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Angela Critchell
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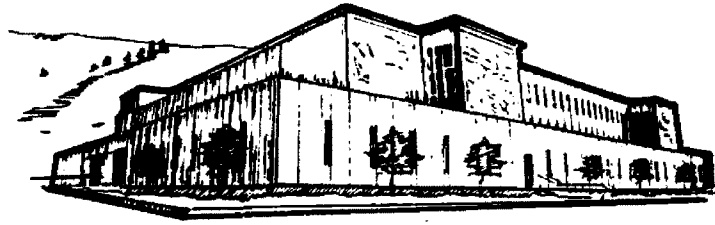
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ATTITUDES OF PARENTS OF PRESCHOOL CHILDREN
TOWARD PARENTAL PARTICIPATION IN SPEECH THERAPY
AND ATTITUDES OF PARENTS OF SCHOOL-AGE CHILDREN:
A COMPARISON

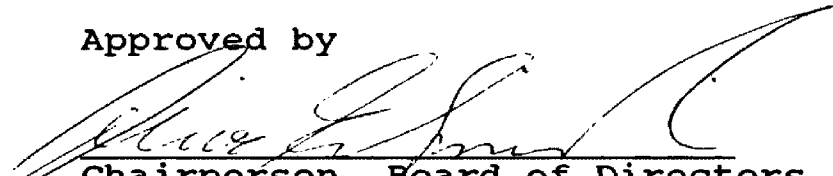
By


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B.Sp.Ed., Memorial University of Newfoundland, 1980

Presented in partial fulfillment of the requirements
for the degree of
Master of Arts
University of Montana
1990

Approved by


Chairperson, Board of Directors


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A Comparison of Attitudes of Parents of Preschoolers and Parents of School-age Children Toward Participation in Speech Therapy. (62 pages)

Director: Alice Smith, M.A. 

This study addressed parental attitudes toward participation in speech therapy. The purpose of the study was to compare the attitudes of parents of preschoolers with those of parents of school-age children.

Preschoolers were defined as those children who were not enrolled in school and were 4-5 years of age. School-age children were defined as those children in first or second grade and 7-8 years of age. The children were articulation delayed only and enrolled in speech therapy at the time of the study. Qualifying parents were identified by the speech pathologists working for the districts. Initial contact was made by the speech pathologist. Questionnaires were distributed to parents who volunteered to take part in the study.

Nineteen questionnaires were completed: nine in the preschool group and ten in the school-age group. The questionnaire contained 28 attitude statements. Significant differences between the responses of the two groups was found on only two of the 28 statements. Descriptive analysis indicated overall positive attitudes toward parental participation in speech therapy for both groups.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

	Page
Abstract	ii
Acknowledgements	iii
Table of Contents	iv
List of Tables	v
CHAPTER	
I. INTRODUCTION	1
II. METHODOLOGY	21
III. RESULTS	25
IV. DISCUSSION	36
V. CONCLUSION	43
Appendix A	44
Appendix B	46
References	51

LIST OF TABLES

TABLE	TITLE	PAGE
1	Weighted values assigned to parent responses in Likert-type items included in Section two of questionnaire	24
2	Percentages of parents in each group by age, sex, and marital status	26
3	Percentage of responding parents currently employed either part-time or full-time	27
4	Highest educational level of both parents as indicated by responding parent	28
5	Sex of children as reported by respondents	30
6	Percentages of children in each group by parental report of time in therapy, severity of disorder, and progress in therapy	31
7	Means, standard deviations, and t-values of parent responses to each questionnaire statement. Significant t-values marked with an asterisk (*). Positive statements indicated (+), negative statements indicated (-), and neutral statements indicated (0) following question number	34

Chapter I: INTRODUCTION

The environment in which a child lives has an influence on his/her development (Greenberger & Goldberg, 1989; Isenberg, 1987; Kurtz & Barth, 1989). In particular, the family is the primary agent affecting a child's social, emotional, and intellectual growth (Greenberger & Goldberg, 1989; Isenberg, 1987). Parents teach basic skills such as self-care, safety, and appropriate behavior by modelling, explaining, demonstrating, and so forth. In addition, parents can be trained to use techniques such as modelling to teach behaviors or information to their children upon the request of other agencies. For example, parents have been used to teach such skills as sign language (Arnold, Sturgis, & Forehand, 1977), reading (Hewison, 1988), nutritional habits (Graves, Meyers, & Clark, 1988), and specific communication skills (Howse & Fitch, 1972; MacDonald, Blott, Gordon, Speigel, & Hartmann, 1974).

Parents have been utilized in the fields of psychology and psychiatry as behavioral change agents with a variety of disorders including various behavior disorders (Booth, Mitchell, Barnard, & Spieker, 1989; Graves et al., 1988) and some psychiatric disorders (Doane, Falloon, Goldstien, & Mintz, 1985). The importance of using parents as teachers or trainers of their own children has been noted in the community health field (Drotar & Sturm, 1988; Hunsberger,

Love, & Byrne, 1984) in social work (Kowal, Kottmeier, Ayoub, Komives, Robinson, & Allen, 1989; Kurtz & Barth, 1989); in education, both at the preschool and elementary school levels (Chavkin & Williams, 1987; Das, 1980; Epstein, 1986; Hess, 1974; Isenberg, 1987; Larrick, 1976; Miller, 1986; Williams, 1984), and in the field of speech and language pathology (Fitzgerald & Karnes, 1987; Harris and Wolchek, 1982; Langois and Long, 1988; MacDonald et al., 1974; Musselman, Lindsay and Wilson, 1988; Salzberg & Villani, 1983; Scherer & Olswang, 1984; Wulz, Hall, & Klein, 1983). The effectiveness of parents as teachers or aides in their child's speech/language therapy will be discussed next.

