

# Family-centered Services for Children with Complex Communication Needs: The Practices and Beliefs of School-based Speech-Language Pathologists

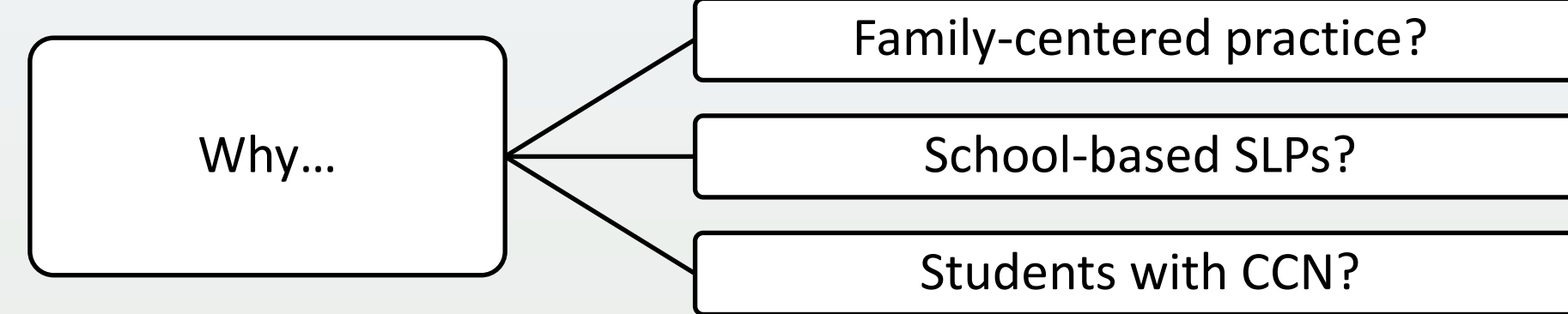
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## Introduction

### AIM OF THIS STUDY

This study aimed to examine the beliefs and practices of school-based speech language pathologists (SLPs) who serve children with complex communication needs (CCN) and their families.



## Key Research Findings

### Family-centered Practice

- Family-centered practice is a partnership—characterized by trust, respect, and open communication—where families and professionals work together to make decisions in the best interest of the child (Arango, 2011).
- Allen & Petr (1998) state that family-centered service delivery "...recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses on the family's strengths and capabilities" (p. 9).
- Family-centeredness is linked to many positive outcomes:
  - greater family satisfaction
  - increased family involvement
  - stronger self-efficacy beliefs
  - greater perceptions of helpfulness of professionals and services
  - increased child and family functioning

(Beaton, 2008; Brofenbrenner, 1990; Dunst, Johanson, Trivette & Hamby, 1991; Dunst, 2002; Horst, Werner, & Werner, 2000; Summers, Hoffman, Marquis, Turnbull, & Poston, 2005)

### School-based SLPs

- Family-centered practice is highly valued in the field of speech-language pathology.
  - More than 50% of SLPs are employed in educational settings.
  - It is their **ROLE** and **RESPONSIBILITY** to engage families in planning, decision making, and program implementation for students of all ages.
- Despite the associated positive outcomes, research shows that **services within education often lack family centeredness and are often characterized by professionally-centered services.**

(American Speech-Language Hearing Association, 2004, 2010, 2016b; Dunst, 2002)

