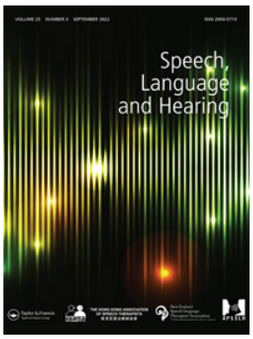

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Engaging with parents in decision-making: The dilemma of the ideal and reality

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ABSTRACT

Purpose: Recent studies suggest professionals engage with parents; however, literature shows that, in practice, there is a gap between what a parent's role might be and their actual role in the intervention process. This study aims to close this gap by identifying parents' impact on speech-language pathologists' (SLPs') intervention process and their role in the intervention.
Method: This study was conducted in Turkey with 16 SLPs working with parents of early years children who have developmental language disorder. A data-driven approach was adopted to understand SLPs' unique aspects and views. Four different data collection methods were used: semi-structured interviews, vignettes, observation with follow-up interviews, and audio diaries. Data were analyzed using inductive thematic analysis.
Result: Themes were identified as 'therapists' view of what is ideal' and 'what happens in clinical practice in reality'. Although the Turkish SLPs wish and intend to involve parents in the intervention process, there were instances where parents were not actively involved or even excluded from the session.
Conclusion: This study indicates that engaging with parents in intervention changes across contextual factors. SLPs' beliefs, parent and child based individual factors have a significant impact on parental engagement. It is concluded that such factors lead SLTs to administer various forms of language intervention methods. This study recommends educating parents about their role in therapies and increasing SLPs awareness of parental involvement.

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Speech-language pathology; intervention; parents; engagement; decision-making

The importance of parental engagement for children with developmental language disorder

Developmental language disorder (DLD) is a common issue with an estimated prevalence rate of five percent of the Turkish population (Topbaş, Bulut, & Günhan, 2019). DLD, previously known as specific language impairment (SLI), refers to children who have long term difficulties with learning and using language, not associated with other conditions such as autism, Down's syndrome, hearing problems or physical disability (Bishop, Snowling, Thompson, & Greenhalgh, 2017). Not providing sufficient support to these children can lead to social, emotional and academic difficulties in the longer term (Norbury & Sonuga-Barke, 2017).

Terms such as SLI, language delay, DLD and developmental dysphasia can be seen in the literature, creating confusion (Bishop, 2014). Moreover, the term SLI was being used for children who have unexplained language problems (Bishop, 2014), but was excluded from DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) (American Psychiatric Association, 2013), and the term 'language disorder' is used rather than SLI, as recommended by the ASHA. However, using 'language disorder' terminology was also found to be extremely wide-ranging and confusing.

Because the terminologies used to describe language problems are inconsistent, this has led to inequity in services and confusion over evaluating research. Bishop et al. (2017, p. 1068) stated that 'lack of agreement about criteria and terminology for children's language problem affects access to services as well as hindering research and practice'. Bishop et al. (2017) addressed this issue by using the Delphi method in which, a set of statements was rated by a panel of experts to understand the potential reasons for disagreement about the terminology for language disorders. They concluded that professionals used the term DLD when children have language issues that cause problems in their everyday communication or learning in order to provide standard definitions to improve the quality of service. (*ibid*). In this study, in accordance with Norbury et al. (2016), we use the term DLD to refer to children of 4–5 years who have language delay as their primary and only identified need.

To support children with DLD, it is essential to administer early intervention as soon as possible after diagnosis (Kim et al., 2020). Studies show that programmes are effective when parents engage with intervention for young children with 'communication

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and swallowing difficulties' (Melvin, Meyer, & Scarinci, 2021a, p. 2; Melvin, Meyer, & Scarinci, 2020, p. 2666), 'phonological impairment' (Sugden, Baker, Williams, Munro, & Trivette, 2020, p. 113), 'speech, language and communication needs' (Klatte et al., 2020, p. 619), and 'for children aged between two and three years, who presented with moderate to severe speech and language impairments' (Lyons, O'Malley, O'Connor, & Monaghan, 2010, p. 63). Literature also indicates that quality and quantity of parent–child interaction have a meaningful impact on a child's language acquisition (Safwat & Sheikhany, 2014; Schoon, Parsons, Rush, & Law, 2010; Topping, Dekhinet, & Zeedyk, 2013). Drawing on the SLP literature, Melvin et al. (2020, p. 1) stated:

> 'a term that is frequently used to describe the overall involvement (e.g., attendance, participation in intervention, and/or homework) and investment (e.g., emotional and/or attitudinal involvement) of families in intervention is 'engagement.''

Various terms have been used to describe parents' involvement in speech and language therapy. These terms can be categorized as a one-way or reciprocal relationship. In their review of the literature Klatte et al. (2020) stated that the terms parent involvement, parental engagement or co-practice have been used to describe parents' role in therapies. They used the term collaborative practice, and they justify this choice as:

> 'This focus on enhancing children's learning and reciprocal relationships could potentially encourage SLPs, as well as parents, to think differently about how they work together. In our view, collaborative the practice places an equal emphasis on the different, but complementary, roles of both parents and SLTs.' (Klatte et al., p.619)

In this study, we use 'parental engagement' when discussing any form of parenting participation in SLP. While some parents might take an active part, others need to be encouraged/engaged to pay more attention to the process. As this paper does not set the ideal practice for parents' role in therapy, we avoid using the term 'co-practice' which might not truly reflect the participant parents' role in the process. Given that in this study we have only the SLP perspective it would be presumptive to describe parents' role as collaborative.

The importance of parental engagement in early intervention is repeatedly underlined in the literature (Sugden et al., 2020; Melvin et al., 2021a; Lyons et al., 2010). Families are found to be engaged 'when they build an open and honest therapeutic relationship with SLPs and work in partnership with them to plan, problem-solve and set goals together' (Melvin et al., 2021a, p. 9). Moreover, a study of 28 peer-reviewed articles describing family engagement for early years' children concluded that supporting parents to be active inside and outside of the intervention session have a crucial impact on 'establishing open, two-way communication; and working together in intervention sessions' (Melvin et al., 2020, p. 12).