The effectiveness of parental participation in therapy has been documented for children with various speech/language disorders. Fitzgerald and Karnes (1987) developed and tested a parent-implemented language teaching model for developmental and language delayed children. The investigators showed significant improvement effects in individual children by using multiple baseline measures. Scherer and Olswang (1984) also used multiple baseline measures and found a systematic relationship between mothers' expansions of language disordered children's speech and the children's spontaneous utterances. Salzberg and Villani (1983) found that teaching parents how to implement training skills with their Down Syndrome toddlers resulted

in significant increases in the children's speech skills. These studies indicated that parents can be effective in improving children's speech/language skills. A focus of this study will be parental participation in speech/language therapy at the preschool and elementary school levels. The relationship of attitudes to participation patterns will be discussed next.

Fishbein and Ajzen (1977) stated that attitudes refer to a person's evaluative view of some aspect of his/her experience. Therefore, attitudes may exist toward persons, institutions, actions, behaviors, or objects.

Fishbein and Ajzen (1977) reviewed the psychological literature regarding attitude-behavior relations and concluded that a significant relationship existed between attitudes and behavior. Fishbein and Ajzen (1977) also noted that the strongest relationships between attitudes and behavior existed in studies that measured attitudes toward specific behaviors rather than persons, institutions, or objects. No studies were identified that explored parental attitudes toward participation in various aspects of speech/language therapy. There is a need to do so because the literature indicates that parental participation promotes progress by the child. The present study will explore attitudes toward participation in speech therapy. It has been noted in the psychological literature that the relationship between attitude and behavior is not causal;

that is, one cannot predict that a certain behavior will occur because a person holds certain attitudes (Jaccard & Becker, 1985; Quattrone, 1985; Verhallen & Pieters, 1984). Other factors, such as social situations or social norms may influence behavior (Quattrone, 1985; Verhallen and Pieters, 1984). Therefore, parental participation patterns may be affected by many factors including the parents' attitudes toward such behavior. The influence of various demographic factors on participation will also be discussed in this paper. Data will be gathered regarding the demographic make-up of the subject population. However, the scope of this study will be limited to parental attitudes and the demographic data will be used only for subject description.

The remainder of this chapter will discuss how attitudes and factors which may contribute to attitudinal development influence parental participation in speech/language therapy. Also presented is research regarding parental participation patterns in education: at the preschool level, at the elementary school level, in special education, and in speech therapy. The chapter will conclude with a statement of the problem.

Attitudes and Participation Patterns

Peterson's (1977) study of parents involved in a home-based educational program for preschoolers indicated a link between attitude and participation patterns. Peterson

(1977) noted that not only were attitudes and participation patterns related but that there appeared to be a shift in parents' attitudes toward parental role as a result of program participation; the longer parents were involved in the program, the more likely they were to have positive attitudes toward participation. Rebman (1983) also stated that parent attitudes and parent involvement seem to affect each other reciprocally.

Rebman (1983) found that parent attitudes significantly affected participation rates in a home-based preschool program. She noted that parents with more positive attitudes toward their responsibility in the education of their children participated more in the child's educational process. Rebman (1983) also found that the longer parents were enrolled in the program, the more likely they were to hold positive attitudes toward taking more responsibility for their children's education. Other studies of the relationship between parental attitudes and participation have also noted that parents who are involved with their child's therapy or learning process have more positive attitudes toward parent involvement (Epstein, 1986; Kaningsberg & Levant, 1988). The relationship between attitudes and involvement has also been noted in the speech and language literature.

Andrews, Andrews & Shearer (1989) surveyed parents of elementary school children enrolled in speech therapy and

noted that parents who viewed their participation as "minimal" believed that their ability to help was "poor", whereas those parents who reported high levels of involvement believed their efforts were effective. Thus at least one aspect of parental attitude, that of belief in the effectiveness of parental involvement, has been documented as being related to amount of actual involvement. No other relationships between parental attitudes and parental participation patterns have been noted in the speech/language literature. However, factors such as length of time the child has spent in therapy, the type and/or severity of the child's disability, and progress by the child in therapy were noted by Andrews et al. (1989) as affecting amount of parental involvement. The next section will discuss the relationship between a number of demographic variables and parental attitudes.

Demographic Variables

Research has shown that certain parent/child characteristics influence the amount and type of parental involvement in education. The following variables have been noted as having an impact on parental attitudes toward educational participation or parental participation itself:

1. Sex of parent (Mellor, 1983)
2. Educational level of parent (Epstein, 1986; Miller, 1986)

3. Work responsibility / time availability of parent (Barclay, 1977; Mellor, 1983)
4. Age/grade level of child (Epstein, 1986; Miller, 1986; Stallworth and Williams, 1982; Thornburg, 1981)
5. Length of time in program or therapy (Andrews et al., 1989; Peterson, 1977; Rebman, 1983)
6. Type and/or severity of child's disability (Andrews et al., 1989)
7. Progress by child in program (Andrews et al., 1989; Epstein, 1986)

The next few paragraphs will summarize research regarding each of the demographic variables listed above as factors contributing to parental attitudes toward participation in children's education and/or therapy.

Mellor (1983) surveyed the parents of children in a preschool center. When asked which parent was "chiefly responsible" for the child's preschool needs, an overwhelming majority of parents chose the mother. Epstein (1986), in a survey of parents of elementary school children, also asked that the parent who was "most knowledgeable about the child's education" respond to the survey. Over 90% of the respondents to the survey were female. Miller's (1986) survey also indicated that mothers were significantly more likely to be involved in education than fathers.

Epstein (1986) surveyed parents of elementary age children. She reported that parents with high levels of education had significantly more positive attitudes toward teacher practices of parent involvement than parents with lower levels of education. Miller (1986) surveyed parents of school age (grades K - 12) children and noted that parents with a college education were significantly more likely to be involved with school governance than non-college educated respondents.

