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ABSTRACT

The objective of this study was to analyze speech and language pathologists' (SLPs) and parents' attitudes toward the behavior of children with speech and language disorders. The research was conducted in the SUVAG Polyclinic kindergarten. Examinees were parents and speech and language pathologists who on daily basis encourage language development of twenty-two children with speech and language disorders. The study examined to what extent SLPs and parents agree in the assessment of child's attention, impulsiveness and activity. A questionnaire developed solely for the purpose of this research was administered. It gathered information regarding child's attention, impulsiveness and activity. Results have shown that parents and speech and language pathologists differed in their attitudes toward the behavior of children with speech and language disorders.

Keywords:
attitudes ▪
parents ▪
speech and language pathologists ▪
attention ▪
impulsiveness ▪
activity ▪
speech and language disorder

INTRODUCTION

Family experiences have a significant effect on child's social development (Tretler & Epkins, 2003) and family is the fundamental factor in life of a child. Every parent wishes to bring up a healthy, happy and successful child, which is a demanding task for every parent, especially for parents whose children have developmental difficulties.

Numerous scientific studies have shown that cooperation between family and kindergarten influences the psychosocial development of a child. Modern kindergarten is a dynamic system oriented toward the improvement of the quality of child's life and as such should be a strong support to parents. Kindergarten attendance is usually one of the first separations in child's development and at first causes negative feelings. Nevertheless, it has been proven that kindergarten has a good effect on a child because it helps the child experience and accept future separations (e.g. enrollment into primary school) throughout the whole lifespan. Children with speech and language disorders can face difficulties communicating with their environment which can be reflected in various aspects of child's life (Bedore & Leonard, 1998; Redmond & Rice, 1998; Rice, 2000). Children with developmental language disorders as a primary diagnosis have been found to have higher prevalence of social, emotional and behavioral difficulties, compared to their peers with no developmental difficulties (Beitchman et al., 1986; McCabe & Meller, 2004).

Impulsiveness and attention directing problems are a frequent phenomenon among children with speech and language disorders and occur due to the inability of these children to articulate their needs. As a consequence, their social behavior is affected and this can cause serious problems in communication with their peers, as well as grown-ups. Attention directing difficulties most frequently result in lower levels of content acquisition and a slower hearing and speech and language support, whereas impulsiveness and aggression cause inappropriate behavior that deviates from social norms and skills compared to their peers with no such impairments (Barkley, 2000).

Positive attitudes of parents and speech and language pathologists, as well as their understanding, are significant factors in forming child's self and attitudes (Gruden & Gruden, 2006). Parents are the main source of information regarding child's behavior and their attitudes. It is of particular importance that families fully comprehend child's difficulties, which may affect attendance and engagement/satisfaction with different speech and language supports' programs. Speech and language pathologists' (SLPs) attitudes are also important because they offer a different perspective, which is not always in accordance with parents' attitudes and can provide critical piece of information. Collecting information from different sources allows inspection of different aspects of child's development which are due to various experiences (Qi & Kaiser, 2003).

It is a well-known fact that play and language development are closely related and that play is a crucial therapeutic medium for language interventions with preschool children. However, clinical experience, supported by research, indicates that there are obvious disparities between parents' and SLPs' views on the role and importance of play and its relationship to language and education (Miles, 1991; Philips, 1995 according to Marshall, Goldbart and

Phillips, 2007). On the other hand, research done by Young et al. (2000) showed that parents are better at assessing internalized problems, whereas teachers are better at assessing externalized problems.

A study which examined agreement between parents and kindergarten teachers regarding assessment of behavior and/or emotional problems among preschool children has shown a significant difference. Kindergarten teachers have shown a significantly higher level of sensibility compared to parents. Problems with attention, aggressive behavior and delinquent behavior have been stated as the most evident problems. Simultaneously, parents of children, who according to kindergarten teachers, do not have significant difficulties in development, have proven to be stricter evaluators (Mikas, 2007).