Parents as educators

Parents' critical role in children's development necessitates professionals and parents to work together in every step of the decision-making to support children's learning and development (Tutt & Williams, 2015). To achieve this, professionals may reconsider their role as co-workers and coach parents of infants and toddlers who experience 'developmental delay, or at high risk for developmental delay' by advising them what to do (Kemp & Turnbull, 2014, p. 308). Training parents as 'co-participants' and giving them a 'parent educator role' can help parents to acknowledge their children with developmental disabilities' unique needs (Kaiser & Hancock, 2003, p. 13). In this way, parents may 'carry over' the interventions at home and then 'maintain' their child's language development (Law & Camilleri, 2007, p. 4).

Parenting programmes have been found to improve parenting skills and reduce children's developmental difficulties (Lindsay, Strand, & Davis, 2011). Lindsay et al. (2011) examined the effectiveness of three parenting programmes; Incredible Years, Triple P and Strengthening Families Strengthening Communities finding that 'well-designed, evidence-based parenting programmes can improve parenting and parental mental well-being, and reduce child behaviour difficulties' (p.11). Furthermore, parents were found to have a key role for children whose language development is slower than their peers; and they suggested that parental involvement and home activities are significant for effective intervention (Watts Pappas, McLeod, McAllister, & McKinnon, 2008). Recognition of the importance of parents' participation in supporting children's speech and language development in their early years led to SLPs giving parents an active role in early intervention (Burgoyne, Gardner, Whiteley, Snowling, & Hulme, 2018; Gibbard & Smith, 2016; Law, Dennis, & Charlton, 2017).

Training parents and actively involving them in the therapy increased parents' skills, helping them to better interact and communicate with their children (Roberts & Kaiser, 2011). It was also underlined that children's language acquisition improved depending upon parents' increased intervention skills (ibid). Moreover, alongside the development of parenting programmes and technology use, in recent years, web-based universal parenting programmes have been developed to decrease 'common behaviour problems and other targeting the promotion of child developmental outcomes such as language expression and comprehension and cognitive stimulation' (Hutchings,

Owen, & Williams, 2018, p. 6). Researchers concluded that web-based parenting support is beneficial and 'can provide evidence-based parenting support to address the growing universal demand for parenting advice' (Hutchings et al., 2018, p. 6).

Parents' expectations

People who need SLP services and their families have beliefs and expectations of therapists (Klatte et al., 2020). Such attitudes arise from their prior experiences with the medical sector. When they enter the clinic of a SLP, they may expect the therapist to cure their difficulty immediately.

As language is a complex phenomenon, administering an intervention to improve it is also a complicated process and requires considerable time. It should be made explicit to parents that SLPs are not doctors or nurses, who often make visible and quick interventions by using medicines or surgery. While such explanations and finding a cure could be straightforward for many medical sector professionals, SLPs would not always have such direct solutions. Duru, Akgün, and Maviş (2018) explored general public awareness of the SLP profession in Turkey and found that it was not high and varied according to age, gender and educational level of participants. This creates another aspect that needs addressing since such expectations and beliefs influence SLPs' approach to their profession and their reasoning.

Parents' role in intervention

The procedure for working with parents in SLP has changed over the past sixty years (Watts Pappas, McLeod, McAllister & McKinnon, 2008). SLPs' and other health professionals' practices have shifted from minimal involvement with parents to a collaborative approach (Hanna & Rodger, 2002). Watts Pappas, McLeod & McAllister (2008) identified three different models of intervention services for young children: 'therapist-centred, parents-as-therapist aide and family-centred' (p.2). They added a new category, 'the family-friendly model' to refer to involving parents in the intervention (*see* Figure 1).

The therapist-centred model refers to a therapist controlling the entire process of intervention. In this model, the principal client is the child and parents have no engagement in intervention provision or planning. The therapist is the primary decision-maker, the expert and the parent is the advice seeker, learner and helper (Marshall, Goldbart, & Phillips, 2007). The parents-as-therapist aide model refers to when parents participate in the intervention process by administering home activities (Watts Pappas, McLeod & McAllister, 2008). Under this model, SLPs train parents to be their child's therapist at home by continuing activities, but the parents are not involved in the decision-making or planning process for the intervention methods. The family-friendly practice model, introduced by Watts Pappas, McLeod & McAllister (2008), is also about family involvement in intervention planning and provision, but the primary decision-maker is still the professional to ensure that the child is in an evidence-based, effective and safe intervention programme. The main client in this model is usually the child; putting parents in the centre of intervention as a client might be unnecessary and/or not the right thing to do for a family (ibid).

The family-centred model was developed to support the child's whole family and context. This model has become the preferred model in various disciplines (Kuo et al., 2012). In this model, the family has the primary role in every phase of the intervention process; the family is the client and at the same time a decision-maker and planner who is actively engaged within the intervention sessions. Studies suggest that parent-led intervention can be as effective as a therapist-led intervention in terms of 'children's language skills as well as gains in early literacy skills'. Besides, Turkish academics in the Department of Speech and Language Therapy at Anadolu University, stated that as the parents are often the first people to notice their child's language problem, it is crucial to work together with them (Toğram & Maviş, 2009). They underlined that parents are the

Model	*Family Involvement in Intervention Provision*	*Family Involvement in Intervention Planning*	*Primary Decision-Maker*	*Primary Client*
Therapist-centered	No	No	Professional	Child
Parent-as-therapist aide	Yes	No	Professional	Child
Family-centered	Varies according to families' wishes	Varies according to families' wishes	Family	Usually the famiy (varies according to families' wishes)
Family-friendly	Families supported to be involved in the intervention	Varies according to families' wishes	Professional	Usually the child (varies according to families' wishes)

Figure 1. Family Involvement Model (Watts Pappas, McLeod & McAllister, 2008, p. 2).

Table 1. Experience, academic qualification, setting, collected data from participants.