Mellor (1983) surveyed the parents of children enrolled at a preschool center. The investigator surveyed one parent per family: the person the family chose as "chiefly responsible" for the child's daycare needs. Mellor found a significant relationship between the amount that respondents worked and the amount of time spent in activities related to the preschool center. The more time respondents spent working, the less time they spent doing activities related to the center. Barclay's (1977) survey of parents of school age children indicated that a significant number of parents with low levels of involvement in their child's education cited work responsibilities as a factor. Epstein (1986) surveyed parents of elementary school age children. Epstein's results indicated that parents with children in lower grades reported having more involvement in their child's education. Furthermore, the parents' attitudes about this involvement were different in that the parents of

children in higher grades indicated that they felt less confident in their ability to help their children. Stallworth and Williams (1982) surveyed parents of school children of all ages. Results indicated that parents were significantly less involved in the education of their children if they were enrolled at the junior high and high school levels than if the children were enrolled at elementary school levels. Miller's (1986) survey of parents of school age children indicated that the parents of elementary school children expressed significantly more "child-oriented" attitudes than parents of older children. Thornburg (1981) surveyed secondary school principals, teachers, parents, and students. Thornburg's results indicated that at this level parents and students wanted less parental involvement than either principals or teachers.

Petersen (1977) surveyed parents whose preschool children were enrolled in a school/home program. Her results indicated that parents who attended more parent/teacher sessions had more positive attitudes toward parent participation in education than those parents who attended fewer sessions. However, these results were not analyzed to obtain a significance level. Rebman (1983) surveyed parents of preschoolers enrolled in an early education program at the beginning and end of the program. Rebman's results indicated a significant change in the

attitudes of parents after their children had been enrolled in the program for 30 weeks. Specifically, she noted that parents who held "less responsible" attitudes at the beginning of the program reported more positive attitudes toward participation in their child's educational process at the end of the program. Andrews et al. (1989) surveyed parents of school aged children enrolled in speech therapy and reported a significant relationship between the length of time a child had been enrolled in speech/language therapy and the amount of participation desired by the parents. The investigators noted that parents who desired more participation had children who had been enrolled in therapy for longer than parents who did not want more participation in therapy.

Andrews et al. (1989) grouped the respondents to their survey into three groups. They reported a significant relationship between amount of participation desired by parents and the specific speech/language disorder of the child. The investigators noted that parents who were seeking increased direct participation in therapy tended to have children with language disorders. A high proportion of parents seeking more contact with the speech clinician within the existing educational framework had children with fluency disorders. Respondents who reported not wanting more participation tended to have children with articulation disorders. The present study will attempt to control for

this factor by using parents of articulation delayed children only. This group was chosen because of its high prevalence in children served by school clinicians (Shewan, 1988, 1989).

Andrews et al. (1989) noted a significant relationship between type and amount of parental participation desired in speech therapy by parents of school age children and the perceived severity of the disorder. Specifically, they noted that parents who perceived their children's disorder as being "severe" desired more direct participation in their child's therapy. Those parents who reported that their child's problem was "mild" or "moderate" desired less participation.

Epstein (1986) surveyed parents of school age children. Epstein's results indicated a high level of parental participation; 85% of responding parents reported helping their children with schoolwork on a regular basis. However, she noted that the parents responding to her survey had children who were more likely to be achieving average or above average scores in Math and Reading skills than the children of non-responding parents. Therefore, progress of the child in school could have been a factor in how willing the parents were to participate in helping their child at home. Andrews et al. (1989) surveyed parents of children enrolled in speech therapy. The investigators discovered a significant relationship between the child's progress in

therapy and the amount and type of participation desired by parents. Specifically, Andrews et al. (1989) noted that parents who believed that progress had been minimal desired more direct involvement in therapy while those parents who reported "considerable improvement" in their child's problem desired no more involvement in therapy than they had at the time of the survey.

The demographic factors listed above were related to attitudes toward therapy or education in general. However, except for the factors of length of time in therapy and progress in therapy, no one has studied parental attitudes toward different aspects of the speech/language therapeutic process. Since attitudes toward different aspects or types of participation could affect the level of actual participation in therapy, a need exists to explore parental attitudes toward participation in different aspects and types of therapy. The next section will explore the research regarding parental attitudes toward participation in various levels of the educational process.

Parental Attitudes Toward Participation in Education

Preschool Level

Parental involvement at the preschool level has been shown to positively affect the child's development by providing parents with knowledge and practical ideas of ways

to enhance their child's development (Das, 1980). Moulin (1988) surveyed parents of preschoolers enrolled in a preschool before and after a program promoting positive attitudes in parents was instituted by teachers at the preschool. Moulin found that following the initiation of this program attitudes of both parents and children toward school had improved significantly. Shapiro (1975) utilized both staff interviews and classroom observations to show that parental participation resulted in more child-centered classrooms and positive attitudes among staff at the preschool level. Thus increased parental participation affects the child's educational experience at school and at home.

Parents may be involved at various levels of preschool programs. Hess (1974) described the various roles that parents may assume in their child's early education program:

1. supporter, service giver
2. learner
3. teachers of their own children
4. volunteers and teacher aides
5. policy makers.

Das (1980) described how parents have traditionally been involved by preschool officials as supporters, service givers, and learners, but have only recently started to take on some of the other roles outlined by Hess. Parents may assume any or all of these roles when participating in

speech language therapy.