Similar situation can be seen in their expectations regarding therapy and changes they observed following treatment. Parents and clinicians observed positive changes across the ICF-CY domains of Body Functions, Activities and Participation and Personal Factors following therapy. Parents reported twice as many changes in the Participation and Personal Factors domains than clinicians (Thomas-Stonell et al., 2009).

Among children with speech and language disorders, it is of utmost importance to create a positive atmosphere at home, at support providers and in kindergarten, in order to provide these children with feelings of security, satisfaction, approachability, understanding friendship, solidarity and respect of their personality.

PROBLEMS AND OBJECTIVE OF THE RESEARCH

The aim of this study was to examine parents' and SLPs' attitudes regarding behavior of children with speech and language disorders enrolled in the SUVAG Polyclinic kindergarten. It is important to emphasize that these speech and language pathologists are group therapists since they provide group speech and language therapy to children with speech and language disorders, enrolled in the program of complex speech and language support at the SUVAG Polyclinic kindergarten.

According to the previous research (Mikas, 2007; Thomas-Stonell et al., 2009), it is expected that children with speech and language disorders have a decreased attention and higher prevalence of expressive impulsiveness in their behavior. Knowledge of parents' and SLPs' attitudes toward a certain type of child's behavior is a starting point for a successful cooperation. In order to reach best intervention outcomes and successfully complete educational activities, positive and equivalent parents' and speech and language pathologists' attitudes are of crucial importance.

In this research, parents' and SLPs' attitudes were examined according to certain types of behavior in children with speech and language disorders.

According to the determined objectives of the research and the results of the research in available literature, following hypotheses have been set:

H1: parents' and SLPs' attitudes toward children with speech and language disorders regarding the assessment of child's attention do not differ significantly;

H2: parents' and SLPs' attitudes toward children with speech and language disorders regarding the assessment of child's impulsiveness do not differ significantly;

H3: parents' and SLPs' attitudes toward children with speech and language disorders regarding the assessment of child's activity do not differ significantly.

METHODS

Participants

Parents and speech and language pathologists working with twenty-two children with speech and language disorders were invited to participate in this study. All children have typical intellectual development. All children have a diagnosed disorder of expression and understanding and they do not have any additional diagnoses. The degree of their disorders is roughly the same. It has to be emphasized that children who participated in this study were not children with diagnosed attention deficit and hyperactivity. The children attended complex speech and language support in Polyclinic SUVAG kindergarten which means that children simultaneously attended educational and rehabilitative activities based on the verbotonal method.

The average age of children was 6,3 years. When this study was conducted, speech and language therapy lasted 15 months on average and all children who participated were diagnosed with developmental language disorders. All children lived with their parents. Mothers were asked to complete the questionnaire. The average age of mothers was 34,4. years and regarding their degree of education, 5 mothers had finished only 5 years of primary school, 16 secondary school, one mother graduated from college and two graduated from university. Ten SLPs completed questionnaires for 22 children. All of SLPs are employees of the Polyclinic SUVAG, with an average working experience of 19 years working in this field.

Measuring instrument

In this research, we were interested to what extent do the SLPs and the parents agree on the assessment of attention, impulsiveness and activity of children with speech and language disorders.

The questionnaire was designed and administered to participants according to the defined tasks (Appendix 1).

Since this is a pilot study, a questionnaire for the sole purpose of this study was created and administered. It consisted of three parts. The first part referred to the assessment of children's attention (11 variables), the second part referred to the assessment of the children's impulsiveness (6 variables), and the third part referred to the assessment of child's activity (5 variables).

All variables were described with two statements of which one was affirmative (marked with number 1) and the second was negative (marked with number 3) regarding the listed types of behavior. Mark 2 was used when both forms of behavior were equally present.

Data collection and analysis

The research was conducted in the SUVAG Polyclinic. The questionnaire was in a written form. All parents and SLTs were given the same instructions before completing the questionnaire.

Descriptive statistics was used in order to analyze frequencies of given answers for all variables. The significance of difference by the application of robust discriminant analysis was calculated using procedures of multivariate data analysis. Normality of distribution was tested by Shapiro-Wilk Test.

RESULTS AND DISCUSSION

The research on parents' and speech and language pathologists' attitudes clearly shows that there is no significant agreement in the assessment of the behavior of children with speech and language disorders. Table 1 shows that assessment agreement of child's behavior exists only on few variables.