### Students with complex communication needs (CCN)

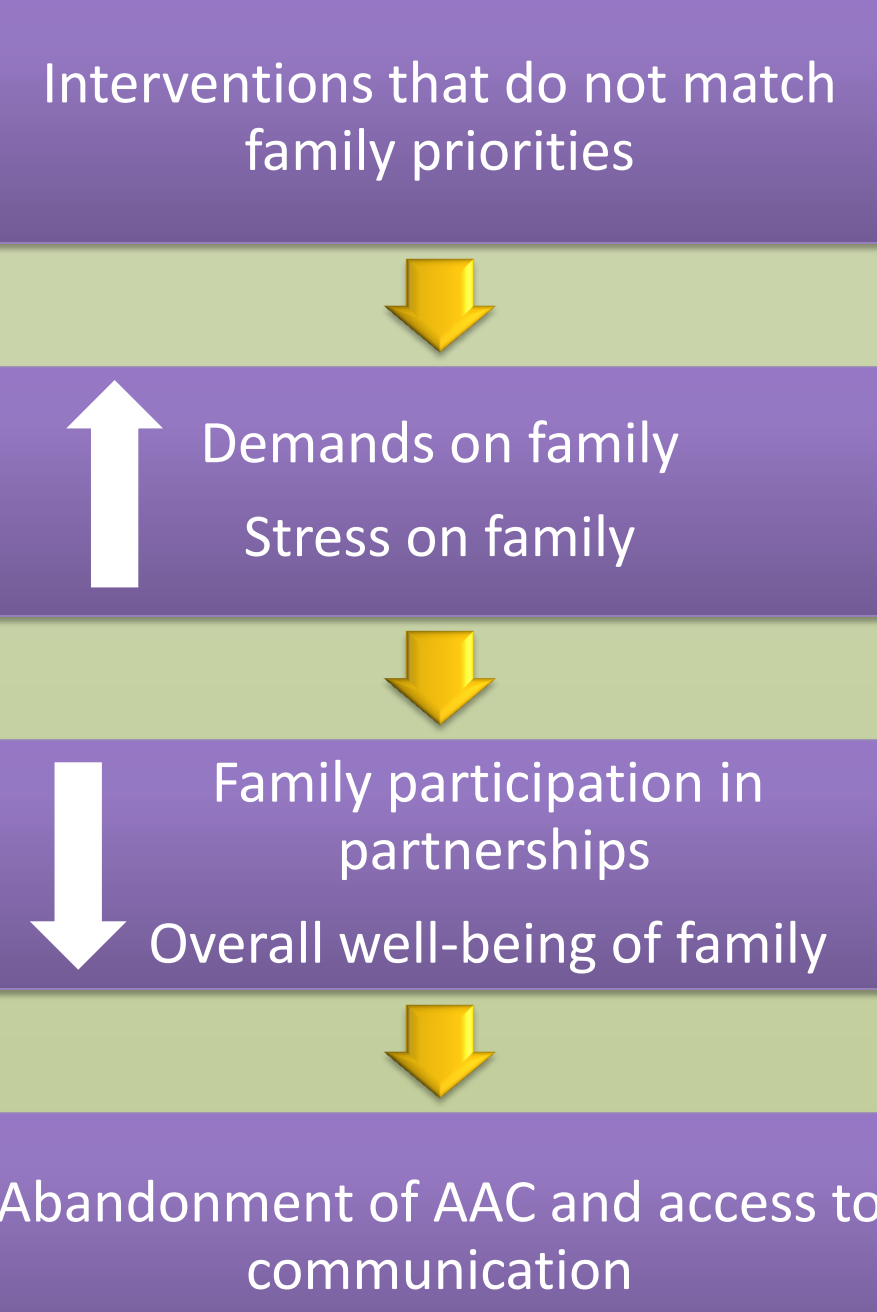
- More than 50% of the SLPs in educational settings serve students with complex communication needs that require AAC to communicate.
- Positive communication outcomes are dependent on the family's involvement, their shared commitment to the goals of intervention, and the development of a successful family-professional partnership.

(American Speech-Language-Hearing Association, 2016a; Cress, 2004; Granlund, Björck-Akesson, Wilder, & Yivén, 2008; Marshall & Goldbart, 2008; McNaughton, Rackensperger, Benedek-Wood, Krezman, Williams, & Light, 2008; Parete, Brotherson, & Huer, 2000)

### Families report:

- A lack of interest from professionals in involving families in decision-making
- A desire for professionals to obtain a greater understanding of family demands
- Frustration with professional recommendations that are based on short term contact with their child and that differ from their own concerns, priorities, and preferences

(Granlund et al., 2008; Jones, Angelo, & Kokoska, 1998; Marshall & Goldbart, 2008; McNaughton et al., 2008)