Research has shown that parents may be effective in different roles in speech/language therapy : as teachers of specific therapy targets (Harris and Wolchek, 1982; Park, 1982; Scherer & Olswang, 1984), as aides in obtaining generalization of speech skills to different situations (Salzberg & Villani, 1983), or as learners (Miller, 1983). United States Public Law 99-457 also dictates that parents be included in the planning of their child's speech/language therapy. However, no studies were identified which explored parental attitudes toward participation in planning and/or participating in speech/language therapy for preschool children. Since the law requires parental participation at the planning and reviewing levels of therapy and research has shown a positive influence at the preschool level, a need exists to explore parental attitudes toward participating in various aspects of their child's speech\language therapy at the preschool level.

School Level

At the elementary school level, parents have traditionally taken on many of the same roles as at the preschool level. They have been expected to support school activities and provide minimal services for school functions. Leyser (1985) described how parents could participate in different aspects of their child's education.

Williams (1984) showed that parents want to be involved in different aspects than those expected by principals and administrators. No documentation in the field of speech-language pathology was identified that indicated how the parents of the children enrolled in speech/language therapy expect to be involved in their child's therapy. If parents with less positive attitudes toward participation in various aspects of speech/language therapy are less likely to actually participate in these aspects of therapy, then knowledge of the aspects of therapy that parents are likely to participate in would be helpful to speech/language clinicians when planning therapy. Also, some method of identifying the aspects of therapy or types of activities that would more likely to be successful when involving parents would improve a clinician's level of success in involving parents in speech/language therapy. Therefore, a need exists to explore parental attitudes toward different types of participation in speech/language therapy at the elementary school age level. Special education occurs at both the preschool and the elementary school levels and will be discussed next.

Special Education

In the field of Special Education, the role of parents is emphasized to an even larger degree than in regular

education. One reason is federal legislation (Education for all Handicapped Children Act, 1975 and Education of the Handicapped Act Amendments, 1986) which requires parental involvement in certain levels of special education programming for their exceptional child and mandates services for all handicapped children age 3 to 21. In addition, research has shown that parents can be very effective in promoting change and growth in children who need special services (Joyce, 1987; McLoughlin & Kershman, 1984; Wulz et al., 1983). Within the educational milieu, speech language therapy falls under the umbrella of special services and the legal regulations of United States Public Laws 94-142 and 99-457. This means, then, that parental involvement is required at least in the planning and reviewing stages of speech/language therapy. No studies were identified which explored parental attitudes toward parental participation in planning and implementing speech therapy. Since attitudes have been shown to affect participation, the next section will focus on some of the difficulties that have been encountered by school administrators in trying to increase parental participation.

Difficulties in Increasing Parental Participation in School Settings

Williams (1984) stated that although parental involvement is seen as a central force in education,

educators have encountered difficulties in efforts to involve a high percentage of parents in school related activities. Williams attributed these difficulties to a number of factors, one of which was that there was little information regarding attitudes of parents and educators toward such involvement. Barclay (1977) surveyed parents of school-aged children and reported five reasons listed by these parents for not participating in their children's education. One reason Barclay noted was an overall attitude by parents that education is the "school's responsibility". He also noted negative attitudes toward existing school programs as another factor. These studies indicated that negative attitudes were a factor in non-participation. There is no documentation of studies of parents' reasons for non-participation in speech therapy. Since negative attitudes have been shown to be related to non-participation in education, it is possible that negative attitudes toward participation in speech therapy may relate to non-participation in speech therapy as well. Therefore, a need exists to explore attitudes regarding responsibility for therapy and attitudes towards the type of therapy program/approach being used by the therapist.

Leyser (1985) noted that despite evidence of the value of parental participation in special education that actual parental involvement was "quite limited". Leyser cited a lack of knowledge by professionals of parents attitudes and

perceptions toward parents' roles in education as a potential cause of this situation. Booth et al. (1989) studied the effectiveness of a program designed to teach parents how to effectively teach their own children new skills and behaviors. The investigators noted that follow-through by parents in actually using their skills to teach their children depended not only upon how much the parents had actually learned but also on other factors. One of these factors was the parents' desire to teach their children. Booth et al. (1989) then state that this motivation is at least partly dependent upon parental attitudes toward involvement. Only one study of parental attitudes toward speech/language therapy was identified by this author. That study by Andrews et al. (1989) did not explore factors which may be related to reasons why it may be difficult to involve parents in speech/language therapy. One of these factors may be attitudes toward parental participation in some or all facets of therapy. Since parental participation has been shown to positively influence a child's performance and since attitudes have been shown to affect participation, a need appears to exist to explore parental attitudes toward their participation in speech/language services provided for their children.

Statement of the Problem

A review of the literature regarding parental participation in education indicated that although parents can be effective teachers of their own children, a multitude of factors could effect the amount and type of parental involvement in a given program. Parental attitude toward such involvement is one factor.

Although age and/or grade level were identified as factors affecting both parental participation and parental attitudes towards participation, the literature compared parents of elementary school children to parents of junior high and high school children. No studies were identified that compared the attitudes of parents of preschoolers with the attitudes of parents of elementary school age children toward parental participation in education. Parents attitudes may change as a result of a child entering school full time. Because of United States Public Law 94-142, many preschoolers above the age of three years who have speech/language disorders are now serviced by the public schools. Therefore school clinicians now provide services both to children who attend school full-time and to children who just attend for speech/language therapy. No studies were identified that compared attitudes of parents of speech/language disordered preschoolers with the attitudes of parents of speech/language disordered elementary school children with regard to parental involvement in

speech/language therapy.

Purpose of Study

The purpose of this study is to compare attitudes of parents of preschoolers to parents of school age children toward parental participation in remediating a speech problem. This study was designed to answer the following question: "Is there a significant difference between the attitudes of parents of preschoolers and the parents of elementary school age children toward parental involvement in their child's speech therapy?"

The demographic factors that appear to influence these attitudes will also be discussed.