Table 1. Frequencies of answers

Variable (N)	1SLPs	1Ps	2SLPs	2Ps	3SLPs	3Ps
P1	5	23	73	59	23	18
P2	9	18	50	36	41	45
P3	32	32	45	41	23	27
P4	45	36	41	32	14	32
P5	32	23	45	41	23	36
P6	91	59	5	32	5	9
P7	41	27	41	41	18	32
P8	45	41	50	41	5	18
P9	77	59	18	14	5	27
P10	36	50	27	45	36	5
P11	5	14	59	41	36	45
I1	41	36	55	36	5	27
I2	68	59	23	32	9	9
I3	36	36	59	27	5	36
I4	36	36	50	41	14	23
I5	36	64	59	27	5	9
I6	64	82	27	14	9	5
A1	23	45	64	32	14	23
A2	59	64	36	36	5	0
A3	41	55	50	36	9	9
A4	27	45	45	36	27	18
A5U	59	50	23	41	18	9

Legend:
 1/2/3SLPs=answers of SLPs; 1/2/3Ps=answers of parents;
 P=attention; I=impulsiveness; A=activity; N=number of the variable

Agreement between SLPs and parents was detected on variables that assess the impact of external sounds on the attention of a child (P3), the significance of encouragement on child's independence (P5), ways of communicating regarding the impulsiveness of a child (I3), listening to instructions (I4) and the coherence of motoric activities and demands given to a child. (A3).

The largest differences in behavior assessment are present on variables which refer to the relationship of a child toward his/her personal belongings (caring, careless, destructive) (P6), motivation for completing given tasks (P9), memorizing the content after multiple repetitions (P10), patience (I1), the ability to play independently (I5) and the ability to sit calmly when attending educational activity (A1).

It is evident that speech and language pathologists have a more positive children's behavior assessment on the listed variables, except for variables referring to memorizing educational content and the assessment of psycho-motoric restlessness. In later, parents graded their children more positively.

Speech and language pathologists' and parents' attitudes toward children with speech and language disorders regarding the assessment of child's attention

The results of a robust discriminant analysis show that there is a statistically significant difference between SLPs' and parents' attitudes when assessing the attention of a child with speech and language disorders (Table 2).

According to the results, the hypothesis H1, in which we assumed that SLPs' and parents' attitudes toward children with speech and language disorders regarding the assessment of attention of a child do not differ significantly, is rejected.

Table 2. Results of the robust discriminant analysis

F	E	M		SD		F	p
		SLPs	Ps	SLPs	Ps		
1	,8002	-,63	,63	1,05	1,30	13,30	,001

Legend:

F=discriminant function; E=eigenvalue; M=mean; SD=standard deviation; Ps=parents

Figure 1 shows that on most of the tested variables there is a difference in the SLPs' and parents' attitudes.

Table 3. Structure of the discriminant function

Variable	Discriminant coefficients
P1	-,31
P2	-,05
P3	,05
P4	,28
P5	,24
P6	,48
P7	,28
P8	,22
P9	,43
P10	-,47
P11	,00

Variables present in the structure of the discriminant function (Table 3) are variables with marks P6, P9 and P10.

SLPs had more positive assessments than parents on variables P6 (the assessment of child's attention and the relationship toward his/her personal belongings) and P9 (the assessment of child's attention and motivation toward given tasks). Parents had more positive assessments than SLPs on variable P10 (the assessment of child's attention when learning new educational content).

The analysis of the results shows that SLPs assess children more positively when it comes to attention than parents. A more positive SLPs' assessment is probably a consequence of structural activities during speech and language therapy that have a stronger effect on the directed attention of a child.

A more positive parents' assessment is shown only on one variable referring to the speed of learning new content. This can be explained by the fact that parents notice how a child learns various contents which he/she encounters in everyday life situations, whereas the speech and language pathologists' assessment is closely linked with content which strictly refers to pedagogical, educational and, above all, rehabilitative tasks.

