Parents' Perspectives on the Professional-Child Relationship and Children's Functional Communication Following Speech-Language Intervention

Points de vue des parents sur la relation professionnel-enfant et communication fonctionnelle de l'enfant à la suite d'une intervention orthophonique

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Abstract

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

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

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

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

Conclusion: (a) Significant gains in preschool children's functional communication occurred following speech and language intervention and (b) factors such as the rapport established between the child and the S-LP as well as the S-LPs' professionalism were considered by parents to be important factors for creating a positive child-S-LP relationship during speech and language intervention.

Abrégé

Contexte. Les orthophonistes utilisent des pratiques centrées sur la famille pour intervenenir. Ainsi, la considération des résultats basés sur la famille est encouragée. Le cadre de la CIF-EA (Classification internationale du fonctionnement, du handicap et de la santé – version enfant et adolescents) soutient la considération de ces résultats par l'orthophoniste (par ex., les points de vue parentaux sur les activités et les facteurs de participation et d'environnement associés à l'intervention langagière).

But. Explorer les points de vue des parents concernant : (a) la relation enfant-orthophoniste (facteur environnemental) et (b) la communication fonctionnelle de l'enfant (activités et participation)

Méthode. Soixante-sept parents d'enfants d'âge préscolaire atteints de troubles de la communication ont participé à cette étude. Les 67 parents ont tous complété des entrevues structurées pré-intervention et post-intervention concernant la communication fonctionnelle de leur enfant. Les parents d'enfants d'âge pré-scolaire qui avaient reçu une intervention (n=52) ont donné des pointages et des commentaires concernant la relation enfant-orthophoniste établie pendant l'intervention avec le clinicien (n=7). Les thèmes furent identifiés au moyen de l'analyse de contenu. Quinze enfants, constituant le groupe contrôle tirés des listes d'attente, n'ont pas reçu d'intervention.

Résultats. Les parents d'enfants d'âge pré-scolaire qui ont reçu une intervention ont rapporté des gains significativement plus élevés dans la communication fonctionnelle, comparativement à ceux qui n'en ont pas reçue. La plupart des parents (94 %) ont donné un point de vue positif/très positif sur la relation enfant-orthophoniste. Le rapport enfant-orthophoniste et la compétence professionnelle de l'orthophoniste ont été des thèmes communs identifiés dans les points de vue des parents.

Conclusion : (a) Des gains significatifs dans la communication fonctionnelle des enfants d'âge préscolaire se sont produits à la suite de l'intervention en orthophonie et (b) des facteurs tels que le rapport établi entre l'enfant et l'orthophoniste, ainsi que le professionnalisme de l'orthophoniste ont été considérés par les parents comme étant des facteurs importants pour la création d'une relation enfant-orthophoniste positive pendant l'intervention orthophonique.

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Much of paediatric rehabilitation within the western context adheres to a family-centred practice model (Law et al., 2005; Watts Pappas & McLeod, 2009). Family-centred practice is a philosophy of care that strongly encourages and values parental involvement (Crais, Roy, & Free, 2006; Dunst & Trivette, 1996). This model of practice, comprised of both relational (e.g., good listening skills, respect, being nonjudgmental) and participatory components (e.g., including the parent, offering individualized and flexible services), encourages therapists, children and family members to work collaboratively (Wiart, Ray, Darrah, & Magill-Evans, 2010). Most preschool and school intervention programs, however, focus only on the relational component (Dunst, 2002). While there are challenges to implementing the family-centred service model, much of paediatric rehabilitation within the western context, including speech-language pathology, promotes working with the whole family (Darrah, Lay, & Pullock, 2001; Dunst & Trivette, 1996; Palisano, 2006).