	Length of Experience	Academic Qualification	Setting	Data that Collected from Participant
P1	7 Years	3 Years of Master's Degree	Private Clinic	Interview, Audio Diary, Vignettes
P2	3 Years	3 Years of Master's Degree	Private Clinic	Interview, Observation, Audio Diary
P3	1 Year	2 Years of Master's Degree	Private Clinic	Interview, Observation, Audio Diary
P4	2 Years	3 Years of Master's Degree	State Rehabilitation Unit	Interview, Audio Diary
P5	6 Years	3 Years of Master's Degree	State Rehabilitation Unit	Interview, Observation
P6	12 Years	3 Years of Master`s Degree	Private Clinic	Interview, Observation, Vignettes
P7	5 Years	3 years of Master's Degree	Private Clinic	Interview, Audio Diary
P8	5 Years	3 Years of Master's Degree	State Rehabilitation Unit	Interview, Observation, Audio Diary
P9	5 years	3 Years of Master's Degree	Private Clinic	Interview, Observation, Audio Diary, Vignettes
P10	5 Years	3 Years of Master's Degree	Private Clinic	Interview, Audio Diary, Vignettes
P11	10 Years	4 Years of Master's Degree	Private Clinic	Interview, Audio Diary
P12	6 Years	3.5 Years Master's Degree	Private Clinic	Interview, Audio Diary
P13	1 Year	4 Years of Master's Degree	State Rehabilitation Unit	Interview, Audio Diary
P14	3 years	3 Years of Master's Degree	Private Clinic	Interview, Observation
P15	11 years	3 Years of Master's Degree	Private Clinic	Interview, Observation
P16	6 years	3 Years of Master's Degree	State Rehabilitation Unit	Interview, Audio Diary, Vignettes

ones who can transfer SLPs' clinical practices to the everyday life of their child.

Legislation on special education in many countries suggests involving parents in the intervention process; in the US (Kaiser & Hancock, 2003), the UK (Davis & Meltzer, 2007; Roulstone, Coad, Ayre, Hambly, & Lindsay, 2012) and Turkey:

> 'it is currently a legal requirement of special education policies both in western countries (e.g., the US) and Turkey to engage parents of children with disabilities into the whole process of special education services starting from assessments and diagnosis to planning programs' (Diken & Diken, 2008, p. 110).

The importance of engagement with parents in the intervention process is therefore well-established. However, we also know that parents' role in the intervention varies and there are cases where SLPs are unhappy with parental involvement (Watts Pappas, McLeod & McAllister, 2008); there are personal and parental barriers to working effectively with parents. Therefore, although the importance of engagement with parents is stressed in various studies (Melvin et al., 2021a; Melvin et al., 2020; Sugden et al., 2020), researchers underlined that 'there is little research about how collaborative practice between parents and SLPs can be achieved' (Klatte et al., 2020, p. 619).

In this study, we aimed to understand parents' impact on SLPs' reasoning process in detail by exploring how Turkish SLPs desire to engage with parents (1), what actually happens in their practice (2).

Methods

We report here on part of a larger study (Durgungoz, 2019) which explored SLPs' decision-making processes. Durgungoz and Emerson (2021) summed up the decision-making of SLPs as:

> '… a messy, complicated, individualistic process. Participants reported giving importance to using scientific knowledge and they expressed these as things they 'should do', such as using formal resources, applying child-centred approaches and preparing therapy that involves the family; in practice in some cases they were using informal resources, administering therapist-based approaches and not involving parents in the intervention process' (p.13).

In this study, we focus on SLPs' perspectives, subjective ideas and the process of parental involvement. Qualitative studies see the relationships and associations in context, therefore this was a naturalistic study, conducted in clinics where the SLPs make decisions about which intervention methods are to be applied to children with DLD. As Creswell (2012, p. 40) states, 'we cannot separate what people say from the context in which they say it'. To thoroughly explore parents' role in the intervention and identify the complex interactions of factors four different data collection methods were used in this study. This triangulation allows for crosschecking of information which helps determine the accuracy of outcomes of research (O'Donoghue & Punch, 2003). Cohen, Manion, and Morrison (2000, p. 254) also described triangulation as an 'attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint'. In this study, 'semi-structured interviews', 'observation and follow-up interview', 'audio diaries' and 'vignette' data collection methods were used.

Piloting

Before commencing the data collection, two Turkish SLPs were recruited and asked some general questions about the study. This led pilot participants to be more open, and they made some unexpected statements. Questions were discussed and modified with one of the SLPs, then a second pilot interview was conducted with the other therapist, with subsequent further modifications.

Participants

A search engine was used to find SLPs working in five large cities that represent most of the population in

Turkey to enhance the diversity and representation of different regions. A total of nineteen SLPs were contacted via e-mail with documents that described the aim of the research, a participant information form and a consent form. Sixteen SLPs agreed to participate in the study including at least two from each of the five cities. The primary criteria for selecting participants was they were primarily working with preschool age children. However, it is important to note that they were not solely working with children with DLD, but also a wide range of age and language disorders in their private clinic or rehabilitation centre.

It is also important to note that all participants will be referred as she/her to protect anonymity of participants. Table 1 indicates the number of years of experience, the level of qualification (all had a master degree) and their work setting, along with the specific data collection methods they participated in.

Procedures and data collection

Data collection took place in 2018. Firstly, in-depth, semi-structured interviews were conducted with all of the participants providing flexibility (Mason, 2002). Prior to the interviews, each participant was visited to build rapport, an important process both for the researcher and the participant to feel more relaxed during the interview. Interviews were conducted face-to-face by the first author of this article in Turkish. Each interview was audio-recorded and lasted nearly 50 min. Participants were asked 21 semi-structured interview questions (*see Appendix 1*).

Five out of sixteen participants then responded to vignettes comprised of three short scenarios (*see II*) which aimed to collect data about whether SLPs' engagement with parents varied across different cases of a child with DLD. Vignettes allow participants to describe the phenomena in their terms, 'to allow actions in context to be explored; to clarify people's judgements, and to provide a less personal and therefore less threatening way of exploring sensitive topics' (Barter & Renold, 1999, p. 1). The participants were given a flexible time frame to provide their responses to each case. Each participant wrote what they would do with the children in the stories. As they understood the aim of the research, they mainly expressed the action that they would take and the reason behind such a decision.

Ten participants agreed to participate in the observation and follow-up interviews but only eight of them were available during the data collection period. In this study, six of the children in the observed therapy sessions were five years old, and two of them were four years old so children who had been observed were four and five years old children; likewise, (Norbury et al., 2016)'s study. This study included only those children who were not diagnosed with any other disorders such as autism spectrum disorder, down syndrome etc., as this study focuses on DLD, which describes children whose primary disorder is language. Two sessions for each of the eight participants were observed, followed by another session of four randomly selected participants. After every observation, a follow-up interview was conducted in order to enable the researcher to ask why participants did what they did, and more detailed information was sought about their engagement with parents.