Chapter II: METHODOLOGY

Subjects

Nineteen questionnaires were delivered to nineteen parents. The parents were divided into two groups. Nine parents had children with the following characteristics:

- a. age 4 - 5 years
- b. enrolled in speech therapy offered through School District #1 in Missoula, Montana or Sanders County Special Education Co-op in Thompson Falls, Montana.
- c. did not attend school full time; attended for speech therapy only.
- d. speech therapy was for an articulation disorder; no other handicapping conditions were present as reported by the parents.

The other group of ten parents had children with the following characteristics:

- a. age 7 - 8 years
- b. enrolled in speech therapy in School District #1 in Missoula, Montana or Sanders County Special Education Co-op in Thompson Falls, Montana.
- c. attended school full-time in TK1 (transition kindergarten/first grade), first, or second grade.
- d. speech therapy was for an articulation disorder; no other handicapping conditions were present as reported by the child's parents.

A cover letter (see Appendix A) explaining the purpose of the study was distributed to all parents in the school districts that met criteria for inclusion in one of the groups above. The letter was sent home by the school speech clinician via the child that was enrolled in speech therapy. This letter requested parents to respond as to whether they were interested in participating in the study by returning an attached consent form in a stamped envelope addressed to the researcher that was enclosed with the letter. Parents who indicated an interest in participating were then contacted by phone and appointments for a home visitation were made. Parents were advised during the telephone contact that the survey would take 10-15 minutes to complete and that the researcher would stay to answer any questions regarding the questionnaire that they might have while completing it. Questionnaires were hand delivered to parents at the appointed times. The questionnaires were put into a sealed envelope and collected as soon as the parents completed them.

Questionnaire/Follow-up

A questionnaire (see Appendix B) was designed to collect data. The questionnaire had two sections. Section one was designed to gather demographic data for the purpose of subject description. Section two consisted of 28 statements designed to elicit attitudes toward parental

participation in speech therapy. The statements were worded to reflect both positive and negative attitudes. This section required subjects to respond using a 7-point Likert-type scale. Weighted values were applied to these responses (see Table 1) for data analysis purposes. These weighted values allowed the investigator to indicate the distance from neutral of any response. This, then, allowed for comparisons of both 'agree' and 'disagree' responses to both negatively and positively worded statements.

Data Analysis

Percentage tables indicating numbers of respondents falling into each category under each demographic factor queried in section one of the survey were constructed. The tables were used for subject description. Section two of the survey required that parents use a seven point Likert scale to respond. Two-tailed student t-tests ($\alpha = 0.05$) were used to determine if a significant difference in attitude existed between the two groups of parents.

Table 1. Weighted Values Assigned to Parent Responses on Likert-type Items Included in Section Two of Questionnaire

Response	Assigned Weighting
'strongly agree' '1'	3
'2'	2
'3'	1
'neutral' '4'	0
'5'	-1
'6'	-2
'strongly disagree' '7'	-3

Chapter III: RESULTS

The purpose of this study was to determine if significant differences existed in the attitudes of parents of preschoolers and parents of school-age children toward parental participation in speech therapy. This chapter will be divided into three sections. The first section will describe the participants in the study. The second section will present the statistical analysis. The final section will describe overall trends of responding for both groups.

Subject Description

Requests for participation were distributed to fifty-two parents. Nineteen questionnaires were completed, yielding a return rate of 36.4%. The demographic characteristics of the parents returning the questionnaires are presented in Tables 2, 3, and 4.

As indicated in Table 2, the subjects in both groups were female. Table 2 also indicates that a majority of participants in both groups were in the 30 - 40 age range and married. Table 3 indicates that in both groups, over 50% were employed and more than 90% of these working parents worked during school hours. As indicated by Table 4, over 90% of the respondents had graduated from High School and over half of these had also attended some sort of post-secondary educational institution (technical or college).

Table 2. Percentages of Parents in Each Group by Age, Sex, and Marital Status

	Preschool Group n = 9	School Group n = 10
Age		
< 30 yrs	22%	30%
30 - 40	78%	60%
> 40 yrs	0%	10%
Sex		
Male	0%	0%
Female	100%	100%
Marital status		
Married	78%	80%
Single	22%	20%

Table 3. Percentage of Responding Parents Currently Employed either Part-time or Full-time

	Preschool Group n = 9	School Group n = 10
Full-time	33%	40%
Part-time	33%	20%
Not employed	33%	40%
Work during school hours	62%	60%

Table 4. Highest Educational Level of Both Parents as Indicated by Responding Parent

	Preschool Group n = 17	School Group n = 18
Below High School	6%	0%
High School Grad	41%	17%
Secondary or Technical	6%	17%
Some College	12%	17%
College Grad	35%	49%

The child characteristics, as reported by the parents, are presented in Tables 5 and 6. Table 5 shows while there was an approximately equal number of males and females in the preschool group, 70% of the school group children were males while 30% were females.

Table 6 outlines child characteristics related to speech therapy. Table 6 indicates that approximately 60% of the preschool group had been in speech therapy for less than six months, whereas in the school group 40% had been enrolled for less than two months. In the preschool group, 25% of the children had been enrolled for somewhere between 6 months and two years compared to 10% of school age children who had been enrolled for this amount of time. Only 13% of the children in the preschool group had been enrolled for more than two years, whereas in the school group 50% of the children had been enrolled for that period of time.

A majority of parents considered the severity of their child's disorder as 'mild'. In the preschool group 56% of parents described the severity of their child's disorder as 'mild' whereas 80% of parents of school age children described the severity in this way. In the preschool group, 33% of parents described the severity as 'moderately severe' compared to 10% of parents of school age children. Only 10% of parents in both groups reported the disorder as 'very severe'.