## The 1<sup>st</sup> Step

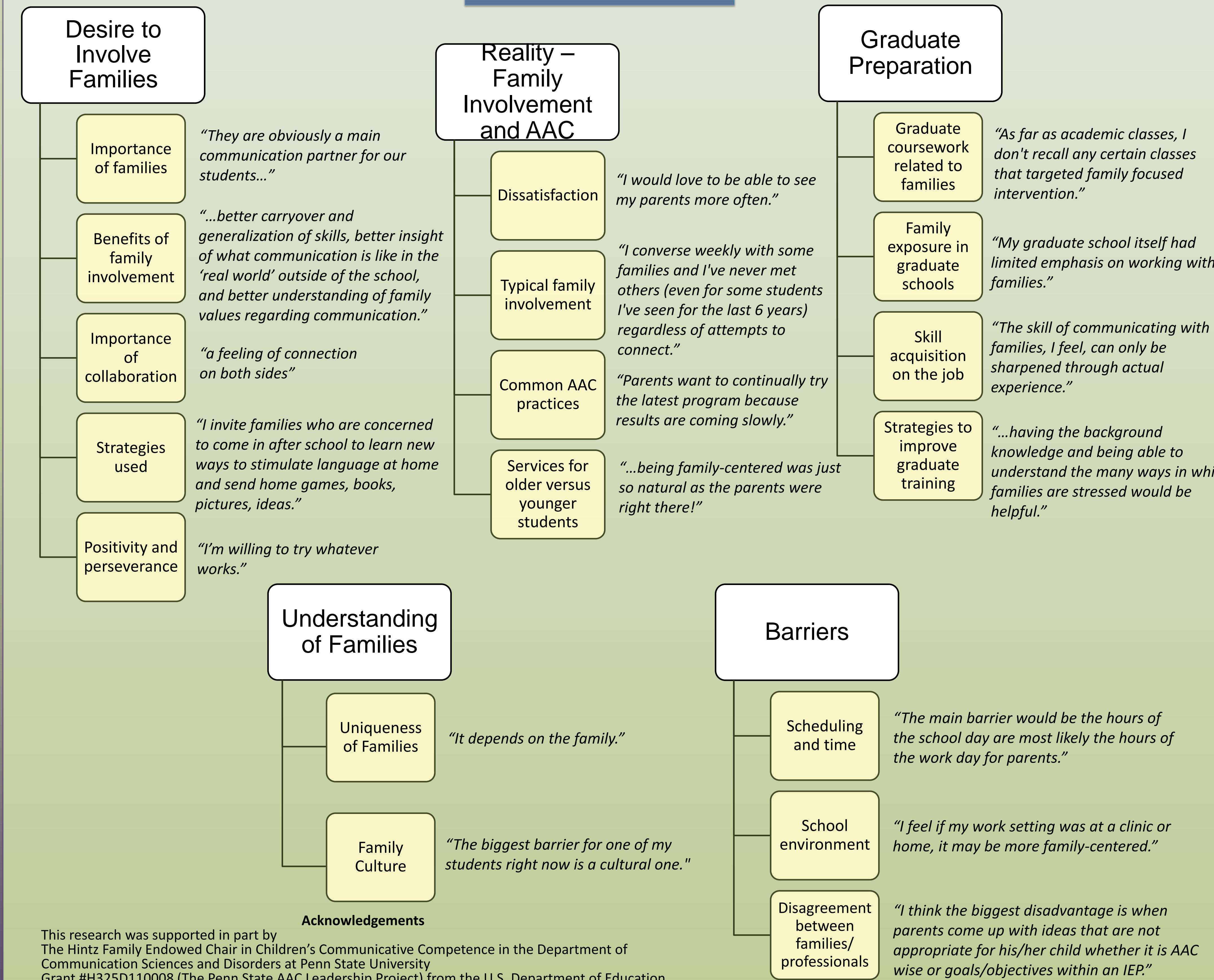
Challenges still exist, despite both families and professionals believing that family involvement is necessary for AAC success. There is currently little guidance on how SLPs can best collaborate and provide family-centered services to families of children with CCN.