Audio diaries were received from twelve out of sixteen participants. The method of audio diary recording provided an opportunity to understand whether the inclusion of parents changed over time. Seven participants continued to send weekly audio records for three months while five of them stopped sending audios within one month. The participants were asked to send voice recordings about what they did in the therapy sessions and the reasons behind such actions. To encourage the participants, the researcher sent appreciation messages via WhatsApp each time a recording was received. In several instances, the researcher asked additional 'why' questions, to be able to understand the participant's reasoning process. This method was useful to capture how SLPs' engagement decisions and interventions were affected over an extended period of time.

Data coding and analysis

Inductive thematic analysis was used to code the data from transcripts. Braun and Clarke's (2006) six steps were followed including familiarization with the data through repeated listening and transcription, then initial codes were organised into categories using Nvivo software. After extracting initial themes, they were reformed considering the collective data sets, and the sub-themes were created, resulting finally in the main themes (Table 2). The searching for codes and themes in this study was a cyclical process, as suggested by Saldana (2013) establishing links rather than just labels. Analysis was iterative, with themes being revisited as additional data were generated.

Following Braun and Clarke (2006)'s suggestion for transparency and trustworthiness, an additional experienced Turkish-speaking researcher was employed to analyse a significant amount of the data set. After separately following the same steps for analysis, codes and their meanings were discussed. These discussions and negotiations continued until a meaningful cluster of codes was established. In the majority of the coding, similar conclusions were reached about the underlying meaning of the data.

As a Turkish researcher, the first author of this study was able to understand and interpret the data in its own culture and context. Once the themes had been agreed on, suitable excerpts were selected and

Table 2. Data analysis procedure.

MAIN THEME	Engaging with Parents				
SUB-THEMES	Therapists' Beliefs: The Ideal		Reality: What happens in clinical practice?		
INITIAL THEMES	We Can Work Together	We Can Guide Unmotivated Parents	Passive Involvement of Parents	Excluding Parents	Connecting through Technological Tools
CODES AND SOME OF THE RELATED DATA EXTRACTS	PARENTS' INVOLVEMENT IS CRUCIAL Parental involvement is a crucial factor for an intervention method to be successful (P10, Interview) Without parents, you can't do much. If parents start following our suggestions at home, we see that children progress quickly (P2, Interview) PARENTS SEE AND KNOW THE CHILD BETTER Parents are together with their kids 24/7, but I only interact with them for 45 min each week; so, they should know what to do and use it within their daily lives. To do this, it is necessary to include them in the therapy (P6, Interview) I do not think it would be productive to see a child once a week and make a difference. I guess parents' attitudes are one of the fundamental factors that affect my therapy decisions (P5, Follow-up Interview).	SLTS ROLE AS A MOTIVATOR Parents might be hopeless, unmotivated, but it is our job to convince them about how their child can progress; we should not give up applying an intense and beneficial method just because parents are not motivated (P5, Follow-up Interview) You must convince them first; if you can't, you have to choose a different intervention method because most of them include parents (P12, Interview) SLTs ROLE AS A TEACHER I would change parents' overprotective behaviours (P9, Vignette 1) I would guide parents to do activities at home, spending quality time with the child, and I would provide parental counselling to modify their attitudes … (P9, Vignette 2)	PARENTS CAN OBSERVE BUT CANNOT INTERFERE THE SESSION We have restricted time in here. If I involve parents into the therapy it would take lots of time. Parents has opportunity to watch all sessions. Then, they can do same practices at home (P8, Interview) I am happy to see parents in my sessions to teach them what they can do at home but if I let parents interfere, it extremely distracts me and the child. I prefer to talk with them at the end of my sessions and do not want any interruption unless it is important (P9,Follow-up Interview)	PARENTS INVOLVEMENT DISTRACTS THE CHILD This disturbs my sessions. Because most of the children with language delay are at early ages, their parents easily distract their children attention. Rather than concentrating on the session, children may look over at the parent for approval to do some activity or s\he may want to go their mom`s lap or asking for food etc … (P3, Follow-up Interview) ATTENTION INCREASES WHEN PARENTS OUT Some kids are more attentive without parents. When the mother of the child left the therapy room, the child started to be more productive and follows my instructions' (P2, Follow-up Interview)	USE OF ONLINE SOURCES TO CATH-UP If I [SLP] do not have the opportunity to see parents face-to-face, I feel that I need to find a way to check and be sure about whether they continue practising at home. To do this, I use WhatsApp. I send them photos and videos about my actions each week, and they also need to send me some videos and photos about what they do at home (P15, Follow-up Interview). … it is so easy to communicate through WhatsApp; I can easily check whether they are doing things that I asked them to do via e-mail. Without me asking them, some parents send photos and videos that show what they do and how they do … in this way I clarify what to do next, change my schedule, the nature of intervention method, materials I use and so on (P7, Audio Diary)

translated into English with a focus on preserving the intended meaning. To ensure the data translation process was accurate, another Turkish researcher who had conducted a similar data analysis checked all the translated data, with ensuing discussion which led to some of the sentences being rephrased to better reflect the true meaning. After the analysis of the observation data and interview data, the main themes along with the data coded were sent back to the participant therapists. This was done to ensure that the participant therapists also agree with the interpretation of their interaction with parents. All the participant therapists confirmed the classification of their approach when it comes to parental engagement.

Ethics

Ethical approval for the study was obtained from the University Ethics Committee. The British Educational Research Association's (BERA) ethical guidelines were also closely followed. Consents were obtained from the Turkish Ministry of Education, institutions, SLPs and parents before the study was conducted. The vulnerability of children with DLD and their parents were considered and the study conducted with extra precautions during the data collection process.

Results

Although all SLPs expressed the importance of engaging with parents during their interviews, data from other sources indicated some parent and child based barriers to actively involving parents in the intervention process. There were cases of parents being passively involved or excluded from therapy. Parents and children's individual differences, attitudes expressed in the session and parents' willingness to learn and support their child at home affected SLPs' engagement with parents. Parents' motivation and willingness lead SLPs to find new approaches, new activities to help their children at home.