Table 5. Sex of Children as Reported by Respondents

	Preschool group n = 9	School group n = 10
Male	44%	70%
Female	56%	30%

Table 6. Percentages of Children in Each Group by Parental Report of Time in Therapy, Severity of Disorder, and Progress in Therapy

	Preschool group n = 9	School group n = 10
Time in therapy		
< 6 months	62%	40%
6 mos - 2 yrs	25%	10%
> 2 yrs	13%	50%
Severity of disorder		
Mild	56%	80%
Moderately severe	33%	10%
Very severe	11%	10%
Progress in therapy		
Very little	0%	20%
Some	33%	50%
A lot	56%	30%
Other	11%	0%

A majority of parents reported that their child had made 'some' or 'a lot' of progress. However, over 50% of the preschool group reported 'a lot' of progress compared to 30% of the school group and 50% of the school age group reported 'some' progress compared to 33% of the preschool group. None of the preschool parents reported 'very little' progress, whereas 20% of the school group reported this amount of progress.

Statistical analysis

A two-tailed student t-test was used to determine significance at the .05 level (df = 8). Means, standard deviations, and t-test values are presented in Table 7. A statistically significant difference in the responses of the two groups existed between two of the 28 statements on the questionnaire (Table 7). Each of the statements showing a significant difference will be discussed next.

Statement #4 was "I don't think my child wants to practice speech activities at home". Parents of preschoolers were more likely to disagree with this statement than parents of school-age children.

Statement #10 was "I don't think more information on my child's speech problem would be helpful". Although both groups disagreed with this statement, parents of preschoolers were more likely to strongly disagree with this statement than parents of school-age children.

Overall Trends

Positive attitudes were measured in two ways: strong agreement with positive statements and strong disagreement with negative statements. Parents expressed positive attitudes toward ongoing communication with the speech clinician (#5, #11, #12, #20, #23, #24, #25, #26, & #27). Parents also expressed strong positive attitudes about the importance of the family's role in practicing speech skills with the child (#2, #3, #13, #17, & #21). The importance of parental praise and support was also strongly supported (#7 & #19).

Less positive attitudes were measured by milder (averages of -1 to 1) agreement with positive statements and milder disagreement with negative statements. Parents were less positive about taking part in aspects of therapy other than practicing. For example, they were less positive about helping set goals (#60), teaching skills (#8 and #18), and making decisions such as when the child should be enrolled or dismissed from therapy (#15 & #16). Parents reported mildly positive attitudes toward the need for more information about their child's disorder. Parents reported mild attitudes about their present clinician's attitude toward communication with parents. Most parents felt that their clinician was not too busy to deal with them and felt welcome when they phoned to inquire about something. Neither group of parents felt there was a need for parent

Table 7. Means, Standard Deviations, and t-values of Parent Responses to Each Questionnaire Statement. Significant t-values Marked with an Asterisk (*). Positive Statements Indicated (+), Negative Statements Indicated (-), and Neutral Statements Indicated (0) Following Question Number

Quest. #	Preschool Group n = 9		School Group n = 10		t-value
	Mean	S.D.	Mean	S.D.	
1(0)	- .78	2.28	+0.5	2.12	1.263
2(-)	-2.67	.71	-2.1	1.59	1.026
3(-)	-2.44	.88	-2.3	1.57	.243
4(-)	-2.44	1.01	+0.1	1.97	*3.587
5(+)	+2.56	.73	+2.1	1.10	1.080
6(-)	-2.33	1.12	-1.4	1.84	1.056
7(+)	+2.89	.34	+2.2	1.87	1.146
8(+)	+1.67	1.87	+0.5	2.12	1.278
9(-)	-1.56	1.42	-1.4	1.26	.418
10(0)	-2.33	1.00	-0.8	1.75	*2.368
11(+)	+2.56	1.01	+1.9	1.91	.954
12(+)	+2.44	1.01	+2.2	.92	.539
13(+)	+2.67	.71	+1.8	1.03	2.160
14(0)	- .44	1.42	+0.2	1.67	.903
15(+)	+1.56	2.01	+2.4	.70	1.190
16(-)	+1.89	1.54	-1.8	.92	.152
17(-)	-2.67	.50	-1.7	1.83	1.611
18(-)	+1.44	1.33	+1.7	.95	.486
19(+)	+2.78	.67	+2.8	.42	.077
20(-)	-2.78	.44	-2.9	.32	.674
21(+)	+2.67	.50	+2.4	1.07	.716
22(-)	-2.00	1.22	-2.2	1.14	.368
23(-)	-2.33	1.12	-2.2	1.75	.195
24(-)	-2.22	1.30	-2.3	1.49	.125
25(+)	+2.56	.88	+2.8	.42	.746
26(-)	-2.44	1.33	-2.3	1.16	.243
27(+)	+2.33	.71	+2.0	1.15	.761
28(0)	-1.44	1.42	- .4	1.43	1.589

p < .05

support groups (#28). Parents expressed mild agreement and disagreement about the difficulty of finding time to spend on practicing speech skills (#1)

Negative attitudes were measured by strong disagreement with positive statements and by strong agreement with negative statements. No strong negative attitudes were noted.

In summary, parents in both groups expressed positive attitudes toward parental participation in speech therapy. Although some significant differences were found between the two groups, it was only on a small number of statements.

Chapter IV: DISCUSSION

This study investigated parental attitudes toward participation in speech therapy. The purpose of the study was to compare parents of preschoolers and parents of school-age children. Statistical differences between the groups were noted on two of 28 statements on an attitude questionnaire. The meaningfulness of this finding must be questioned for several reasons. First, the relatively small number of statements showing a statistical difference compared to the large number of statements showing no difference between groups leads one to question the validity of these differences. That is to say, if enough items are included on any questionnaire, a few random items may produce statistical differences by chance alone. Secondly, the small number of respondents in each group (9 in the preschool group and 10 in the school group) may have affected the calculation of the statistics. The means and standard deviations used to calculate the t-test values were obtained from small numbers of subjects. Therefore the responses of any one participant may have significantly affected the outcome. The two questions that showed a statistically significant difference between the two groups will be discussed next.