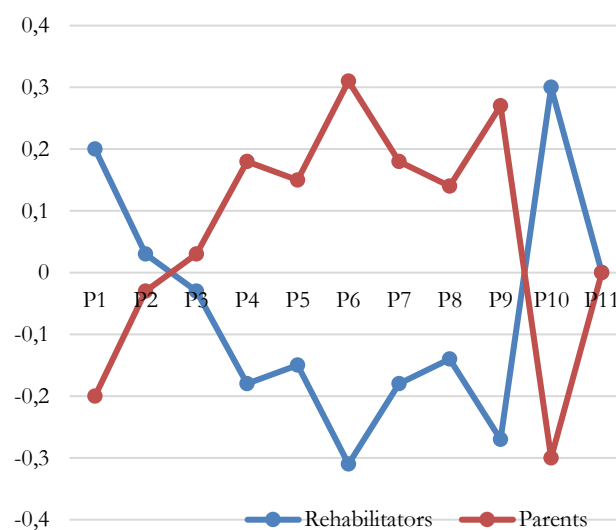


Figure 1. Results of the assessment of child's attention expressed in z values

Speech and language pathologists' and parents' attitudes toward children with speech and language disorders regarding the assessment of child's impulsiveness

Results of the discriminant analysis show that there is a statistically significant difference between SLPs' and parents' attitudes regarding the assessment of impulsiveness of children with speech and language disorders (Table 4). Due to these results the hypothesis H2 is rejected. Variables that are mostly present in the structure of discriminant function (Table 5) are variables marked I1, I3, I5 and I6.

On variables I1 (estimates child’s self-control in conditions of expectancy), I3 (estimates child’s impulsiveness in communication) and I6 (estimates child’s awareness of consequences of unacceptable behavior) SLPs had more positive assessments than parents. On variable I5 (estimates the child’s ability to play independently) parents had a more positive assessments than SLPs.

Table 4. Results of the robust discriminant analysis

F	E	M		SD		F	p
		SLPs	Ps	SLPs	Ps		
1	,3254	-,40	,40	,74	,96	10,52	,003

F=discriminant function; E=eigenvalue; M=mean; SD=standard deviation; Ps=parents

Figure 2 shows that there is a difference between speech and language pathologists’ and parents’ attitudes on the most of the tested variables.

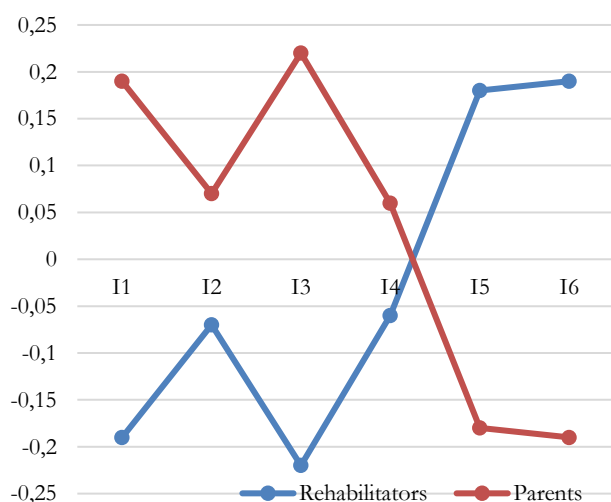


Figure 2. Results of the assessment of child’s impulsiveness expressed in z values

Less positive SLPs’ assessment was probably the consequence of the fact that SLPs clearly set the rules of behavior and communication in a group. Children with speech and language disorders are not always capable of following complex verbal instructions, which precede organized activities. Verbal skills have the most important role in social interaction even in early childhood. More positive parents’ assessments are shown in a positive attitude toward playing independently, which is very difficult for a child to show in a group. Frequently parents adjust verbal instructions to the child and show greater tolerance toward unacceptable behavior, whereas speech and language pathologist endeavors to be as objective as possible in noticing a cause – effect link regarding behavior of all group members.

Table 5. Structure of the discriminant function

Variable	Discriminat coefficients
I1	,48
I2	,17
I3	,54
I4	,16
I5	-,46
I6	-,47

Variables that are mostly present in the structure of discriminant function (Table 5) are variables marked I1, I3, I5, I6.