Therapists' beliefs: the ideal

We can work together

Participant SLPs stressed the importance of 'work as a team' (P6, Follow-up Interview); 'make parents ready to continue the intervention at home' (P1, Vignettes); 'changing parents' attitudes, getting support from teachers, sisters, nannies whoever surrounds and interacts with the child' (P1, Interview). They raised the importance of knowing the family structure to support their daily interaction at home: 'How many hours do the parents play with their child? Do they read stories?' (P1, Interview). Therefore, a prominent finding was the influence of family members' attitudes and awareness on the participant SLPs' decision-making process. This led them to think

> 'we [SLPs] need to focus on parent–child interactions as a whole rather than focusing on children or parents alone' (P5, Follow-up interview).

Participants' suggested that

> 'Parents can be their child's therapist if they are well trained' (P6, Follow-up Interview).

'Active' (P1, interview) participation of parents or other family members is found to be an essential factor. Participant therapists stated that:

> I do not think it would be productive to see a child once a week to make a difference. I guess parents' attitudes are one of the fundamental factors that affect my therapy decisions (P5, Follow-up Interview).

> Parental involvement is a crucial factor for an intervention method to be successful (P10, Interview)

> Without parents, you can't do much. If parents start following our suggestions at home, we see that children progress quickly (P2, Interview)

As the participants expressed, family members' involvement in language therapy sessions has a significant impact on the nature and the process of intervention methods:

> Parents are one of the most important factors, as their attitude, motivation, readiness, absence changes everything (P1, Interview)

> Parents are together with their kids 24/7, but I only interact with them for 45 min each week; so, they should know what to do and use it within their daily lives. To do this, it is necessary to include them in the therapy (P6, Interview)

> As can be understood from the statements of participants, they desire to engage and work together with parents.

We can teach unmotivated parents

While the family willingness increases the motivation of participant therapists and leads them to find different methods, working with unwilling parents makes them unmotivated and feel under pressure. P12 stated the difficulty of the very first steps of an intervention process which is sometimes parents 'do not accept that their child has an issue. You must convince them first; if you can't, then you have to choose a different method' (P12, Interview). When they have such an issue, they try to 'find a different approach or a different method that parents would find easier' (P9, Interview). This process is expressed by therapists as exhausting 'because we [SLPs] try to make all the work in the sessions rather than spreading it to children's daily lives' (P12, Interview). Working with

parents sometimes necessitates a great deal of effort as 'there are parents who have no idea about how to play with their child at all … ' (P11, Audio Diary).

> When I compare parents who follow our suggestions and repeat my actions at home with those parents who do not consider my advice, I can indeed say that there is a big difference between these children in terms of improvement. So, working with an enthusiastic family increases my motivation and forces me to find new methods to teach these methods to them (P4, Interview).

Data indicated that parents' willingness to participate in therapy and learn what to do at home has an important impact on children's progress because 'children spend all his/her time at home' (P4, Interview). This leads parents to be a 'key factor to overcome their problem' (P4, Interview). Participants explained parents' involvement as 'the more they are into it, the quicker we [SLPs] see some results … ' (P2, Interview); 'without parents, you can't do much' (P2, Interview). Thus, data from the participants revealed that even if parents are unmotivated and passive, some SLPs still try to motivate parents, as they believe that their willingness plays a crucial role in improving a child's development. For instance, participants stated that:

> If parents do not collaborate, you have no choice but adjust yourself accordingly and try to find a solution (P5, Follow-up Interview).

> I would change parents' overprotective behaviours (P9, Vignette 1)

> I would guide parents to do activities at home, spending quality time with the child, and I would provide parental counselling to modify their attitudes … (P9, Vignette 2)

If parents are not motivated or do not have an appropriate home environment to repeat activities SLPs spend more time on training parents, trying to increase their awareness in the first place, which may take a long time in some cases:

> Parents might be hopeless, unmotivated, but it is our job to convince them about how their child can progress; we should not give up applying an intense and beneficial method just because parents are not motivated (P5, Follow-up Interview)

> You must convince them first; if you can't, you have to choose a different intervention method because most of them include parents (P12, Interview)

The participant therapists emphasised the importance of the families' motivation. Data indicated that SLPs try to motivate parents and find a different approach; but this necessitates an extra effort for them:

> It is sometimes so discouraging to work with these kinds of parents because instead of spending my time and effort on children, you find yourself doing different things … (P9, Interview)

P9 clearly expressed the importance of family members in his therapy. From her statements, it was seen that he finds alternative methods to involve families in the sessions. He tries to make everything easier for parents.

Table 3. Participant SLPs' decision about how to engage with parents'.

THE NATURE OF THE SESSION	PARENTS' INVOLVEMENT
• The SLPs administered pre-planned activities • Parents can help and join in with the activities in the session at any time • Parents are supported to continue the techniques which they taught by SLPs • Parents provide information about their child to SLPs (such as likes/dislikes) in order to help to devise an intervention plan	ACTIVE
• Only the SLPs administered and planned the therapy • Parents are observers • Consulting parents after the session and encouraging them to continue the techniques which they observed in the session	PASSIVE
• Only the SLPs run and decide the intervention • Meeting with parents at the end of the session	EXCLUDED
• SLPs run therapy • Parents are learners	CONNECTING THROUGH TECHNOLOGICAL TOOLS

Reality: What happens in clinical practice?

Follow-up interviews conducted after observations and audio diaries indicated that there were differences in terms of engaging with parents. It was observed that while some parents were actively involved, others only attended to observe the session (taking a passive role). There was also no parental involvement in the therapy, SLPs either provided information through e-mail/WhatsApp or invited parents into the room at the end of the session to explain what they had done and what parents should do at home (Table 3). This indicated the importance of using triangulation methods for data collection because these themes contrast with what participants stated in interviews

Not active but passive involvement of parents

Data showed that in some cases, participant SLPs involved parents in their sessions to increase the parents' awareness of their child's needs and show

them what kind of activities they can do at home. They wanted to increase both parents' practical abilities and behaviours. To do this, they allowed parents to observe their session passively:

> Parents have the opportunity to watch all sessions. Then they can do the same practices at home … When I let parents be in the session, they start chatting with me … It is not possible for me to focus on both. If they talk with me, it is very hard for me to keep the child engaged and interactive (P8, Follow-up Interview)

