

SLTs' perceptions of facilitators and barriers to maximising the quality and quantity of child-directed speech by adults

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Background

- The quality and quantity of adult speech directed at children (child-directed speech; CDS) plays a critical role in the development of children's language and communication skills (Hart & Risley, 1995; Yoder & Warren, 1998).
- Adults vary their ability and availability to provide rich language support. This can be due to a variety of factors including psychological, social, and environmental factors.
- Speech language therapists (clinicians) frequently coach parents/caregivers/early childhood teachers (adults) to improve both the quality and quantity of CDS that they provide to children who experience language development difficulties (Beecher & Pay, 2019).
- While studies have shown that it is possible to coach adults to be responsive and provide more language input, it can be challenging to ensure this change in adults' use of CDS continues in the long-term (Suskind et al., 2015).

Aim

This study examined speech-language clinicians' perceptions of the facilitators and barriers to maximising the quality and quantity of adults' child-directed speech.



Results

The major themes (those with 15 or more responses) are presented below:

Barriers: What barriers do you encounter in promoting the characteristics of child-directed speech with adults in the child's daily environments?

Theme / Code	# of times	Quotes
1. Environmental Factors		
Adults' lack of time	28	Parents who work and busyness (P114)
2. Adult knowledge and practices		
Interaction style	19	Parents used to talking in a more directive style (P103) Parent-child relationship/attachment difficulties (P26)
Role of the clinician	16	Mainly that unless you are specifically trained or a SP then you can't do it effectively (P22).
3. Adult psychological factors		
Adult motivation to change	22	Boredom with speaking with more repetition and a slower rate (P5)
Adult ability	18	Lack of reflective ability/ability to modify behaviour in response to feedback (P26) Adults often make their language too complex and have difficulties simplifying it to their child's level (P51)

Facilitators: What works well in terms of promoting the characteristics of child-directed speech with adults in children's daily environments?

Theme / Code	# of times	Quotes
1. Working on CDS directly		
Modelling / explaining strategies	34	Modelling them! There is no point telling families what to do, you need to model it by playing with their child (P7)
Live coaching and feedback (no video)	31	Watching them practice and coaching them on how they are doing it (P16)
2. Adult learning principles		
Explain why	16	Getting the parent to engage with the child and I video and then we watch this together and evaluate what was effective and why and what wasn't effective and why (P83)
Empower adults	19	Using video feedback so they can see themselves doing it and see the effect it has on their child (and encourage self-reflection and confidence) (P98)
3. Specific strategies/programmes		
Specific language strategies	27	Balanced turns between adult and child, adult pausing to let child process and respond (P87)
4. Make it achievable		
Natural environments	31	Relating the characteristics to real life examples (P4)

Methods

- An online survey was developed using Qualtrics® and circulated to speech-language clinicians working in New Zealand and Australia via the NZSTA, MoE and SPA.
- Two open-ended text response questions asked respondents to identify barriers to, and facilitators of, supporting adults to develop knowledge and skills in their use of CDS.

Participants:

- Responses from 116 clinicians (66 New Zealand-based and 50 Australian) were thematically analysed (for full participant details, see Newbury & Sutherland (2020)).
- All participants reported they were currently working as a speech language clinician with children aged 0-8 years.
- All had clinical qualifications.
- The participants worked across a variety of settings. The top 5 most common were early childhood centres (n=74; 64%); the child's home (n=73; 63%); mainstream schools (n=68; 59%); private clinic (n=37; 32%); community clinic (n=23; 20%).
- A wide range of years' of experience working with children was reported, with the majority of participants (n=56; 48%) having over ten years' experience.

Data analysis:

- Responses were analysed qualitatively (Saldaña, 2009).
- The explicit main ideas in each participant's response were coded. Codes were further revised into mutually exclusive categories. These categories were then summarised into themes.
- Codes, categories and themes were reviewed and verified by a second researcher.
- Responses unrelated to the question or which were too vague to code were disregarded.

