

Parents and Speech Therapist Perception of Parental Involvement in Kailila Therapy Center, Jakarta, Indonesia

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Abstract

Parental involvement in a speech therapy has not been prioritized in most therapy centers in Indonesia. One of the therapy centers that has recognized the importance of parental involvement is Kailila Speech Therapy Center. In Kailila speech therapy center, parental involvement in children's speech therapy is an obligation that has been communicated with parents in the form of contractual agreements. According to speech therapists in Kailila therapy center, there are parents who still have not done their responsibility. Furthermore it showed that some parents still have obstacles in implementing the learning at home. This study explored the perception of parental involvement that are formed by parents and speech therapist. In order to see the type of parental involvement, the researchers referred to the theory of parental involvement by Hoover-Dempsey and Sandler. The theory explain about parents' beliefs and perception on why they become involved in their child's education. Throughout this literature the theory used to explain parental involvement in a speech therapy settings. In-depth interviews were used for parents whose child is in speech therapy. Therapists were also interviewed as supporting subjects. Parents have a positive perception about their involvement while one of the therapist have a different perception with the parent. The repetition hours at home, number of children, family involvement, and invitation from therapists all influence parental involvement in a child's therapy.

Keywords: parental involvement, speech therapy, speech delay

1. Introduction

Many parents in Indonesia have grown more concerned about speech delay as one of the developmental problems in children. According to the Department of Medical Rehabilitation RSCM data in 2006, from 1125 children patients visited there were 10.13% were children diagnosed with speech delay (outpatients reports, 2006). Although more cases of speech delay have been found in Indonesia, parents only have little information about speech delay and its intervention. According to the child neurologist Dr. Herbowo AF S., SpA, there have not been many researches done in speech delay by the medical field in Indonesia. Parents usually realize a speech delay in children when compared to siblings or peers. Therefore, children's speech should be monitored so the signs that lead to speech delay can be handled before it becomes worse.

Maura R. McLaughlin (2011), defines speech delay as children who haven't met the expected developmental milestones. Parents can seek help from professionals to diagnose a delay in children. More specifically, Leung and Pion Kao (1999) explains that speech delay treatment is generally given by a physician, speech language pathologist, audiologist, psychologist, occupational therapist, or social worker. The professional staff will then examine and diagnose the problems in children and later give the appropriate intervention. According to Law, Boyle, Harris, Harkness, and Nye (1998), further intervention is generally given by speech therapists. Speech therapy is a form of intervention used to modify and improve the behavior or teach new methods in speaking till the client is able to speak well (Lanier, 2010).

Parental involvement is very important to make a successful speech therapy. According to Law & et al. (1998), a good coordination between speech therapist and parents are necessary because parents can give a repetition of intervention at home. However, many busy parents leave their children's therapy process solely in the hands of the speech therapist. Pilot study found that because of many working busy parents, many speech therapy centers in Jakarta don't really have a concern about parental involvement. Nonetheless, researcher was able to find one therapy center who has strict rule about parental involvement. This therapy center is called Kailila. What makes Kailila therapy center unique is parents have to show involvement during therapy and give intervention at home. In general, parents can observe the therapy from a small window outside the classroom whereas in Kailila parents are advised to observe inside the classroom.

There are unique requirements involving parental involvement in Kailila. Firstly, parents have to sign an informed-consent letter that states parents are willing to be involved in classroom intervention. Secondly, parents have to observe the learning activities in class and do repetition at home. Thirdly, parents have to record and report learning activities at home with a minimum 28-30 hours of learning process per week. Lastly, parents have to attend parents' conference in each end of a phase. If parents cannot meet the agreement, Kailila is entitled to give a 30 days notice and furthermore expel the child (Evi Sabir, 2006). Despite the strict rules, speech therapists in Kailila feel that there is still a lack of parental involvement. Furthermore, research found that from 277 speech therapists 40% of them are unsatisfied with parental involvement that are given by parents

(Pappas & et al. 2008).

Pilot study on parents from Kailila Speech Therapy found that parents realize the involvement that was required from Kailila. Some of the parents feel that they have done repetition at home like the therapist suggested. However, parents might do the repetition in many different ways. For example, some tries to integrate the learning activities during daily activities like eating or showering. Even though some activities are adaptable to daily activities, parents often have difficulties to make their children do tabletop activities. Some parents also have difficulties to keep records of their intervention at home. Moreover, parent's busy schedule, the child's condition at home, and lack of support from family members are also mentioned.