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

A shift in the paradigm for paediatric healthcare has fostered a focus beyond that of impairment to include family perspectives on children's functional communication and contextual factors (McLeod & Threats, 2008; Howe, 2008; Rosenbaum & Stewart, 2004; Washington, 2007, 2010) such as therapeutic relationships. The *International Classification of Functioning, Disability and Health – Children and Youth* (ICF-CY) provides a theoretical context delineating specific considerations for the child-therapist relationship (Environmental Factors[1]) and children's functional communication (Activities and Participation) (WHO, 2007). This holistic framework was derived from the *International Classification of Functioning, Disability and Health* (ICF) (WHO, 2001) with a specific focus on the birth to 18-year-old population. The ICF-CY framework has two parts, each with a corresponding set of components that classifies health and well-being using a structured and interrelated hierarchical organization (WHO, 2007). The inclusion of Environmental Factors supports consideration of social, cultural and institutional factors that influence children's functioning. In Chapter 3 of Environmental Factors entitled Support and Relationships, the child's relationship with the professional (e.g., S-LP, section e355) is highlighted.

The therapeutic relationship in speech-language pathology refers to the relationship established between the S-LP and the child during intervention. Functional communication is defined as the ability to convey or receive a message regardless of mode, to communicate effectively and independently in natural environments (Goldsmith, 1994). Ultimately, functional communication (i.e., participation) refers to the child's ability to be included with others (e.g., friends or other peers, family members, teachers) (Thomas-Stonell, Oddson, Robertson, & Rosenbaum, 2009), in particular, the child's ability to use his/her speech (i.e., articulation) and language (i.e., vocabulary or grammar) skills to start or enter a conversation, engage in play with others and establish socially productive relationships (Fujuki, Spackman, Brinton, & Hall, 2005; Hart, Fujuki, Brinton, & Hart, 2005; Thomas-Stonell et al., 2009; Washington, 2010). Improvements in functional communication following speech and language intervention are however considered the ultimate therapeutic outcome, thus facilitating participation in everyday life activities (Threats, 2003).

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

Parental Perspectives on Speech Therapy

Parents of preschool children with communication disorders play a vital role in the assessment and intervention process (Bowen & Cupples, 2004; Crais, 1991, 1995; Glogowska, 2005; Markham & Dean, 2006; Kleinman, Braun, & Napiontek, 2004; Rudolph, Kummer, Eysholdt, & Rosanowski, 2005; Watts Pappas et al., 2008).

However, there are few studies that have investigated parents' views of S-LP intervention (Andrews, Andrews, & Shearer, 1989; Glogowska & Campbell, 2000; Watts Pappas et al., 2008). To date, there is no published work regarding parents' perspectives of the child-S-LP relationship during speech-language pathology; however, two conference presentations have provided the following insights.

A survey of public perceptions regarding speech and language intervention in Greece was recently completed using a random sample of adults (Vlassopoulos & Desylla, 2010). These participants were asked to provide their perceptions of speech therapy, namely to describe what they perceived the job of the speech therapist to be. Those adults in the sample whose children had received speech and language services also provided additional information about their own as well as their child's experience during speech therapy. Results from this study revealed that 92.4% of adults had positive perceptions of speech and language intervention (Vlassopoulos & Desylla, 2010). In particular, parents of children with communication disorders commented positively on the S-LPs' abilities to work well with children and families.

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

Only a few research studies have investigated parents' perspectives on children's functional communication following speech and language intervention (McCormack, McLeod, Harrison, & McAllister, 2010; Thomas-Stonell et al., 2009). In one study it was found that parents are twice as likely as S-LPs to note the negative impact of communication disorders on a 2- to 6-year-old child's ability to participate in daily life activities (e.g., communicate clearly with others) and on their emotional health (e.g., frustration, behaviour problems) (Thomas-Stonell et al., 2009). This Canadian study of 375 parents of children with communication disorders and their S-LPs (Thomas-Stonell et al., 2009) found that parents like S-LPs, reported meaningful positive changes in their children's functional communication following speech and language intervention. In particular, parents

reported that their children could communicate more effectively with others. These findings suggested that parent reports of changes in functional communication following speech and language intervention were consistent with those of trained professionals. Thus, measuring functional communication from the parents' perspective is another potentially important means of establishing children's functional communication.