As can be understood from the above statements, P8 believes involving parents in the session distracts his attention, leading him not to involve, or only passively involve, parents in the intervention process. For example, in one of his sessions, observation showed that the father of the child was not actively involved in the session. The child's father only observed what the SLP did during the whole session. However, he was happy to include parents in his sessions as an observer:

> You can see that they take notes and try to understand, or some of them are so careless, so they just look at their phone screen. So, this leads you to make some evaluations, and these evaluations are generally revealed to be true (P8, Follow-up Interview)

The above excerpt reveals an important factor in parents' role in therapy. P9 stated that:

> … What I really want is to let them be active, but most of the time, they interfere and make the sessions counter-productive … Of course, there are some parents whose presence makes a positive contribution. So, I guess the important thing is to do what is practical (P9, Follow-up Interview)

Statements well illustrate the participants' overall opinion, which is to involve parents in therapy actively, but some experience challenges due to parents' distractive behaviours. These situations lead participants to involve parents in their sessions as a passive observer. Moreover, there were cases where parents were not involved in the session.

Excluding parents

There were occasions when participants expressed that the presence of parents had negatively affected their therapy sessions, and they had to change the way they organised the intervention methods. As the participants reported, although they were aware of the benefits of having parents in the therapy and involving them within intervention methods, the negative sides of having parents outweighed the benefits and they preferred to speak with parents 'at the end of the session' (P3, Observation Notes; P9, Follow-up Interview) and 'suggest to them [parents] to repeat this practice at home' (P3, Observation Notes):

> … This disturbs my sessions. Because most of the children with DLD are at early age, their parents easily distract their children's attention … So that I personally prefer to invite parents at the end of therapy sessions to talk about what we did and what they should do during the upcoming week (P3, Audio Diary)

Although P3 had previously involved parents in her sessions, she modified her actions as the parents seem to underestimate the intervention methods that P3 administrated:

> I did only one or two sessions with at least 15 different children until now. The reason is that when they (parents) have the opportunity to watch and participate in all my sessions, they generally say that they can do these things at home … They seem to expect medical intervention as if we are surgeons. This attitude led me to change my mind about involving parents in most of the cases (P3, Audio Diary)

> Data indicated that participants 'do not feel comfortable when parents observe what I [therapist] am doing in the session' (P13, Interview);

> They [parents] constantly make a comment about what I [therapist] am doing, or try to teach their kids how to respond or behave during the session. Unfortunately, this happens a lot, and you have to sacrifice (P10, Audio Diary)

SLPs also underlined that in some cases, being alone, administering one-to-one intervention with some children in therapy had a positive effect in terms of children being more focused and calm. They explain this situation as 'sometimes you have to ignore what is ideal in theory and practice for what is ideal at that moment' (P4, Audio Diary):

> Some kids are more attentive without parents. When the mother of the child left the therapy room, the child started to be more productive and followed my instructions (P2, Follow-up Interview)

> … they [children] are not listening or hide behind their mothers during the therapy. This slows down their progress, distracts their attention. However, when parents disappear gradually from the room, kids are completely fine and even better, more focused on their play (P2, Follow-up Interview)

Their decision not to involve parents in their therapy was based on individual differences of each family, child and therapist. As can be understood from P2's statement, she had involved parents in her sessions in the past, but her therapy session had been interrupted significantly, and she experienced that children were negatively affected by their parents' presence. Furthermore, in some cases 'it makes children more hyperactive' (P9, Follow-up Interview).

Parents' attitudes in the session were an important factor that shifted SLPs intervention from what they believe is ideal to what they did in the sessions. Although SLPs expressed in interviews that they desire to involve parents in their sessions, in practice,

parents' distractive behaviours and absence lead SLPs to form different involvement models.

Connecting through technological tools

Participants explained that online tools like WhatsApp (P15; P14; P7) enabled them to contact families. If a family member was not in the session for any reason, technological tools were used by participants to connect with parents. Although their use of technology stemmed from parents being unavailable, it seemed that parents' absence opened up some other opportunities for these participants. Participants stated they 'get the opportunity see their home environment and how parents interact with children at home' (P15, Follow-up Interview) by getting some photos and videos that parents sent back to the therapist because receiving 'photos and videos that show the daily life of children, you [SLPs] can make a good interpretation about how parents interact with children' (P15, Follow-up Interview):

> If I [SLP] do not have the opportunity to see parents face-to-face, I feel that I need to find a way to check and be sure about whether they continue practising at home. To do this, I use WhatsApp. I send them photos and videos about my actions each week, and they also need to send me some videos and photos about what they do at home (P15, Follow-up Interview).

> … it is so easy to communicate through WhatsApp; I can easily check whether they are doing things that I asked them to do via e-mail. Without me asking them, some parents send photos and videos that show what they do and how they do. They want my recommendations. So, it is a bit time consuming, but I get what I want, in this way I clarify what to do next, change my schedule, the nature of the intervention method, materials I use and so on. For instance, one of the fathers was so motivated and did all the activities properly a couple of times. I would not know that if there was not this WhatsApp thing because I only know the mother. So, what I did was I skipped those activities that the father did and proceeded to the next level. I also used some materials that the father used as it was so obvious that the child was having fun. I also tried to find some activities for the father to do at home (P7, Audio Diary).

It was seen that online tools like WhatsApp enabled the therapist to have more information about the families' background. Having an insight about children's home environment, the way that parents interact with children, knowing other people at home, activities parents perform or don't perform, and materials used at home seemed to affect and inform the participant SLPs' intervention methods and therapy process.

Discussion

This study explored how Turkish SLPs engage with parents along with parents' impact on, and their role in, the speech and language therapy sessions. Participants' were found to adapt their engagement according to the individual differences of children and parents. Therapist's decision making about parental involvement was determined by their perception of parents' attitudes, motivation and expectations. Participants highlighted the importance of establishing a shared dialogue that can strengthen the family-therapist relationship (Epley, Summers, & Turnbull, 2010) e.g., engaging parents through online tools like WhatsApp. Although this shared dialogue and relationship is the ideal, expected practice to do, data from the present study indicated that participant SLPs were the main decision-maker of the engagement process with parents. This situation stresses the need to conduct an open conversation with parents about how they would like to be in the session, listening to them and then supporting them can enhance the effectiveness of the intervention (Melvin, Meyer, & Scarinci, 2021b).

