by selecting "yes" to continue. The second question confirmed that participants were currently practicing SLPs working in the United States. If participants selected "no," the survey discontinued. If participants confirmed "yes," the survey continued. Participants were not asked to enter any identifying information. After providing informed consent, participants answered several qualifying questions to ensure they were fully licensed SLPs who served at least one child with SSD. A total of 175 SLPs started the survey, and 156 SLPs completed the survey (89% completion rate). Only data from those who completed the survey were used in the analyses.

Participants included three male and 153 female respondents who had an average of 15.98 years of experience working as an SLP ($SD = 10.96$, range: 1–41). A variety of workplaces were represented; the sample was essentially split between SLPs working in K–12 schools (55%) and those working in other types of health care facilities, including outpatient clinics (13%), private practice (11%), preschools or early intervention centers (11%), and university-based clinics (10%). Descriptive data of participants' workplace and backgrounds are reported in Table 1.

Survey Questions

The survey sought to examine practices related to parental involvement for children with SSD and consisted of 35 questions that were primarily multiple choice, with some fill-in-the-blank and open-ended text responses. The median length of time for participants to complete the survey was 7.11 min. Data from seven questions were used to address this study's research questions; the nature of the pertinent questions are detailed below. The first three questions of interest were used to gather information about responding SLPs' workplace experience and background (e.g., type of location, current work status, state in which they are licensed to practice). One question pertained to their highest degree earned, one open-ended question obtained their current caseload size, and another open-ended question provided room for participants to report their total years of experience as a licensed SLP.

The next set of questions germane to this study gathered information regarding (a) the extent to which SLPs provided and followed up with parent's homework completion ($n = 2$ questions) and (b) perceived levels of support and interest from the parents of children with SSD on their caseloads ($n = 1$). Finally, open-ended responses to a question asking SLPs to describe the types of strategies they used to facilitate parental involvement ($n = 1$) were used to address the study's third research aim. These questions and statements (listed below verbatim) were adapted from previously developed questionnaires that gathered pertinent background and demographic information (Tambyraja et al., 2017), as well as questions adapted from the Parent–

Table 1. Descriptive statistics of predictor variables.

Predictor	<i>n</i>	%	<i>M (SD)</i>	Range
Workplace location				
School-based	85	55		
Not school-based	71	45		
Caseload size	143	92	43.52 (22.35)	6–136
Years of experience	145	93	15.98 (10.96)	1–41
I provide parents with activities to work on with their child at home.				
Always	36	23.1		
Most of the time	46	29.5		
About half the time	16	10.3		
Occasionally	38	24.2		
Never	1	0.6		
Did not answer	19	12.2		
I follow up with parents regarding the completion of home activities.				
Always	20	12.8		
Most of the time	40	25.6		
About half the time	10	6.4		
Occasionally	42	26.9		
Never	26	16.7		
Did not answer	18	11.5		
Parents of children on my caseload are very responsive.				
Strongly disagree	418	3.5		
Disagree	33	21		
Neutral	9	6		
Agree	80	51		
Strongly agree	12	8		
Did not answer	18	11.5		

Teacher Involvement Questionnaire (Conduct Problems Prevention Research Group, 1995).

Workplace Context and Background Characteristics

Participants responded to three separate questions specific to their workplace environment and status. First, SLPs were asked to “choose ONE of the following that represents your primary work setting within the United States” from a list of seven possible responses (e.g., K–12 public school, private school, hospital, health care facility/outpatient clinic, early intervention, preschool private practice), including an “other” to note an alternative not presented. Next, SLPs completed a text box response to indicate their overall *caseload size* (“What is your current caseload size?”), as a whole number (e.g., 6, 45). Third, respondents completed a text box response to answer the question about years of experience (“How many years of experience do you have working as a speech-language pathologist?”) as a whole number (e.g., 5, 20).

Homework Provision and Follow-Up

Participants answered two questions regarding the frequency of communication with parents regarding the provision of and follow-up on homework activities (i.e., *I provide parents with activities to work on with their child at home*, and *I follow up with parents regarding the completion of home activities*). Responses were on a 5-point Likert scale (0 = *never*, 4 = *always*). The frequency of responses to these questions, as well as those reporting workplace background information, is reported in Table 1.