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

Purpose

The authors of this study sought to examine the perspectives of a group of Canadian parents of children with speech-language disorders. The purposes of this study were to explore: (a) parents' perspectives on the child-S-LP relationship established during speech-language intervention and (b) parents' perspectives on changes in children's functional communication from pre-intervention to post-intervention. The authors of this study completed this research to address two primary implications for speech therapy practices. First, the authors believed that there could be a wide-range impact of impairment-based therapies on a child's ability to be included with others. Previous researchers, who have discussed the ICF and ICF-CY theoretical framework, have suggested that targeting goals in one ICF or ICF-CY domain could have direct effects in other domains (McLeod & Threats, 2008; Washington, 2007; 2010). The investigation of this theoretical concept in a clinical research study was deemed relevant to S-LPs as it could establish the worth of speech-language services on other areas of development, not directly targeted during intervention. Positive experiences on children's functional communication could be occurring, but have not yet been fully explored. Second, the authors wanted to investigate the topic of parental perspectives on the child-S-LP relationship because

this topic potentially offered a wealth of information, considered useful in guiding S-LPs' future practices. In particular, S-LPs could be informed about which aspects of the therapeutic relationship were most commonly perceived by parents as contributing to the development of a positive therapeutic relationship. Ultimately, S-LPs could modify their services to engage in evidence-based practices (EBP), guided by these parental perspectives.

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

Method

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

Sample and Participant Selection

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

Children ranged in age from 36 to 60 months (mean = 52 months) and the majority were males (66%). Children either had only a communication disorder (n = 43) or had a communication disorder and a developmental mobility impairment (n = 24). In this study, 52 preschoolers received speech and language intervention (Group 1), while the remaining 15 preschoolers were on a waitlist for intervention (i.e., parents who could not attend

intervention sessions at the interval offered). The group of children awaiting intervention acted as a wailist control group (Group 2).

The most prevalent diagnosis for children identified with developmental mobility impairments was cerebral palsy (58%). Most of these children were classified as Level 4, "child functions in sitting (usually supported) but independent mobility is very limited" on the *Gross Motor Function Classification System for Cerebral Palsy* (GMFCS; Palisano et al., 1997). The identified communication disorders for all children were: speech and language disorder (64%), language disorder only (21%) and speech sound disorder only (15%). All preschoolers' communication level was established by participating S-LPs using the *Communication Function Classification System* (CFCS; Hidecker et al., 2011). The purpose of the CFCS is to classify the everyday communication performance of an individual into one of five levels. The CFCS focuses on Activity and Participation levels as described in the WHO's ICF (Hidecker et al., 2011). A parent, caregiver, and/or a professional who is familiar with the individual selects the person's communication level. Most preschoolers (39%) were classified as "effective sender and receiver with familiar partners" (Level 3 communicator).

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

All children received intervention at their local community site. Intervention reflected current community-based practices, which included access to individual and/or group intervention. According to the participating S-LPs, as well as random observations completed by the first author, each site engaged in family-centred intervention services including: (a) engaging in active listening, (b) being compassionate, empathetic, respectful and non-judgmental in their language and behaviour towards both the parent and the child, (c) being aware of their professional beliefs

Table 1. Participants' pre-intervention characteristics

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

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

and attitudes towards families, and as such were careful about working to complement parental capabilities and competencies, (d) ensuring that sessions were individualized, flexible (e.g., offering sessions at times most convenient to parents' schedules) and responsive to family concerns (e.g., addressing areas of need highlighted by the families) and (e) providing families with opportunities to be actively involved in decisions and engaging in S-LP/parent collaborations. Parents were present and participated in the intervention sessions. For example, the S-LP would first model an elicitation technique with the child and then encourage the parent to practice that same strategy with their child. Hand-over-hand facilitation was provided as needed for each parent.

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

The number of hours of intervention was determined by each site, in accordance with its typical clinical practices (e.g., based on extent of communication

disorder). Consistent with service delivery practices in Ontario, most children (79%) received intervention once weekly that lasted between 30 and 50 minutes. At the end of each session, S-LPs provided suggestions for home practice targeting goals addressed during the intervention session. All intervention sessions were provided in English. At post-intervention, children were discharged from their current block of intervention and their parents were provided with home practice suggestions targeting goals addressed during the intervention block. Children's speech and language skills were re-evaluated within three-month post-intervention to establish next steps for services.