Parental involvement can be a generic concept which refers to a quite diverse behavior, depending on the motives, the chosen perspective, and the activities in which the involvement will manifest (Blok & et al. 2007). As seen in the pilot study, both parties have their perception about parental involvement in speech therapy. Study about parental involvement in school, such as Hoover-Dempsey and Sandler (2005), explained how parents show a certain behavior in the effort to develop or improve their children academic achievement. Although school is quite different from speech therapy, both are a structural institution with programs and goals in different stages for child development. Moreover, the first two levels in Hoover-Dempsey explore about what influenced parents to become involved and parents' choice of involvement forms. Therefore, parents and speech therapist perception can be seen objectively.

2. Review of Literature

The importance of parental involvement has been well articulated in Kailila guidance letters when children first enrolled. According to Evi-Sabir (2006), there are some activities that parents can do to improve their children communication skills, such as communicating during meals time, bath time, dressing, and playing game as a way to communicate with children. Furthermore, parents' attendance and intervention repetition at home is very important.

Duration of the speech therapy can varies (Evi-Sabir, 2006). Diagnosis and parental involvement plays a major role in making a child's speech therapy successful. Parental involvement by Hoover-Dempsey and Sandler (2005) is trying to answer questions such as, why parents become involve with children education and what kind of parental involvement? Parental involvement model from Hoover-Dempsey and Sandler consists of five levels that represent dynamic studies on parental involvement. More specifically, the first two levels show the reason of how parents become involve and what influenced parents to become involved both at home and education institution (Hoover-Dempsey & Sandler,2007). The first level is divided into three categories, which are parents' motivational beliefs, parents' perception of invitations for involvement from others, and parents' perceived life context. The next one is divided into parental involvement behavior based on places and learning mechanism.

1st Level: Parental Involvement Decision

A. Parents Motivation Beliefs

Parents' decision to be involved in child's education is essentially driven by parental beliefs about what they believe and confident to do to improve child's education success. Two beliefs mentioned are parental role construction and parental sense of self-efficacy for helping children succeed. Parental role construction explained about expected role for parents on what should be done regarding child's education. In speech therapy context, task repetition with minimum 28-30 hours each week at home by parents. Parental sense of self-efficacy explained how parental beliefs to show an appropriate involvement and how their involvement will give a positive result for the child's education (Hoover-Dempsey & Sandler, 2005).

B. Parents Perception of Invitations to be Involved

Parents perception of invitation to be involved can be seen from education institution, children, and teachers. A warm and comfortable school atmosphere can be one of the drivers for parental involvement. This includes the presence of a warm welcome and invitation indicated by the school staff, structure and quality of school management, and in particular the school's commitment to keep working with parents (Hoover-Dempsey & Sandler, 2005). In speech therapy, Kailila Therapy Center has the role to invite and welcome parents to be involved. Special requests for child's involvement indicated sensitivity that can bring parents to be responsive to the needs of children's learning. In speech therapy children, some parents revealed that they were more excited when their child's asked them to be involved. Teachers invitation can be seen by the encouragement that speech therapist given to parents. Parents who directly get special request to engage and acquire specific directives will likely show higher engagement. Therapist generally shows encouragement by providing home programs, seminars, and involved the parents in activities in a the therapy.

C. Life Context

There are two elements in parents' life context, which are self-perceived of knowledge and skills

and self-perceived of resources and time. Self-perceived of knowledge and skills in a certain area can help decide what kind of involvement parents will show (Hoover-Dempsey & Sandler, 2005). In a speech therapy process, parents self-perceived of knowledge and skills can be seen by their effort to find out about anything related in a speech therapy. Parental self-perceived of resources and time can help parents to decide how they will be involved in child's education. In a speech therapy process, parents' work, responsibility, and the children itself contributed on how much time and resources they can provide during speech therapy.