Perceived Parental Support

Next, SLPs responded to a statement capturing information about their *perceptions of parental support* within the context of communicating with parents of children with SSD on their caseloads (e.g., *Parents of children on my caseload are very responsive*). Responses to this statement were on a 5-point Likert scale regarding their agreement or disagreement with the statement (0 = *strongly disagree*, 4 = *strongly agree*). Descriptive results for all four predictor variables are presented in Table 1.

Strategies to Support Parental Involvement

The third goal of this study was to identify the types of strategies that SLPs perceived as successful at facilitating parental involvement in homework activities (e.g., *What strategies have you found that successfully facilitate or encourage families to do extra work at home with their child?*). A large proportion of respondents completed this open-ended question ($n = 119$, 77%), and a variety of responses were recorded. Responses were coded according to the primary content or intent conveyed using the procedures described below.

Survey Data Analysis

Content analysis procedures (Miles & Huberman, 1994) were used to identify patterns or themes that were represented among the open-ended responses. Content

analysis involves an iterative process of reading text responses, identifying key words or patterns that emerge consistently, and characterizing those themes into meaningful categories. This approach is particularly appropriate when there is little existing research in the given area of study, and thus, the data inform the subsequent categories, rather than “fitting” data into a priori classifications (Kondracki et al., 2002).

In this study, the content analysis procedure yielded six categories of responses (see Table 2 for category names and examples). Following the determination of the categories, the author created a rubric to guide the classification of the survey responses. First, any responses that described the use of technologies to encourage parental involvement were coded as *technology*. Second, the code *behavioral rewards* was applied to responses that described ways in which children were offered stickers or other rewards as a means for motivating the completion of homework. Third, the code *providing materials* was applied to responses that described sending home activities and/or materials. Fourth, the code *purposeful engagement* was applied to responses that illustrated methods of intentionally engaging with parents about the homework activities, observing and providing feedback for parents, or providing extensive guidelines on how parents should work with their child at home. Fifth, the code of *routine-based activities* was given to responses that described ways in which the homework activities were developed to be easily incorporated into the family’s regular routine. Finally, there were several responses that were negative in nature that either responded with “nothing works” or responses that engendered a negative outlook toward parental involvement; responses of this nature were coded as *negative*. To determine the reliability of this classification rubric, a research assistant independently coded each response into the most appropriately fitting category. Interrater reliability was high (95%); consensus building was conducted for the five items for which the author and research assistant had disagreed to reach 100% agreement on the categorization of all of the open-ended survey responses.

Results

Communication Regarding Homework Completion

The first research question sought to compare the frequency with which SLPs *provide homework activities* for children with SSD to the frequency with which SLPs subsequently *follow up about homework completion* with parents. Thus, responses to two questions were descriptively examined. First, SLPs reported the relative frequency with which they sent homework activities for children with SSD to complete with their parents. As depicted in Figure 1, approximately 60% ($n = 90$) of responding SLPs indicated that they provided homework activities “always” or “most of the time,” with only one SLP indicating that they never sent homework activities. Second, SLPs reported the relative frequency with which they followed up with parents regarding the completion of homework activities. Responses indicated

Table 2. Coding categories of responses and examples of each type to the question “What strategies have you found that successfully facilitate or encourage families to do extra work at home with their child?” ($n = 119$).

Response categories	Examples of responses	<i>n</i>	%
Technology	<i>Using SeeSaw has helped as well as texting, email, etc.</i>	2	2
Behavioral rewards	<i>Giving children stickers on the completed homework pages.</i>	20	17
Providing materials	<i>Providing handouts with explicit instructions, including amount of time to practice per week and when (15 minutes every other day right before bedtime, practice initial /s/ with provided handout).</i>	38	32
Purposeful engagement	<i>Observe the parent working with the child, after training, and provide feedback and encouragement.</i>	38	32
Routine-based activities	<i>If I can make the homework quick or fit into their night routine, I have better follow up.</i>	13	11
Negative response	<i>I haven't found anything that works.</i>	7	6

that less than half (43.5%) of SLPs followed up with parents “always” or “most of the time.” In subsequent analyses, the outcome variable of follow-up communication was dichotomized to represent SLPs who engaged in “consistent follow-up” (43.5%) or “inconsistent follow-up” (56.5%).