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

Parent Report Measures

In this study, parental perspectives were obtained in two stages. In stage 1, all parents were asked to complete 25-minute structured telephone interviews at pre-intervention and post-intervention describing their

children's functional communication. These interviews were completed with an independent S-LP who was not involved in the children's intervention.

Interviews about parental perspectives on their children's functional communication were established using two specific measures only. One measure, the VABS-II (Sparrow et al., 2005) was an established measure of functional communication (participation) while the other measure, the FOCUS© (Thomas-Stonell et al., 2010) is a newly established treatment outcome measure of functional communication, currently in its validation stage. Higher scores on both measures were better than lower scores, as a higher score indicated better functional communication.

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

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

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

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

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

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

Content analysis and reliability. A content analysis of parental comments about the child-S-LP relationship

was completed. Specifically, parental comments regarding "why" they gave the rating provided about the therapeutic relationship established between their child and the S-LP during intervention was used to supply the data for this analysis. Content analysis is a research method useful for establishing meaning from text (Neundorf, 2002; Weber, 1990). This analysis involves the systematic and objective analysis of message characteristics to make valid inferences from text (Neundorf, 2002). Fifty-one of the 52 parents provided comments about their ratings for the child-S-LP relationship. These comments were transcribed during the post-intervention interview and then entered into an excel spreadsheet with participant information removed.

Parental comments about the child-S-LP ratings were coded using six themes identified in the previous investigation of parents' perceptions of competencies in paediatric allied health intervention (Watts Pappas et al., 2007). The six themes used were: (a) *approachability*, (b) effective communicative skills, (c) respect for parents' beliefs, (d) professional competence, (e) rapport with child and (f) support of parental involvement. These themes had not previously been applied to S-LP intervention. Therefore, application of the themes in the current study provided insight into what factors may have contributed to parents' perspectives on the child-S-LP relationship established during speech and language intervention. These themes had face-validity as they were developed from parent comments about building therapeutic partnerships.

Two S-LPs who did not provide assessment or intervention for families and children in this study completed the content analysis. These S-LPs were blinded to the project aims. To facilitate the content analysis, the S-LPs participated in a training session where each theme was described using parent descriptions from the original study (Watts Pappas et al., 2007) of parents' perceptions of building partnerships with children (e.g., *approachability* "she was very professional, but at the same time very personable, a real person, not condescending"). At the end of the training session, the S-LPs were provided with a sheet containing these descriptions. The two S-LPs then independently read and coded each of the parent comments using one or more of the pre-identified themes. For example, one parent comment was "*She is a good therapist and (my child) enjoyed working with her*". This comment was coded using two different themes, professional competence for "*she is a good therapist*" and rapport with child for "*enjoyed working with her*". Inter-rater agreement for thematic coding of each parent comment in the current study was 90%.

Once the S-LPs had achieved a consensus (i.e., 90% inter-rater reliability) on the coding of parental comments, a further analysis of the two most frequently coded themes was completed. The same two S-LPs independently analyzed the parent comments to identify recurring subthemes in the written text. These S-LPs then compared and discussed their findings using an iterative face-to-face process, until 100% consensus was achieved. It was determined that additional subthemes could be identified.

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

Data Analysis and Design

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

Table 2. Percentage of Theme and Subtheme Codings for Parent Comments

Theme [Total theme count*= 82]	Percentage of parent comments coded
Rapport with child	55
Professional competence	27
Support of parental involvement	10
Approachability	5
Effective communicative skills	2
Respect for parents' beliefs	1
Subthemes for Rapport with child [Total subtheme count*= 77]	Percentage of parent comments sub-coded
Child-S-LP interaction	34
Therapeutic experience	27
Child enjoyment	12
Child liking his/her S-LP	12
Child liking intervention	9
S-LP liking child	6
Subthemes for Professional competence [Total subtheme count*= 27]	Percentage of parent comments sub-coded
S-LP clinical skills	48
Child improvement/progress	44
Personality management	8

*coding and sub coding of parents' comments was established using one or more themes/subthemes.

measures ANOVA was completed to address the group X time period data generated from the FOCUS$_{\copyright}$.