2nd Level: Parental Involvement Behaviors

A. Parental Involvement at Home

Involvement at home is defined as activities undertaken at home by parents and child related to the child's learning process in school (Hoover-Dempsey & Sandler, 2007). Parental involvement at home is affected by parents self-efficacy to become involved, specific requests from the child, and parents' self-perceived time demands. During speech therapy, parental involvement are required to help the success of the child's progress. Kailila has requirements that parents have to commit and agree upon starting a speech therapy there. Parents have to be involved in speech therapy process in class and do repetition at home with a minimum 28-30 hours weekly.

B. Parental Involvement at School

Involvement at school generally includes a variety of activities in school environment. Parental involvement is predicted by the perception of specific requests from teachers and children (Hoover-Dempsey & Sandler, 2007). The theory of parental involvement at school is used to explore the involvement in speech therapy as both are the same educational institution. In this case parental involvement can be seen from a variety of activities done by parents in speech therapy class.

C. Learning Mechanism

A series of parental involvement behaviors can be seen from four learning mechanisms such as encouragement, modeling, reinforcement, and instruction (Hoover Dempsey & Sandler, 1995). Encouragement can be seen by how parents support their children in the learning processes. Parents can show this learning mechanism through giving support in class and repetition at home. Modeling can be seen from appropriate behaviors shown in children education. Parents of children with speech delay can practice and do a proper teaching for repetition at home. Reinforcement is shown by appreciating a certain behavior which parents want children to be good at. Parents can show their reinforcement through reward, praise, and more attention in a child's learning process. Instruction is shown in how parents give instruction to their children. An open-ended instruction is considered to be more positive in evolving a child's knowledge.

3. Research Design and Methodology

The research design used in this study was exploratory qualitative which defined as an exploration and deepening problem studies which has little to none information (Kumar, 1999). Poerwandari (2001) suggested that qualitative research usually have a naturalistic paradigm. Therefore, this study is conducted in a natural setting. The subjects of this study are parents and speech therapist who are involved in child's therapy. The subject in this research is one of the parents whose children have speech delay and is undergoing speech therapy in Kailila. The supporting subjects are speech therapists who are handling speech therapy cases. Furthermore, there are no special characteristics from therapist as subjects. The sampling method used in this study is purposive sampling, where sample are determined by a certain criteria suitable to the aim of the study (Poerwandari, 2001). The sample used in the study is all of the subjects in Kailila Speech Therapy Center who are fit the category. The method used in data collecting is in-depth interviews. This method is suitable because it enables the researcher to gain some knowledge about the individual subjectively in regards to the topic study and exploration of the problem, something that cannot be done through other approaches.

Researcher used a standardized open guide interview, for which the guide for the interview has been written in detail with certain set of questions. There are control data that researcher inquired for the purpose of this study such as name, age, education, work, and child's identity and speech therapy progress. The interview process is conducted with in depth interview approach. The interview guide contains open-ended questions based on Hoover-Dempsey and Sandler theory regarding parental involvement. It also adapted to the usual forms of parental involvement in speech therapy. This form of open-ended questions are expected to dig up varied answers and encourage subjects to express thoughts and feelings freely (Poerwandari, 1998).

3.1 Interview Guide (Domain and Indicator)

It is important to provide explanations for domains and indicators as it is adapted to explore parental involvement in speech therapy.

Parental Involvement Decision: it explains psychological and contextual factors that influenced parental involvement. The factors explored are parents' motivational beliefs, parents' perception of invitations for involvement from others, and parents' perceived life context. Firstly, parents' motivational beliefs explored a structurally given demand by environment, the personal role concept of parents in a speech therapy, role behavior in environment of speech therapy and parents self efficacy in a goal setting. Secondly, parents' perceptions of invitations for involvement from others that defined by the parents perception of speech therapy center, child, and speech therapist invitation. Lastly, parent's perceived life context that is defined as self-perceived knowledge-skill about speech therapy and self-perceived time-energy to help in child speech intervention. To explore parental involvement decision, researchers will ask parents about their role, knowledge, and parents' self-efficacy regarding their children therapy.

Parental Involvement Behaviors: it explained how the parental involvement decision affected parents in showing a certain involvement behavior. Firstly, we can divide parental involvement behaviors by involvement at home and speech therapy center. At home, parental involvement can be seen on how they communicate with the child and do repetition. At speech therapy center, it can be seen if parents attend and observe classroom intervention. Secondly, by learning mechanism parents can show involvement indicated by giving encouragement, modeling, reinforcement, and instruction.