Predictors of Follow-Up Communication Regarding Homework Completion

The second research question examined the predictors of follow-up communication from SLPs to parents about homework completion. A binomial logistic regression was performed, using SPSS software (Version 24.0), to determine the extent to which SLPs’ years of experience, caseload size, workplace setting (i.e., school based or not), and perceived parental support were associated with the likelihood that SLPs would engage in consistent follow-up communication regarding homework completion. Because approximately one half of the study participants were school-based SLPs, the variable for workplace context was dichotomized in the analyses to represent “school based” or “other.” The remaining predictor variables (years of experience, caseload

size, perceived parental support) were included as continuous variables in the model.

The logistic regression model was statistically significant, $\chi^2(5) = 56.694, p < .0001$. The model explained 46.4% (Nagelkerke R^2) of the variance in the frequency of follow-up communication and correctly classified 81.8% of cases. Results indicated that SLPs’ workplace context was significant, suggesting that SLPs working in school-based settings were less likely to follow up with parents regarding homework completion. No other variables in the model were significant. The full logistic regression results are presented in Table 3.

Successful Strategies for Encouraging Parental Involvement

Finally, this study sought to characterize the methods and strategies that SLPs felt were effective for fostering parental involvement and facilitating the completion of homework activities. SLPs’ responses to the open-ended question concerning effective strategies for facilitating homework were coded according to the content analysis procedures. The coding categories, examples of the types of responses that were coded into each category, and the frequency of each type are provided in Table 2. As can be seen from the table, the provision on handouts/activities and attempts to verbally engage with and explain activities to parents were considered to be the most successful strategies for facilitating parental involvement in home-based therapy activities. Table 4 illustrates the distribution of the types of responses between SLPs working on schools and those working in other settings.

Some SLPs noted that face-to-face discussions were most effective (e.g., “Parents and other caregivers who watch the entire session seem to be much more apt to practice at home”; “I have found that demonstrating how to do the homework, writing it down, expressing the importance of this task, and following up at the next session are most helpful.”). Many noted that emphasizing the importance of home practice was vital (e.g., “explaining to the family the importance of daily practice and mastery of target sounds”; “stressing to them that changes happen faster when they

Figure 1. Number of responding SLPs who reported to engage in initial and follow-up communication with parents concerning homework provision and follow-up. SLP = speech-language pathologist; HW = homework.

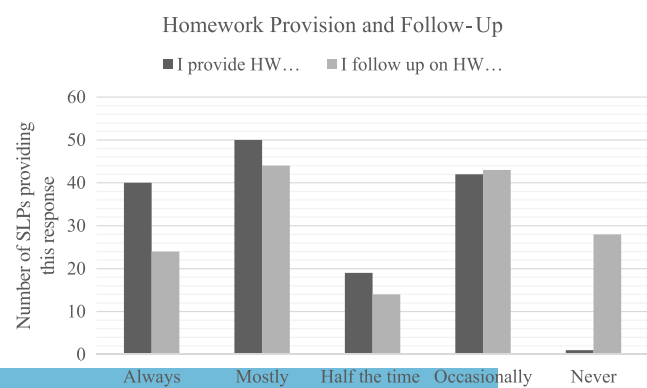


Table 3. Logistic regression predicting consistent or inconsistent homework follow-up communication.

Variable	B	SE B	Wald	df	Sig.	Odds ratio
Constant	2.837	1.706	2.767	1	.096	17.068
School-based SLP	-2.825	0.553	26.068	1	.000	0.059
Caseload size	0.010	0.011	0.739	1	.390	1.010
Years of experience	-0.049	0.023	4.455	1	.051	0.952
Perceived parental responsiveness	-0.267	0.167	2.551	1	.119	0.765

Note. Boldfaced data indicate the significant variable.

carryover activities at home and reinforce that there's room for error in the practice efforts").

In addition to providing materials and explicit instructions on how to engage in homework activities for children with SSD, many SLPs also indicated that finding ways to incorporate speech practice into families' regular routine was also a successful strategy for ensuring homework completion (e.g., "Create simple activities that can be completed while completing other daily tasks, like in the car, bath, etc."); "I have found when you are able to include homework with tasks they are already completing as a daily routine, it seems to be less of a burden."). Finally, despite the numerous constructive suggestions offered by responding SLPs, some did indicate that facilitating parental involvement in homework strategies was extremely difficult (e.g., "I haven't found anything that works.") and that parents who are already interested in supporting their child's progress are likely to be the only ones who respond to and complete homework activities (e.g., "When the families are self-motivated they are generally more willing to complete extra work at home.").