Guiding and supporting parents is an essential component for therapists who work with children because 'interventions are likely to be most effective in engaging parents when designed around the needs, concerns and lifestyles of the populations that they are seeking to reach' (Pote et al., 2019, p. 6). Discussing their child's and family needs, what might work better for their context and deciding what to do as a team can provide mutual understanding. Sugden, Munro, Trivette, Baker, and Williams (2019) found that although parents were enthusiastic about working with their children, they struggled when SLPs did not consider the family context. Literature indicates that parents may struggle to administer activities, doubt their own competence, may not have time or may not recognize the importance of intervention (Justice, Logan, & Damschroder, 2015; Watts Pappas, McLeod, & McAllister, 2008). Therefore, sharing and discussing challenges and difficulties that parents face and how they can work as a team can increase engagement with parents in clinical practice.

Although current policies advocate the adoption of the family-centred model and collaborative practice with parents (Diken & Diken, 2008) and all participants in this study stated when interviewed that they desire to engage actively with parents, it was not found to be suitable for every case. There were cases, in this study, of SLPs directing parents to be passive or excluding them from the session. Similarly, Thome, Loveall, and Henderson (2020) concluded that evidence-based practice is beneficial but in clinical practice can be difficult. This is because the understanding of parents' role and involvement in the intervention process is complex and changes across contexts (Pote et al., 2019). This study suggests that contextual factors have a significant impact on SLPs' engagement

style. As SLP is a novel, developing discipline in Turkey, public awareness about the profession is low and expectations of clients are not reflective of the SLP profession (Duru et al., 2018). Data showed that misunderstanding or unreal expectations of parents lead SLPs to exclude them from the sessions. We found that specific needs, attitudes and lifestyle of families has vital impact on SLPs' engagement style, mutual understanding between SLPs and parents can increase motivation to be part of the intervention process.

In this study, participants who have had negative experiences with parents in sessions changed their engagement style. A similar finding is reported in Watts Pappas, McLeod, McAllister, & McKinnon (2008) for Australian SLPs. Their study investigated the beliefs and practices of 227 SLPs regarding parents' involvement in therapy. They found that although SLPs specified that they believe in and use parent-based methods and assign home activities, 40 per cent indicated that they were not happy with parents' involvement in the sessions. Their practices were found to be therapist-led rather than family-centred. Thus, participants placed parents in the role of learner and helper (Watts Pappas, McLeod, McAllister, & McKinnon, 2008) rather than engaging with them.

As the participants in this study reported, the motivation of the parents directly influences their engagement style with families. The more motivated the parents are, the more complex and eclectic the intervention methods administered by the participant SLPs. In this respect, it is also important to acknowledge that SLPs' differences, beliefs and attitudes might have a significant impact on their collaboration style (Davies, Marshall, Brown, & Goldbart, 2019; Klatte et al., 2020; Klatte & Roulstone, 2016). Literature also shows that collaborative practice is not possible when parents are unclear about, or underestimate, their role in an intervention (Davies, Marshall, Brown, & Goldbart, 2017; Lyons et al., 2010). When participant SLPs face parents who are not willing to be active or who have different expectations, they feel under pressure. Such pressure leads them to make individual intervention decisions that they perceive as being better for the child and easy for parents to learn and apply at home. This leads participants to spend more time encouraging and guiding these parents rather than focusing on the child. Roberts and Kaiser (2011) also confirm that the success of parents' engagement in an intervention depends on parents' learning capacity and the frequency and accuracy of implementing intervention methods at home. Failure to engage and support parents might cause ineffective interventions and unwanted outcomes in early years children who need urgent support.

In this study, data indicated that individual differences of parents and children are important factors that lead SLPs to change the parents' role in the session. This shows that engagement is a complicated process that varies across the context of individual families. Ultimately, parents can be present in the session or not, they can be active or passive but these decisions can be made with the agreement of both parents and SLPs by the consideration of benefits to the family. This study suggests that an engagement between parents and SLPs as a team to discuss all stages of development can be the solution to decrease the gap between theory and practice in terms of engaging with parents. As stated in the literature, it is SLPs' responsibility to facilitate engagement with families (Watts Pappas, McAllister, & McLeod, 2016) so that improving facilities and continuous education programs in terms of strengthening and supporting SLPs is also significant to enhance the quality of intervention.

Limitations and future studies

The primary limitations of this study are the possibility of the Hawthorne effect and the relatability of the findings. Interview questions may have given rise to participants responding with what they think the researcher wanted to hear. This might, and indeed did, lead them to explain the ideal rather than typical practice. Similarly, when observed, SLPs may have acted in a non-typical way. These effects were minimized through the collection of multiple sources of data. Without using 'observation with follow-up interview' and 'audio-diary' data collection methods, the results of this study could have been completely different. Also, although efforts were made to collect relatable data it is possible that the SLPs in this study are not representative.

Ideally, in order to understand the full extent of engagement with parents, data might have been collected from parents. We suggest that future research to gain parents' perspectives may contribute to the advancement of the field. Allowing parents to comment on their presence in the therapy and the reasons behind their expectations and actions within the practice may have revealed different aspects of how the SLPs engage with them. In this way, interventions can be shaped by parental perspectives. It would also be helpful to conduct studies that explore how and which engagement style affects children's outcomes in what way and in what context.

This study was conducted in Turkey where the SLP profession is a developing discipline. Future studies investigating this topic will help establish to what extent findings will be replicated elsewhere, particularly in countries where the profession has been established for longer.

Conclusion and clinical implications

This study suggests that there is a gap between the theoretical understanding and the practices of SLPs regarding what they think they should do and what they do in terms of engaging with families in the intervention process. This situation creates a challenge to professional and governmental guidance, suggesting family-centred therapy as best practice

(Joint Committee on Infant Hearing, 2007; 2019). It also challenges the requirement for 'the use of the best available information gathered from the scientific literature' (ASHA, n.d.). However, this study suggests that it is not always possible to apply the best available information due to time pressure, parents' expectations and parents as a distraction factor.