3.2 Limitation of the study

This study is limited to a few subjects in speech therapy center Kailila, so the researchers made no claim that the finding is identical in other settings. The finding of the study emerges from the data collected from children with speech delay only, with no other disorder or disabilities. Parents busy schedule and privacy concern limits the researcher to do longitudinal research to see the child's achievement in their speech therapy.

4. Analysis between Subjects

This research was conducted on two of the more involved parent and the child therapist (from two different child with speech delay who were in speech therapy Kailila, Table 1). In general, researchers found that parents have a general positive perception of their involvement in child's speech therapy while speech therapist felt the need for parents to be more involved. This negative review was brought up due to the standard that Kailila have on parents, which is measured by the hours spend and notes made by parents. The first parent is a dentist with only one children and the second parent is a stay-at-home mother with two children. The therapists chosen are therapists who were giving therapy to the specific children. The first parent was able to fit her child therapy schedule with her work schedule. She felt that she has been involved with her children therapy. She did all the intervention repetition that had to be done and understand clearly about her child's therapy progress. According to the therapist who is working with the first parent, she has a good knowledge about her child therapy progress and quite diligent to do repetition at home. The second parent also felt involved in her child therapy although she had difficulties doing table-top repetition at home. According to her child therapist, the second parent has a positive attitude about parental involvement that is asked from them but she needs to be more involved as there's a lack of records for repetition intervention at home.

After further analysis by Hoover-Dempsey and Sandler, researchers found that parents have passed the first and second level of the parental involvement model.

1ST Level: Parental Involvement Decision explored:

A. Parents Motivation Beliefs

In parents' motivational beliefs, both parents have high internal motivation. Researcher found that parents understand their role of construction during speech therapy and have a regulated self-efficacy. Both parents clearly have a positive self-efficacy towards the success of their children therapy.

B. Parents Perception of Invitations to be involved

In general, parents have positive perception toward speech therapy, therapist and children invitation to be involved. From the three invitations, therapist invitation has the most positive influence for parents. Children also showed some invitation for parents to be involved in the form of playing, but parents felt the most demanding invitation were from speech therapy center and speech therapist.

C. Life Context

In parents' self-perceived factor toward time and resources, there are differences between both subjects, one of the subjects had difficulties to give her time and energy to handle the child speech therapy exercises every day. The reason for the difficulties was because of the parent's sickness and children. Furthermore, parents' self-perceived skill and knowledge to be involved were very positive.

2ND LevelL: Parental Involvement Behaviors:

A. Parental Involvement at Home

Subjects have done intervention repetitively, they perform similar tasks involvement at home. The only differences are the consistency of recording the repetition. The first subject was less consistent in recording the intervention she did at home. The second subject always noted the repetition at home so that the fulfillment of 30 hours per week requirement could be done.

B. Parental Involvement at Speech Therapy

Both subjects were consistent in showing involvement in speech therapy center Kailila. Both the therapists recorded that the subjects were always present in class.

C. Learning Mechanism

Learning mechanism that apparently were executed by parents are encouragement, reinforcement, and instruction. Parents consistently provided support to every learning process both at home and in therapy center. Parents also provided reinforcement in the form of reward and withdrawal of rewards to create enjoyment in learning. Parents showed consistency to give the intervention in the same way it was made by the therapist in the classroom. The researcher found difficulties to see modeling in learning mechanism. However, when parents did the table-top repetition they always tried to discipline their children.

5. Discussion and Conclusion

The cornerstone of a theoretical model of parental involvement process from Hoover- Dempsey and Sandler in the first and second levels are fit to describe the involvement of parents in child speech therapy. However, the next level of engagement that tries to see the effect of parental involvement in children's learning outcomes cannot be used in the context of this study because of limitations on child's age who are under 5 years, the limitations of communication, and lack of access to interact with the children. It made it hard for researchers to know how far the influence of parental involvement in children's learning outcomes. In parents' motivational factor beliefs, the formation of the parental role construction in child speech therapy is influenced by the direct experience of parents and the information given by the therapy center. In the parents' perception of invitation from others, the most influential perception derived from therapy center and therapists. Special requests from therapy center and therapists were communicated clearly and unequivocally from the start of therapy and repeated every week by a therapist. This gives a significant influence that parents are perceived as motivators to show active involvement in child speech therapy. Special requests from speech therapy center are associated with parents' self-perceived time and resources. There are different self-perceived from both subjects one of the subjects has some obstacles such as adjustment of working time or time-sharing in the care of other children. Researchers also found that when compared to the general involvement of the school requests contained in the Hoover-Dempsey and Sandler (2005), the therapy center has a specific request that parents must note the repetition of therapy at home for 30 hours per week. Furthermore, it was found that the fulfillment of the quota of 30 hours per week is considered very difficult to be met by the parents, especially in terms of formal record.