The two questions that produced significant differences were not related. Statement #4 was designed to investigate

parents' perceptions of their child's willingness to practice speech activities at home. Parents of preschoolers perceived their children as willing to practice at home more strongly than parents of school-age children. The difference in the two groups may be viewed in two ways. First, it may be that the parents' perceptions were different but the children's actual willingness was the same. For example, parents of school-age children may assume that because the children balk at regular homework, they would not want to do speech activities either. However, it may be that the children were different. School-age children are in school all day, and they may value their free time more or come to view speech activities as 'work'. On the other hand, preschoolers often play all day and may enjoy the structured activities for a change. Also, having not had contact with school and 'work', they may view practice activities as games rather than work. The parents themselves could also be a factor in the children's attitudes toward working together at home. People who have been parents for longer may themselves have less enthusiasm for working with their children and the children may sense this.

Statement #10 examined parents' perceptions of the need for more information about their child's problem. Both groups indicated that there was no need for more information about the child's problem. However, parents of preschoolers

expressed this opinion more strongly. This may be due to service delivery models. Since preschoolers come to school to receive speech therapy only, someone must bring them to and from therapy. Therefore, parents of preschoolers may have the opportunity to bring their children to therapy, thereby also having the option to stay and observe or to interact verbally with the clinician at the beginning or end of the session. School-age children are withdrawn from class and the parents seldom, if ever, observe therapy. It is possible that the ongoing contact that parents of preschoolers have with the speech clinician and the therapeutic situation gives them more information about their child's problem.

Overall Trends

Parents in both groups expressed strong positive attitudes toward ongoing communication with clinicians, the importance of the family's role in practicing speech skills, and the importance of parental praise and support. Less positive attitudes were noted toward participation in other aspects of therapy such as setting goals, teaching skills, and making decisions regarding enrollment and dismissal. United States Public Law 94-142 requires parental participation in the evaluative, planning, and dismissal stages of therapy. Therefore, attention and time is taken in school districts in involving parents in these matters. However, the present study indicated that parents of

children enrolled in speech therapy were more interested in participating in the treatment phase of therapy than in the phases of therapy demanded by the law. There appears to be a discrepancy between how lawmakers perceive parental role and the aspects of therapy that parents feel positive toward participating.

Although parents expressed strong positive attitudes toward taking part in the treatment phase of therapy by doing home activities and practicing with their child, they expressed attitudes close to neutral about the difficulty of finding time to actually do these activities. When asked whether it was difficult to find time to work with their child, parents did not agree or disagree strongly, rather they either responded neutrally or agree/disagreed mildly. This may be partly attributable to the fact that many of the parents responding to this study were working.

No strong negative attitudes were noted in this study. However, this may have been due to a biased sample. The response rate was 36%, therefore approximately 60% of the total pool of subjects did not respond. It may be that the non-respondents held more negative attitudes. One reflection of positive attitudes toward participation could be volunteering to take part in a study such as the present one. Thus those participating in the study would be more likely to hold positive attitudes than those who chose not to participate.

It was also noted that all the respondents to this survey were women. This may also have had a significant effect on the results. One cannot assume that the mother's responses agree with that of her spouse. It may be that fathers feel differently about participating in speech therapy.

Limitations of the Study

One limitation of this study was that the demographic data were not statistically analyzed in relation to the responses on the questionnaire. Other studies have indicated that factors such as age, educational status and work responsibilities of the parents do play an important role both in parental participation and in attitudes toward such participation (Andrews et al., 1989; Epstein, 1986; Mellor, 1983; Miller, 1986; Rebman, 1983). Although the demographics appeared similar for both groups there were differences in the time that children had been enrolled in therapy, the perceived severity of the disorder, and the perceived progress in therapy. All of these factors have been shown as having an effect on parental attitudes toward participation (Andrews et al., 1989; Epstein, 1986; Peterson, 1977; Rebman, 1983).

This study examined attitudes, but other factors such as time, physical ability, and social acceptability affect actual performance (Fishbein & Ajzen, 1977). One of these factors is the social situation of the person. The

demographic data indicated that over half of the respondents worked at least part time. If both parents were working, time might be limited and other activities could take priority.

Further Research

A small sample was used for this study. More valid and reliable findings would be possible with larger groups because the responses of any one respondent would not affect the statistics as much.

Also, a better response rate would possibly provide a more representative sample leading to results that could be more generalizable. Some ways to obtain a better response rate might be sending out more than one request to participate, by using another method of obtaining responses (e.g., phone interviews), or by having parents complete the surveys at a time when they were present at school (e.g., during annual review sessions).

Demographic data were collected in this study. However, these data were not analyzed statistically. Further research into the relationship between various demographic information and attitudes might be helpful in identifying parents who would be more likely to participate in the various aspects of speech therapy.

Parental attitudes were the focus of this study. However, attitudes are only one factor that affect actual participation patterns (Fishbein & Ajzen, 1977). Further

studies into the interrelationship between attitudes and other factors and actual participation patterns would also be of benefit to those attempting to involve parents in the speech therapy process.

Chapter V: CONCLUSIONS

The present study examined parental attitudes toward participation in speech therapy. The attitudes of parents of preschool children were compared with the attitudes of parents of school-age children. The results of the study indicated that both parents of preschoolers and parents of school age children hold positive attitudes toward participating in speech therapy, particularly in the treatment aspects. Few differences were found between the two groups of parents in their responses to the attitude survey.

