

## Does Parental Participation in Speech Therapy Increase Self-Efficacy?

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Self-efficacy is the degree to which people believe that they can attain a goal. A pilot study investigated the relationship between parental participation in children's speech therapy sessions and parental self-efficacy. There is a growing body of research on parental self-efficacy in early intervention settings and the positive effect this has on child development. As far as we are aware, this is the first study specifically investigating self-efficacy in parents in the task-specific domain of speech therapy.

Prior to research commencing, ethical approval was sought adhering to the National Research and Ethics guidelines. A questionnaire was designed from comparable research. Parents completed the questionnaire before and after a four week block of therapy. The sessions were with an assistant who demonstrated therapy techniques which parents had the opportunity to practise at home with their child.

A significant quantitative increase in parental self-efficacy was found which was supported with qualitative data from interviews with parents and therapists. The findings suggest grounds for further research on a larger scale to confirm the results.

### What is Self-Efficacy?

Bandura<sup>1</sup> explains self-efficacy as an individual's perception of their own ability to perform particular tasks. Self-efficacy is the level of effort, perseverance, and prediction of success an individual has with a given task. Bandura<sup>1</sup> found low levels led to underperformance, whereas high self-efficacy increased performance success. Therefore, by identifying self-efficacy, performance can be accurately predicted<sup>1</sup>. As self-efficacy mirrors performance, the benefit of increasing it is the improvement in performance.

### Why is Parental Participation Important?

Davis and Meltzer<sup>2</sup> identify that many problems, including speech and language, do not have quick fix solutions. Long term, it is up to the parent, not the professional, to implement strategies to help the child. Parents should be empowered through an equal partnership and increasing parental self-efficacy enhances parental capability<sup>2</sup>. This is echoed in the Green Paper, *Support and Aspiration: A New Approach to Special Educational Needs and Disability*<sup>3</sup> which highlights the importance of the parental role in child outcomes.

Lancaster et al<sup>4</sup> refer to Broomfield and Dodd's estimate that per year, 40,000 children are referred with speech delays or disorders in the UK. In the current economic climate, resources are scarce and waiting lists are becoming longer. Research suggests that on average children only get six hours of therapy a year in the UK<sup>4</sup>. Furthermore, on average, three-quarters of therapists incorporated parental participation in treatment<sup>4</sup>. *The Parent and Child Together* (PACT) programme<sup>5</sup> sees parental participation as integral to effective treatment of developmental phonological disorders. This model consists of ten weekly sessions, followed by a ten week break, and then repeated as required. While such models are considered effective, research reveals that time restraints on clinical practice mean that services are unable to offer this amount of therapy time<sup>4</sup>. In addition, with parental involvement there will be discrepancies with competence and consistency<sup>4</sup>.

To summarise, the importance of raising parental self-efficacy is that the parent has the primary responsibility of supporting child learning<sup>2</sup>. Research suggests high parental self-efficacy increases intervention success and improves child outcomes<sup>8-15</sup>. In terms of speech therapy, there is no quick solution and provision is

limited<sup>2,4</sup>. This leads to further dependence on primary care givers to implement treatment at home. If this is so, and self-efficacy is a uniformly accurate predictor of performance<sup>1</sup>, then higher self-efficacy could increase parent's ability to successfully execute the treatment programme at home.

## Findings

From the small sample taken, there was a significant increase in parental self-efficacy after participating in speech therapy. The results suggest grounds for further research on a larger scale to confirm the findings.

Qualitative data from the parent's and therapist's perceptions provided an insight into the noted change in self-efficacy levels. The therapists seemed empathetic towards the parents and recognised the constraints inflicted on them regarding family needs. They felt it was important to understand the bigger picture of the family to help verbally persuade<sup>1</sup> the parents to feel able to implement the therapy programme at home. They felt this helped to encourage positive emotional arousal and performance accomplishments<sup>1</sup>.

In addition, there seemed to be evidence of a partnership where the expertise of both the parent and the therapist are combined. There seemed to be a collaboration of input to decide on targets for the child and a negotiation of the role of each party.

The evidence seems to suggest that factors which cause self-efficacy to increase may have attributed to the rise in self-efficacy noted in this study. Bandura<sup>1</sup> perceived verbal persuasion as being the least effective factor and evidence from the parents would seem to agree with this. Interestingly, the therapists seemed to place more importance on that factor. In addition, there was some reference to self-efficacy being a causal factor to behaviour, in that the therapists suspected that this may influence the parent's

decision to implement the therapy at home or not. This could support Bandura's notion that self-efficacy is a causal agent<sup>6</sup> as opposed to Hawkins's notion that it is simply a predictor<sup>7</sup>.

Furthermore, the importance placed on partnership and parental expertise would seem to agree the service is incorporating a family-centred model. The advantages of this agree with Davis and Meltzer<sup>2</sup> as parental self-efficacy seems to be enhanced. This may mean in terms of evaluating the service provided in this setting, that the guidelines recommended by Early Support initiative<sup>3</sup> are being adhered to and successfully executed.

## Limitations

The results of this study are limited due to the size of the sample. There was no control group so it cannot be ruled out that other variables had affected the self-efficacy levels. In addition, although the questionnaire was based on those used in previous research, the design was altered to match the task-specific domain of speech therapy. Hence, it has not been proven and thoroughly tested as an accurate measurement tool.

## Implications

Although there may not be conclusive proof of the impact the parent has on child learning in this instance, the data suggest that this impact is assumed by both the parent and the therapist. Therefore, equipping the parents with the skills and confidence to increase their ability and likelihood of implementing therapy in the interim may be beneficial. If this is so, then self-efficacy could be a valid measurement of this and a desired therapy outcome itself. Due to the developmental nature of speech sound acquisition, it may be difficult to evaluate the service in terms of "cured" children. This study suggests a way the service could be evaluated as being effective in the future, may be by

measuring the parent's self-efficacy levels. The current economic climate means that resources are stretched<sup>4</sup> which could lead to further delays on waiting lists and longer periods between therapy blocks.

Ultimately this may lead to further dependence on the parent to implement therapy<sup>2</sup>. This increases the significance of this study and could direct future research.

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