Researchers also found that parental involvement can be influenced by several factors, including the number of children, the influence of other people in the house, and an invitation to be involved from speech therapists. Parents who have several children find it difficult to focus on the process of speech therapy and the child will eventually delegate some form of involvement in other people's homes as nannies. The more often a speech therapist demands parents to be involved, they will increasingly show engagement with repetition at home. Furthermore, therapist perception may be different from parents' perception in seeing parental involvement. The therapist has a special standard of Kailila Therapy Center that parents must meet so parents' limitations in performing repetitions at home can cause a negative perception by the therapist. According to Law et al. (1998) a speech delay treatment success requires good cooperation between the team of speech therapy and rehabilitation of children in the home with the parents. Parents were given the opportunity to come in and observed, but repetition were also required to be performed at home. In general, forms of cooperation Kailila Therapy Center and parent center is ideal, but researchers still found some differences in the perception of parental involvement by parents, therapists, and the results of analysis based on the theory of Hoover-Dempsey and Sandler.

Researchers suspect the differences in the perception of parental involvement is due to factors other than those already highlighted by the theory Hoover-Dempsey and Sandler. Parents have a positive perception, they felt that they were already involved and knew the progress in child therapy. Meanwhile, speech therapist felt that parents could be more involved in their child speech therapy. Parental involvement has been shown to be positive based on the theory Hoover-Dempsey and Sandler. Therefore, researchers conclude that perhaps the differences in perception might be due to the existence of different standards of involvement thought by parents and therapists. Furthermore, researchers found some views on parental involvement based in Kailila compared to the theory from Hoover-Dempsey are different. The differences may be due to the different needs resulting in

extra time that must be spent by parents in doing repetitions at home. Therefore, although the parents and the theory Hoover-Dempsey and Sandler has shown positive involvement of parents, therapists can still see the flaw in the parental engagement.

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Notes

Table 1. Analysis between subjects

ANALYSIS		SUBJECT 1	SUBJECT 2
PARENTS		Positive perception, involved intensively in child's therapy	Positive perception, involved in child's therapy
THERAPISTS		Positive perception, see parents have involved intensively in child's therapy	Negative perception, see parents haven't involved intensively in child's therapy
HOOVER-DEMPSEY & SANDLER			
Domain	Sub-domain		
1ST LEVEL: PARENTAL INVOLVEMENT DECISION	A. Parents motivational believes	High internal motivation	Internal motivation tend to be high
	1. Parental role construction	Active role	Active role
	2. Self-efficacy	Positive	Tend to be positive
	B. Parents Perception of Invitations to be involved	Parents perception positive	Parents perception positive
	1. Kailila	Parents understand and have positive perception towards Kailila invitation to be involved	Parents understand and have positive perception towards Kailila invitation to be involved
	2. Therapist	Positive perception	Positive perception
	3. Child	Positive perception	Positive perception
	C. Life context	Perception tend to be positive	Perception tend to be positive
	1. Time and energy	Positive perception	Negative perception
	2. Skills and Knowledge	Positive perception	Positive perception
2nd LEVEL: PARENTAL INVOLVEMENT BEHAVIORS	A. Parental Involvement at Home	Able to do the task disciplined and consistent	Able to do the task but face some difficulties in making notes
	B. Parental Involvement at Speech Therapy	Communication intensively with speech therapist about child's development	There is a difference between the desired communication from parents and therapist
	C. Learning Mechanism		
	Encouragement	Consistently	Consistently
	Modelling	Tend to be discipline	Tend to be discipline
	Reinforcement	Consistently	Consistently
	Instruction	Give efforts to do instruction accordingly	Give efforts to do instruction accordingly

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