Although the number of participants whose responses were coded as "negative" in nature was overall quite small, it was of interest to further determine the extent to which the types of responses offered by SLPs were equitable between SLPs who worked in schools or other settings or if an SLPs' years of experience differentiated those with negative responses from those with other more constructive ideas. As seen in Table 4, all eight of the "negative" responses and the majority of responses specific to the use of behavioral rewards were from school-based SLPs; the distribution of other types of responses was more evenly distributed across settings. However, an independent-samples *t* test

Table 4. Number of speech-language pathologists (SLPs) in school-based versus other settings, who used each type of parental involvement strategy.

Strategy type	School-based SLPs who use this strategy	SLPs in other work settings who use this strategy
Technology	2	0
Behavioral rewards	13	7
Providing materials	18	20
Purposeful engagement	17	21
Routine-based activities	6	7
Negative response	8	0

confirmed that years of experience for the SLPs who offered negative responses ($M = 15.56$, $SD = 12.41$) was not significantly different from SLPs who did not provide negative types of responses about effective strategies ($M = 16.01$, $SD = 10.92$), $t(143) = 0.111$, $p = .912$.

Discussion

This study makes a notable contribution to our knowledge about how and how frequently SLPs seek to facilitate parental involvement for children with SSD. This survey represents a first step toward investigating not only how often SLPs communicate with parents about home-based speech-focused activities but also the variables associated with follow-up communication. This is a critical aspect of clinical practice to investigate, as many SLPs report to distribute homework for parents to complete (Pappas et al., 2008; Sugden et al., 2018), and because children with SSD are likely to benefit from additional and consistent opportunities to practice speech sounds (Allen, 2013; Williams, 2005).

Homework Completion and Follow-Up

The first aim of this research was to determine the extent to which currently practicing SLPs provided homework activities to the parents of children with SSD on their caseloads. A large proportion of SLPs reported to send homework activities home very frequently, which converges with previous survey and observational data that homework folders is a commonly utilized method of communication and engagement (e.g., Pappas et al., 2008; Sugden et al., 2018; Tambyraja et al., 2017). Results from this survey build upon previous research and suggest that the extent to which SLPs seek to confirm that children with SSD are receiving the additional practice at home is less consistent. Indeed, the rate of reported follow-up by SLPs to parents about completion of homework activities was considerably lower than that of initially sending homework out.

There are two possible reasons for this particular finding. First, it is possible that SLPs have some indication from parents as to whether the home activities were completed or not, either by direct communication with parents or perhaps from the child's report and/or progression with their speech sounds. In that case, the proportion of follow-up communication, relative to initial communication about

homework, would be less. Second, however, it is also possible that, for many SLPs, additional communication regarding homework completion is difficult or time consuming, given other constraints. It is clear from the data obtained in the current study that considerably more variability exists for consistent communication about homework completion; still, just under one half of SLPs did report to follow up with parents, which suggests that a significant proportion of SLPs indeed consider homework practice can play an important role in improving outcomes for children with SSD.

Predictors of Follow-Up Communication

The second objective of this work was to identify possible reasons why some SLPs engaged in more frequent follow-up regarding parental involvement compared to others. Overwhelmingly, the results indicated that engaging in consistent communication about homework completion occurred much more frequently by SLPs who did not work in schools. To a large extent, this is not a surprising outcome, as a large body of research on workplace influences suggests that school-based SLPs must manage high caseloads and significant time constraints (Hutchins et al., 2010; Katz et al., 2010), which can limit their capacity to consistently facilitate parental involvement with the families of children on their caseloads. Moreover, school-based SLPs would likely only be able to engage in these types of communication via e-mail or phone, as direct contact with parents is rare (see Tambyraja et al., 2017). This result does, however, indicate that facilitating parental involvement for children receiving school-based speech therapy is an understudied area of clinical research that deserves considerably more attention. The fact that this aspect of service provision varies so distinctly between locations and contexts must be further explored to support school-based SLPs in meeting this requirement of clinical practice.

Strategies for Increasing Parental Involvement in Therapy Activities

Finally, this study provides some valuable clinical information and practical guidance for facilitating parental involvement in improving outcomes for children with SSD. SLPs responded to an open-ended question about the methods they felt were effective in increasing parental involvement in speech homework activities. Responses were coded and categorized according to main content themes, but it must be noted that there was a large variation in the types of offered responses. This variability indicates that what constitutes as “effective” may certainly be subjective, according to the clinician. The range in responses also indicates that there are multiple constructive approaches for engaging with families. The most frequently reported type of response (verbally engaging with parents, observations, and feedback) aligns with previous research (e.g., Fudala et al., 1972) in that guided and informative communication about how to engage in home-based speech therapy activities may result

in increased levels of completion. The lack of more current research, however, prohibits a further understanding of whether the strategies reported by SLPs are evidence based. Future research in this area of practice is absolutely critical for supporting SLPs across clinical settings, particularly school-based SLPs.