SLPs, in this study, were found to be the primary decision-makers, experts and service providers. Parents were assigned roles within therapy as active, passive or excluded from the session (therapist-directed). As stated in previous Turkish studies, it is a legal requirement of special education policies to involve parents in every phase of therapy as that referred to as a family-centered approach (Diken & Diken, 2008); in structuring the intervention and coaching (Kemp & Turnbull, 2014). In present study, none of the participants thoroughly used this approach. Under the family-centred approach, parents are involved in the intervention process as collaborators from beginning to end and are the primary decision-makers (Pappas & McLeod, 2008, p.2). We recommend increasing SLPs awareness of the effectiveness of the collaborative approach and transforming parents' involvement into collaborative practice given the importance of this in the literature (Klatte et al., 2020).

Increasing public awareness of the speech and language pathology profession in Turkey will help parents manage their expectations of therapists which in turn may reduce some of the pressure currently experienced by SLPs' who respond to unreasonable demands by excluding parents. Training courses, open public seminars, job description flyers in health centres and hospitals can facilitate increased knowledge of the SLPs' profession.

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Interview Questions (Durgungoz, 2019)

SECTIONS	INFORMATIVES OF SECTIONS	INTERVIEW QUESTIONS
Background	The first part of the interview aims to obtain information about the background of the therapists. As experiences and background of professionals have an important impact on their decision making process (Bennett et al., 2003), I believe that the more I have information about their professional life, the more reliable interpretations can be made about their decision making process**.**	Lead-Off QuestionCan you tell me about your experiences as a therapist in general?Follow-Up Questions 1. How old are you? 2. How long have you been a therapist? 3. What do you think about your university education in terms of making you a good therapist? (Was it so theory-based? Lack of experience, facilities etc.) 4. Have you worked in different hospitals/clinics with different children who have various disabilities? What do you think about the experiences you gained in these places? 5. How do you like your job?
Language Delay	The second part will serve as a guidance to understand the experiences and knowledge of the therapists about children who have language delay. The tests or methods of diagnostic materials may affect professionals` intervention decision process. It is therefore important to understand the procedure the therapists follow in the process of identifying DLD.	Lead-Off QuestionCan we talk about your experiences with children who have DLD?Follow-Up Questions 1. How experienced are you with children who have DLD? 2. How do you identify children who have DLD? 3. How confident you are when using the methods/tests/ measurements that you use to diagnose children with DLD? 4. Can you give examples of how you have been dealing with language disorder? Let's talk about both success stories as well as frustrations here …
Intervention Methods	The third part will provide information about the types, effectiveness of intervention methods administered by professionals. Roulstone (2001) stated that although therapists may agree about the nature of the child`s issue, they could conduct different sorts of assessments so that they administer different intervention methods. This variability brings difficulties in deciding which intervention methods to administer. Hence, this part will help the researcher to understand the approach of the therapists to the types of intervention methods.	Lead-Off QuestionCan we talk about intervention methods here … Follow-Up Questions 1. Could you tell me about intervention methods that you have administered so far and the ones you know but have not chosen to use? (group-individual, direct-indirect, directive-interactive etc.) 2. From where/who (university, internet, papers, colleagues, seminars etc.) did you learn these intervention methods? 3. Can you give examples of what specific advantages or disadvantages you find noteworthy or significant in administrating these intervention methods?
Decision Making Process	The fourth part aims to reveal how professionals decide which intervention methods to administer. Decision making process may grouped under four main categories which are contextual (Miles, 2007), practice-based (Law, Garrett, Nye, & Collaboration, 2003), theory-in-practice (Higgs, Burn, & Jones, 2001) and professionals' belief (Wolff, 1989) factors. The question in this section are therefore prepared in accordance with these categories but as this is a semi-structured interview, the researcher will allow the participants to share their unique practices, if they have.	Lead-Off QuestionCan we talk about how do you came up an intervention method to administer?Follow-Up Questions 1. Can you explain how you decide which intervention methods to administer? 2. Do you think that you have a favourite intervention method that you believe is beneficial for children who have language delay? If yes, why do you think so? 3. Can you give examples of which materials you use in the intervention process? 4. Do you know any theories about language acquisition? If yes, how helpful are they in practice? 5. With the availability of tablets, do you think there could be any change in the frequency of your interaction with your students in and out of their school? 6. Do/did you have any colleagues who you collaborated and share experiences with? If yes, how do you think s/he affected your practices?

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Appendix II Vignettes

VIGNETTES		
Vignette 1	Vignette 2	Vignette 3
X is 3 years old and currently only says about 20 single words. He uses this words without constructing any sentences but he is able to understand and can follow simple instructions. For example, when his mother says him a vocabulary and put in front of him some visual cards, he is able to choose and show relevant card. His background records do not show any health or developmental issues. He born with normal kilos and good health. Development tests shows that his other developmental areas such as motor skills, cognitive development etc. is in expected development stage from his age. His parents are both working from 9 am to 5 pm and his grandmother taking care of him during the weeks for 2 years. His grandparent stated that he loves watching cartoons, animations and he spends at least 3 h a day in front of a television.	Y is 4 years old and has severe delays with expressive language. Her understanding is good but he language difficulty impacts negatively her learning and social skills. She has very unclear speech and will not initiate conversations but she shows the things when she wants something. She struggles with concentration, social skills and communication when together with other peers. She is happy with them but plays alongside them rather than with them. There is no family history about language delay and his mother has not a job. They are together during the day but her mother stated that she has many house works to do and must take care her baby so that Y has a 1 years old brother and she jealous him. Her mother do not spare some time to play a game with her daughter and Y has not enough stimulation to develop her skills in home environment.	Z is 3 years old and he is seeming as not to listen when somebody is spoken with him. He has inability to follow instructions especially in complicated sentences. His inability to understand and follow instruction is affected his expressive language development, as well. Hearing tests applied by an audiologist and result shows that language problem is not caused by hearing loss. Similarly, a neuropsychologist conducted an assessment to identify whether the language issue associated with any cognitive problems and results indicates that this child has no problem in terms of cognitive development. He shows expected skill level for the child`s age. Additionally, other tests indicate that his language delay is not related with any developmental disorders such as Autism, brain injury or etc. Information about the child which is obtained from his/her parents indicated that s/he has arranged and good environment to develop language skills. Also, his/her parents are spending enough time each day with their baby. The behind reason of the disorder is unknown.

Vignettes (Durgungoz, 2019)