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Table 6. Results of the robust discriminant analysis

F	E	M		SD		F	P
		SLPs	Ps	SLPs	Ps		
1	,1203	,25	-,25	1,52	1,50	2,06	1,55

Legend:
F=discriminant function; E=eigenvalue; M=mean; SD=standard deviation; Ps=parents

Speech and language pathologists’ and parents’ attitudes toward children with speech and language disorders regarding the assessment of child’s activity

Results of the discriminant analysis show that there is no statistically significant difference between SLTs’ and parents’ attitudes in the assessment of the attention of children with speech and language disorders (Table 6). Therefore, the hypothesis H3 is confirmed. When the

variable activity is concerned, it should be emphasized that we were testing the control of motoric activities and the ability of retaining attention.

CONCLUSION

Social environments, as well as the way adults establish communication with children could be of fundamental importance for their development. The more the environment for acquiring new experiences in various activities and games is encouraging, different and emotionally positive the children will be more capable for acquiring a larger number of abilities and skills naturally (Pavličević-Franić, 2001). Child's behavior is observed in the dynamic relation to the context of where he/she lives which means that at every moment of child's development its behavior is a result of the transaction between its personal characteristics and the environment (Vulić-Prtorić, 2001).

Children with speech and language disorders sometimes show impulsiveness and attention deficit and such children often behave unacceptably. Although children who participated in this study were not children with diagnosed attention deficit and hyperactivity, we consider that these difficulties occur as the result of the difficulty of communication or poor ability to communicate with the environment. Since the degree of their disorders is approximately the same, no qualitative analysis was performed, i.e. no correlation between the strength of speech and language disorders and variables in the questionnaire was performed. A more detailed analysis of future research would certainly be interesting and useful.

Cooperation within the triangle child – parents – speech and language pathologist is the basis of the intervention process.

According to the results of this study, the hypotheses H1 and H2, which stated that there is no difference between parents' and SLPs' assessment of attention and the impulsiveness of children with speech and language disorders, are rejected.

A more positive speech and language pathologists' assessment in parts of the questionnaire related to variables which assess attention and impulsiveness is due to the fact that speech and language pathologist clearly sets the rules of behavior in a group and simultaneously supervises if the communication among children is taking a desired course. Controlled and directed forms of tasks result in more moderate attention, reduced impulsiveness and a more efficient fulfillment of required tasks.

We have also noticed that our participants (mothers) have in general a rather low educational level. Having insight into relations between mothers' educational status and their answers may be interesting and that is something that could be the subject of future research.

Verbal skills play the most important role in social interaction, even in early childhood. A great amount of children with speech and language disorders experience serious problems in establishing social relationships because they are not capable to express their feelings and wishes, at least not clearly enough, which is necessary for efficient communication with their peers. Research conducted regarding Health - Related Quality of Life (HRQoL) on

children with speech and language disorders showed that children's HRQoL is influenced by behaviors, attitudes and beliefs of people surrounding them. In addition, parents and professional caregivers believe that the quality of child's social integration, relationships and care are also related to HRQoL of children with speech and language disorders (Markham & Dean, 2006).

Moreover, children with speech and language disorders must make more effort in coping with the situation; some children cannot focus their attention long enough and therefore do not successfully participate in educational and rehabilitative activities. In the process of providing support, it is important to recognize this type of situations and structuralize the activity that is in some cases, especially at the beginning of speech and language support, extremely difficult. It is necessary to encourage interest of a child in order to fulfill rehabilitative and educational activities, bearing in mind the level of child's experience and objective abilities necessary for the fulfillment of required tasks (Katz & McClellan, 1997).

It should be pointed out that in activities that are not directly connected with communicational skills, parents and SLPs had similar attitudes. Past research conducted in regular kindergartens has shown that parents and preschool teachers have mostly equalized attitudes on behaviors of children without disorders (Mikas, 2007). The results in this study indicated that differences can occur when children with disorders are involved. Our results are in line with Marshall's study (2007). This data suggests that parents' ideas vary and that, although parents and SLPs may share some views, there are some important differences that can have an implication on the improvement of appropriate support services (Marshall, Goldbart and Phillips, 2007).