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

Results

Perspectives on the Child-S-LP Relationship

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

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

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

Parental Perspectives on Children's Functional Communication

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

Results for the VABS-II scores were as follows: both the group type, $F_{(1,65)} = 7.37$, $p = .008$, $\eta_p^2 = .10$ and the time period, $F_{(1,65)} = 44.10$, $p < .001$, $\eta_p^2 = .40$, main effects were significant, as well as the Group Type X Time Period interaction, $F_{(1,65)} = 4.47$, $p = .038$, $\eta_p^2 = .06$. Due to the significant interaction effect, main effects for group type and time period were not interpreted. Instead, a simple main effect analysis at the post-

intervention time point (column effect) was completed as a follow-up to the significant interaction effect. Significant differences were found at post-intervention, $F_{(1,65)} = 15.40$, $p < .001$, $\eta^2 = .19$. Pairwise comparisons of means at post-intervention revealed that intervention participants had higher VABS-II mean scores on average compared to waitlist controls. Figure 1 illustrates between group performances for VABS-II data.
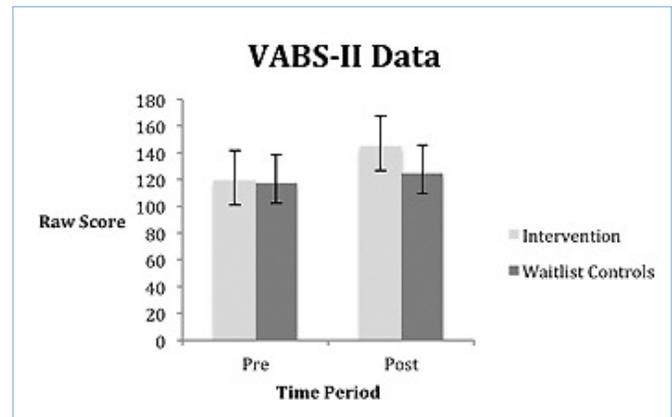

Figure 1. Preschoolers' between group performance on the Vineland Adaptive Behavior Scales (VABS) – II illustrated at each time period.

Results for the FOCUS© scores were as follows: the group type main effect was not significant, $F_{(1,65)} = .40$, $p = .530$, $\eta_p^2 = .01$; however, the time period main effect, $F_{(1,65)} = 24.74$, $p < .001$, $\eta_p^2 = .28$, as well as the Group Type X Time Period interaction, $F_{(1,65)} = 15.73$, $p < .001$, $\eta_p^2 = .20$ were significant. Main effects for intervention group and time period were not interpreted. Instead, simple main effects analyses were completed as a follow-up to the significant interaction effect. Significant differences were found at post-intervention, $F_{(1,65)} = 4.48$, $p = .023$, $\eta^2 = .06$. Pairwise comparisons of means at post-intervention revealed that intervention participants had higher FOCUS© mean scores on average compared to waitlist controls. Figure 2 illustrates between group performances for FOCUS© data.

Discussion

Child – S-LP Relationship

Parents had positive perspectives about the child-S-LP relationship following speech and language intervention. Characteristics such as the 'rapport with child' and the S-LP's 'professional competence' during intervention were large parts of having a positive child-S-LP relationship. There were particular features of each characteristic that contributed to these parental perspectives. The 55% of parent comments that were coded as 'rapport with child' were further analyzed and
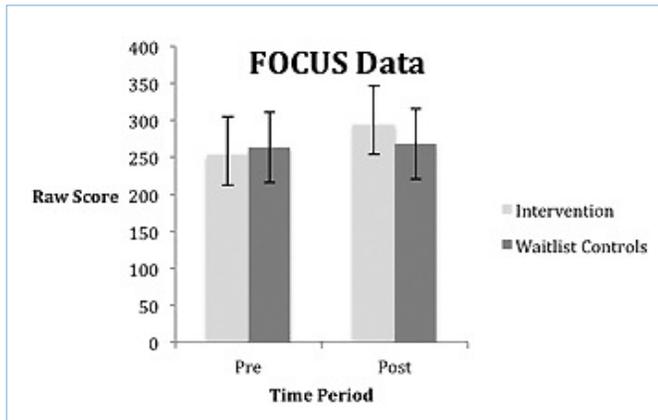
Figure 2. Preschoolers' between group performance on the Focus on the Outcomes of Communication Under Six (FOCUS©) illustrated at each time period.