Given the extant literature regarding workplace challenges of school-based SLPs who serve a large proportion of children with SSD (ASHA, 2018; Katz et al., 2010; Ferney Harris et al., 2009) and the results of this study, it is not surprising that an in-depth comparison of strategies used across clinical settings revealed that only school-based SLPs provided negatively oriented responses. Certainly, the collective literature supports the idea that school-based SLPs experience specific and significant challenges in their attempts to facilitate parental involvement. However, the proportion of SLPs from each clinical setting that found verbal engagement strategies and provision of written instructions to be effective was comparable. This suggests that this type of communication strategy may be successful across therapy provision environments.

Clinical Implications

Although future work in this area is clearly needed to provide an evidence base for practicing SLPs, the survey data presented here underscore several clinical implications for consideration. First, the discrepancy between homework provision and homework completion follow-up indicates that SLPs should consider incorporating that additional step into their routines of communicating with parents. It was beyond the scope of this study to understand why that discrepancy existed, and indeed, it may be that some SLPs already know whether parents have completed homework or not. Still, given the number of SLPs who felt that facilitating parental involvement in home activities can be challenging (ASHA, 2018), there may be relatively quick and easy ways, such as text message reminders that could serve to increase rates of homework completion.

Second, data from this study indicated that there are several types of strategies that SLPs use to encourage parental involvement, but that explicit guidance to parents on how to focus on speech sound production practice seemed to be most commonly utilized. An important clinical implication from this finding is that SLPs may need to use different strategies with different families, as methods for effectively facilitating parental involvement are likely to vary. The current study provides several viable options that SLPs could consider trying in their own practice, with respect to emphasizing the importance of home practice to families, creatively demonstrating home practice activities so parents feel comfortable to do so, and providing activities and strategies that can be easily incorporated into families’ regular routines.

Finally, the data from this study highlighted the stark differences in parental involvement practices and strategies between SLPs working in schools and those in other settings. Although this is not completely surprising, this finding does indicate that perhaps school administrators may also

need to become more involved in supporting school-based SLPs with this endeavor. Facilitating parental involvement is important for all aspects of a child's academic development, and most schools strive to increase parental engagement as much as possible. It is vital that invitations for parental involvement extend to all aspects of educational services provided, for children's overall academic success.

Limitations and Future Directions

There are some limitations to this study to be acknowledged. First, as with all survey research, responses were based on self-report only; thus, the extent to which SLPs' actual practices regarding homework provision and follow-up communication corroborated their responses was unknown. Second, although the distribution of school-based SLPs and SLPs working in other settings was quite equitable, the response rate for this survey was not as high as some previous surveys reported in the literature (e.g., Caesar & Kohler, 2008), somewhat limiting the generalizability of these findings. In addition, although participants represented a range of clinical settings, it is important to note that they self-selected into the study. As such, it is possible that results were biased to some extent, reflecting only responses from those who felt compelled or interested to share information about their practices. Finally, this survey only assessed the SLPs' perspectives regarding which strategies were effective for facilitating parental involvement and encouraging the completion of provided homework activities. Therefore, the extent to which the strategies identified did indeed increase the completion of home activities by parents was not assessed. Future work should extend this work by examining communication practices between SLP-parent dyads to determine what types of strategies are most effective. In so doing, relations to child outcomes could also be examined to understand and confirm the notion that increased parental involvement relates to improvements in children's speech sound production.

Conclusions

Despite these limitations, this study offers important and insightful data regarding the ways in which SLPs seek to foster parental involvement for children with SSD and support parents in their efforts to contribute to their child's progress. It is evident from the current work and previous studies that parental involvement is considered a key mechanism for improving children's outcomes by both parents and SLPs. The current study extends previous research and illustrates that, for school-based SLPs, facilitating parental involvement may be particularly challenging. Future work must continue to investigate these challenges to better support school-based SLPs in their efforts to partner with parents and ensure that children with SSD who are served in school-based settings may also benefit from increased parental involvement in their therapy experiences.

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