Discussion

The themes align with major approaches and programmes currently used in Australasia, such as Routines Based Intervention (Hwang et al., 2013) and Hanen programmes (www.hanen.org).

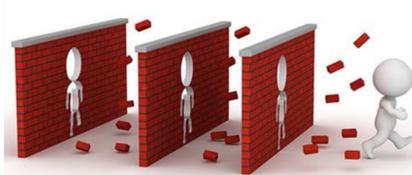
Lack of time on part of the adults is a significant issue. Therefore programmes which are time efficient for adults are important to consider. Some parents do prefer clinicians to work with their child directly (Baxendale et al., 2001).

Parents vary in their ability to use CDS strategies, therefore supports which can be tailored to their unique situation would help improve the effectiveness of CDS interventions. For example, Cologon et al., (2017) demonstrated the value of extended individual coaching sessions.

A survey of 500 parents in New Zealand (Gibson et al., 2020) suggested that parents had limited knowledge of the compounding effect of vocabulary at 3 years on academic outcomes. If adults were more aware of the impact of early talk in the home to boost vocabulary at 3, they may be more motivated to use language facilitating strategies throughout the day.

Limitations:

This self selected sample may represent the clinicians most interested and motivated in best practice in CDS. Adult and clinician views likely differ.



Key quote: "While there are barriers, these can be overcome with open dialogue: listening and acknowledging, finding the best way to explain to reach each adult."

Conclusion

- The themes identified provide insight into the challenges and facilitators clinicians perceive in supporting adults to develop the quality and quantity of their CDS.
- This study can be used to develop training initiatives for SLT students and clinicians, and for enhancing CDS programmes and support services.

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References

- Baxendale, J., Frankham, J., & Hesketh, A. (2001). The Hanen Parent Programme: A parent's perspective. *International Journal of Language & Communication Disorders*, 36(Suppl), 511–516. <https://doi.org/10.3109/13682820109177938>
- Beecher, C., & Van Pay, C. (2019). Small Talk: A community research collaboration to increase parental provision of language to children. *Child and Youth Care Forum*, 50(1), 13–38. <https://doi.org/10.1007/s10566-019-09507-7>
- Cologon, K., Wicks, L., & Salvador, A. (2017). Supporting caregivers in developing responsive communication partnerships with their children: Extending a caregiver-led interactive language program. *Child Language Teaching and Therapy*, 33(2), 157–169. <https://doi.org/10.1177/0265659016650978>
- Gibson, E., Sutherland, D. & Newbury, J. (2020). New Zealand parents/caregivers' knowledge and beliefs about child language development. *Speech, Language and Hearing, Online*, 1–13. <https://doi.org/10.1080/2050571X.2020.1827829>
- Hart, B., & Risley, T. (1995). *Meaningful differences in the everyday experiences of young American children*. Paul H. Brookes.
- Hwang, A., Chao, M., Liu, S. (2013). A randomized controlled trial of routines-based early intervention for children with or at risk for developmental delay. *Research in Developmental Disabilities*, 34(10), 3112–3123. <https://doi.org/10.1016/j.ridd.2013.06.037>
- Newbury, J., & Sutherland, D. (2020). Measurement of child-directed speech: A survey of clinical practice. *International Journal of Speech-Language Pathology*, 22(4), 399–413. <https://doi.org/10.1080/17549507.2019.1650111>
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Sage.
- Suskind, D.L., Leffel, K.R., Graf, E., Hernandez, M.W., Gunderson, E.A., Sapolich, S.G., ... Levine, S.C. (2015). A parent-directed language intervention for children of low socioeconomic status: A randomized controlled pilot study. *Journal of Child Language*, 43, 366–406. <https://doi.org/10.1017/S0305000915000033>
- Yoder, P.J., & Warren, S.F. (1998). Maternal responsibility predicts the prelinguistic communication intervention that facilitates generalized intentional communication. *Journal of Speech, Language and Hearing Research*, 41(5), 1207–1219.