It is necessary that both experts working with the child and parents objectively assess child's behavior in order to have same expectations. Bigger differences between experts and parents in the perception of child's behavior cause deviations in expectations of rehabilitative and educational achievements, which has a negative reflection on all the participants in the process.

Successful cooperation between speech and language pathologist, child and parent is a precondition for the fulfillment of efficient prevention of undesired side-effects which can occur when working with children with speech and language disorders and are related to various forms of psychomotoric behaviors.

Thus, understanding the ways parents perceive child's attention, behavior, activity and language development in whole, would allow SLPs to be more sensitive to the needs of families with whom they are working and reduce the likelihood of parents misunderstanding the purposes and processes involved in therapy.

It is necessary to strengthen this cooperation supporting constant communication with parents through different programs that support education in order for parents to have the opportunity to learn more about the way their child functions in conditions of the rehabilitative and educational process.

In the end, it is important to mention that the shift should be made in the support process – from 1:1 support to the wider support concept which includes the support for the whole family and connection to all the systems in which the child is included.

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Appendix

QUESTIONNAIRE FOR THE ESTIMATION OF THE CHANGE IN BEHAVIOR

Name of the child _____

Date of filling out the questionnaire _____

Filled out by: _____

	IF YOUR CHILD BEHAVES LIKE THIS PUT A MARK + IN THE COLUMN NEXT TO THE STATEMENT	IF BOTH FORMS OF BEHAVIOR ARE PRESENT EQUALLY MARK WITH + IN THE COLUMN 2			IF YOUR CHILD BEHAVES MORE LIKE THIS PUT MARK + IN THE COLUMN NEXT TO THE STATEMENT
		1	2	3	
	A. ATTENTION				
P1	During work shows good attention				Concentrates with difficulty, sometimes seems absent, daydreams
P2	External effects do not disturb him/her				Is disturbed by what is happening in his environment, by sounds and activities (noise and similar)
P3	He/she is not disturbed by external sounds				Is disturbed by external sounds
P4	Shows precision in completing tasks				Frequently makes mistakes due to poor attention
P5	Independent, works without encouragement				Needs to be encouraged
P6	Is careful with his personal belongings				Careless, destructive towards objects
P7	Shows determination despite the complexity of a task				Not persistent and gives up quickly
P8	A mistake does not discourage him/her				Gives up after making a mistake
P9	Can be motivated for tasks which he/she is not interested in				Rejects or avoids tasks which he/she is not interested in
P10	Quickly memorizes the content he/she is studying				Memorizes a content he/she learns after a lot of repetition

P11	Can complete several tasks one after another after being told to do so			If he/she has to complete several tasks it is necessary that this is repeated to him/her, or told to do the tasks one after another
B. IMPULSIVENESS				
I1	Calm, waits for his/her turn			Cannot wait for his/her turn, restless
I2	Refrains from touching objects, asks for permission			Grabs, touches objects without permission
I3	Listens and takes part in conversations or answers when he/she has the opportunity or gets permission			Stops the speaker, interrupts someone else while talking, in order to express his/her opinion
I4	Attentively listens to instructions given and after that starts solving tasks			Starts solving tasks before having listened to instructions
I5	Can play on his/her own only when he/she sees that you are not able to dedicate your time to him/her			Always demands attention
I6	Warns an adult (teacher) of the inappropriate behavior of other children towards him			In the case of inappropriate behavior of other children towards him/her, he yells, hits, pushes children and similar
C. ACTIVITY				
A1	Sits calmly during classes/at home			Is not calm, chatty, restless during classes/at home
A2	Can be soothed and directed			Always on the move, does not calm down easily and is not easily directed
A3	Motoric activity corresponds to tasks			Cannot refrain from getting up and walking
A4	Retains the same level of activity during the change of content			As soon as he/she finishes an activity/task becomes restless
A5	Ready to go through physical effort while concentrating on external activities			As soon as he/she feels physical effort or uneasiness stops doing the external activity and complains