Further research utilizing a larger and more representative sample might produce more reliable and valid results. Study of the interrelationship between attitudes toward participation in speech therapy and other factors which might affect attitudes would also be useful.

APPENDIX A

April 24, 1990

Dear Parent,

I am a graduate student in Speech Pathology at the University of Montana. As part of my studies, I am doing a research project to explore how parents feel about taking part in their child's speech therapy.

Therefore, I need parents to complete a short questionnaire. It will not cost you anything to take part in this study and no further service will be requested from you after completing the questionnaire. It will take about 15-20 minutes. Your participation is voluntary and you will be free to withdraw from the study at any time. Your identity will remain confidential throughout the study and only numbers will identify the completed questionnaires. Overall results of this study will be available to you upon request when the research is complete.

If you want to volunteer to take part in this survey please return the attached form in the envelope enclosed with this letter. I will then contact you by phone to give you more information and set up a time for you to receive and complete the questionnaire. If you decide not to participate following the phone contact, you can withdraw at that time. Please return this form by Monday, April 30. Thank you for your time.

Angela Critchell, B.Sp.Ed

Alice E. Smith, M.A.

Yes, I volunteer to take part in the study. Please contact me at: Ph #: _____

If you have no phone, how would you like to be contacted:

Signed: _____

Date: _____

APPENDIX B

Section 1

THE FOLLOWING SURVEY PERTAINS TO SPEECH THERAPY. YOU WILL REMAIN COMPLETELY ANONYMOUS AND WILL NOT BE ASKED TO DO ANYTHING FURTHER AS A RESULT OF COMPLETING THIS SURVEY. THANK YOU.

Parent's age ____ Parent's sex: M F Marital status _____

Highest educational level attained:

By Yourself: _____

By Spouse (if applicable): _____

Are you employed outside the home? ____

If yes, full- or part- time (circle one)

Also if yes, do you work during school hours? _____

Child's age ____ Child's sex: M F

Length of time child has been in speech therapy _____

How severe is your child's problem? (choose one)

- a. mild
- b. moderately severe
- c. very severe
- d. other _____

How much progress has your child made in therapy? (choose one)

- a. very little
- b. some
- c. a lot
- d. other _____

How many sessions of speech a week does the child attend? ____

How long is each session? _____

Does your child receive any other special help at school or have any other handicapping condition? _____ If yes, explain:

Have you taken part in the child's speech therapy in the past?

_____ If yes, please answer the following:

For how long did you do this? _____

How often was it? _____

What duties or activities did you do? (e.g. Did you take data at home or in therapy? Did you do home assignments? etc.)

SECTION TWO

PLEASE READ EACH STATEMENT CAREFULLY AND CIRCLE THE NUMBER THAT BEST DESCRIBES HOW YOU FEEL ABOUT THE STATEMENT. PLEASE CIRCLE ONE NUMBER ONLY.

	strongly agree			neutral			strongly disagree
1. I think it is difficult for parents to find time to work with their child's speech problem.	1	2	3	4	5	6	7
2. I don't think that all of our family (brothers/sisters, mother/father) should help in working on speech goals.	1	2	3	4	5	6	7
3. I don't think my child will learn faster with my help.	1	2	3	4	5	6	7
4. I don't think my child wants to practice speech activities at home.	1	2	3	4	5	6	7
5. I think it is important for me to talk to my child's clinician about my child's performance following an evaluation.	1	2	3	4	5	6	7
6. I don't think parents should help set goals for speech therapy.	1	2	3	4	5	6	7
7. I think it is important that parents support their children in speech therapy.	1	2	3	4	5	6	7
8. I think that parents can effectively teach speech skills to their own children if shown how.	1	2	3	4	5	6	7
9. I don't think I understand my child's speech problem.	1	2	3	4	5	6	7
10. I don't think more information on my child's speech problem would be helpful.	1	2	3	4	5	6	7

	strongly agree			neutral			strongly disagree
11. I think parents should know about what happens in speech therapy sessions.	1	2	3	4	5	6	7
12. I think it is important to have direct (conversational) contact with the speech clinician.	1	2	3	4	5	6	7
13. I think my child will progress faster if he/she practices at home.	1	2	3	4	5	6	7
14. I don't think I know enough about how to work on speech goals at home.	1	2	3	4	5	6	7
15. I think parents should help decide whether or not their child receives speech therapy.	1	2	3	4	5	6	7
16. I don't think parents should help decide when a child is ready to be dismissed from therapy.	1	2	3	4	5	6	7
17. I don't think parental participation in speech therapy is necessary.	1	2	3	4	5	6	7
18. I think that the clinician should teach the speech skills.	1	2	3	4	5	6	7
19. I think parents should praise their children for progress in speech therapy.	1	2	3	4	5	6	7
20. I don't think it is important for the clinician to let the parents know about the child's progress in therapy.	1	2	3	4	5	6	7
21. I think parents should try to complete home assignments from speech therapy.	1	2	3	4	5	6	7
22. I think my child's speech clinician is too busy to talk to parents about their child's progress in speech therapy.	1	2	3	4	5	6	7

	strongly agree			neutral			strongly disagree
23. I don't think the speech clinician makes parents feel welcome when they call.	1	2	3	4	5	6	7
24. I don't think the speech clinicians want to get ideas from parents about their children.	1	2	3	4	5	6	7
25. I think it is a good idea for parents to call the clinician when they have a question about their child's speech program or progress.	1	2	3	4	5	6	7
26. I don't think it is a good idea to visit the speech clinician and observe therapy.	1	2	3	4	5	6	7
27. I think it is important for the speech clinician to know how the parents feel and listen to their recommendations when doing program planning.	1	2	3	4	5	6	7
28. I don't think parent support groups for parents that have children in speech therapy would be a good idea.	1	2	3	4	5	6	7

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