led to the identification of six features that contributed to the perception of having a good rapport: child-S-LP interactions, therapeutic experience, child enjoyment, child liking S-LP, child liking intervention and S-LP liking child. These features reflect the relational component of family-centred practices. Further, the subsequent analysis of the 27% of parent comments coded as S-LPs 'professional competence' revealed that the S-LPs' clinical skills/abilities, child's progress in intervention and the S-LPs' abilities to manage the child's personality were components of the S-LPs' perceived competence. Ultimately, this perception of S-LPs being competent contributed to the parents' rating of a positive child-S-LP relationship.

Children's Functional Communication

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

communication disorders reported positive meaningful changes in children's functional communication following intervention.

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

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

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

Limitations of the Present Study and Future Directions

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

Another limitation of this study was the sensitivity of the rating scale utilized to obtain parental perspectives on the child-S-LP relationship. There were only two positive response options on this scale. A large percentage of parents had positive or very positive perspectives of the child-S-LP relationship established in speech-language intervention. Future research investigations should incorporate a rating scale that has a broader range of response options to increase sensitivity. Two different response scales could be used to achieve this objective – one for positive responses and the other for negative responses. A more even distribution of responses would provide more insight into the parents' perspectives on the child-S-LP relationship. A greater distribution for ratings along the 5-point-scale would also facilitate comparisons between more positive and less positive parent ratings. Further, a larger group of questions that could help provide more variance across parents' comments could be used. Also, questions regarding parental perspectives on amount of change/progress expected in intervention could be collected. An interesting analysis comparing parents' ratings of change as well as the child-S-LP relationship to child progress on an outcome measure (e.g., the FOCUS©) could therefore be completed to determine the nature of the relationship among these factors.

Future investigations of the child-S-LP relationship could also be expanded to include perspectives of both the child and the S-LPs directly about the therapeutic relationship. Use of direct examination of these perspectives could provide a first-hand opportunity to examine how individuals engaged in the child-S-LP relationship view their partnership. This information could then be used to guide and/or inform professional practice. Additionally, to confirm the applicability of the themes/subthemes, parents could be asked to participate in focus groups. A discussion of the importance of the child-S-LP relationship, parent-S-LP relationship and the factors contributing to these relationships could be achieved. This would facilitate a greater understanding of and appreciation for parents' perspectives. It would also be important to ask parents directly about features of the speech-language services provided that were important to them. Specific information about the participatory component of family-centred practices could consequently be obtained.

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

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

Conclusion

The findings of this descriptive study provide insights into a group of Canadian parents' perspectives on speech-language pathology. In particular, major components necessary for building positive therapeutic partnerships in speech language intervention (e.g., 'rapport established' and 'professional competence') were identified. Within speech-language pathology, we do not have enough information about these parental perspectives. Theoretical discussions about the provision of speech and language services

beyond an impairment level however enable a greater understanding of: (a) other factors that could significantly contribute to parents' perspectives on the experience of therapy and (b) children's functional communication. Including parents in the therapeutic process and the evaluation of outcomes facilitates an enhanced understanding of their perspectives that could be used to guide service provision. Consequently, the needs of the child with the disability and his or her family can be better serviced.

Declaration of Interest Statement

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

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End Notes

[1] Capitalization has been used to be consistent with usage in the ICF-CY and to differentiate between everyday usage of these terms.

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APPENDIX A

Parent ratings, comments, and coded themes/subthemes

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

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

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

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

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