**It is necessary to first understand the current practices and the barriers to successful family-centered services.**

## Methods

<b>Online focus group</b> 	<b>Participants</b> A total of 13 school-based participants participated in an asynchronous 5-week online focus group.	<b>Questions</b> The posed questions were related to: a) beliefs about family-centeredness; b) disadvantages and advantages of family-centered services; c) barriers to family-centered services; d) graduate training to work with families.	<b>Data Analysis</b> <ul style="list-style-type: none"> <li>Data Analysis Spiral (Creswell, 2013)                             <ul style="list-style-type: none"> <li>Data Managing</li> <li>Reading/Memoing</li> <li>Describing, Classifying, Interpreting</li> <li>Representing/Visualizing</li> </ul> </li> <li>External Audit</li> <li>Member Check</li> </ul>
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## Results

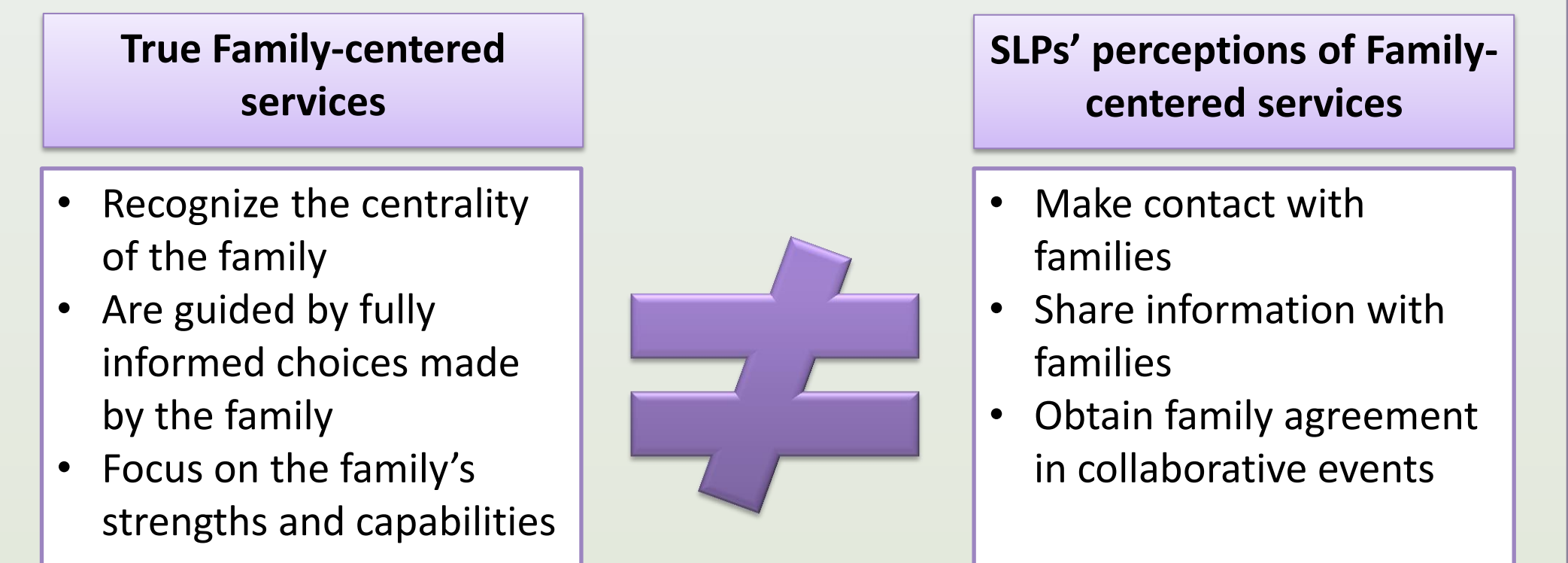


## Discussion and Clinical Implications

The results demonstrated that:

- SLPs wanted to involve families
  - SLPs recognized the importance and benefits of family involvement
  - SLPs identified many barriers to family-centered services
- BUT, the key finding was a barrier not explicitly stated by the SLPs

There was a mismatch between the SLPs' perceptions of family-centered services and true family-centered services



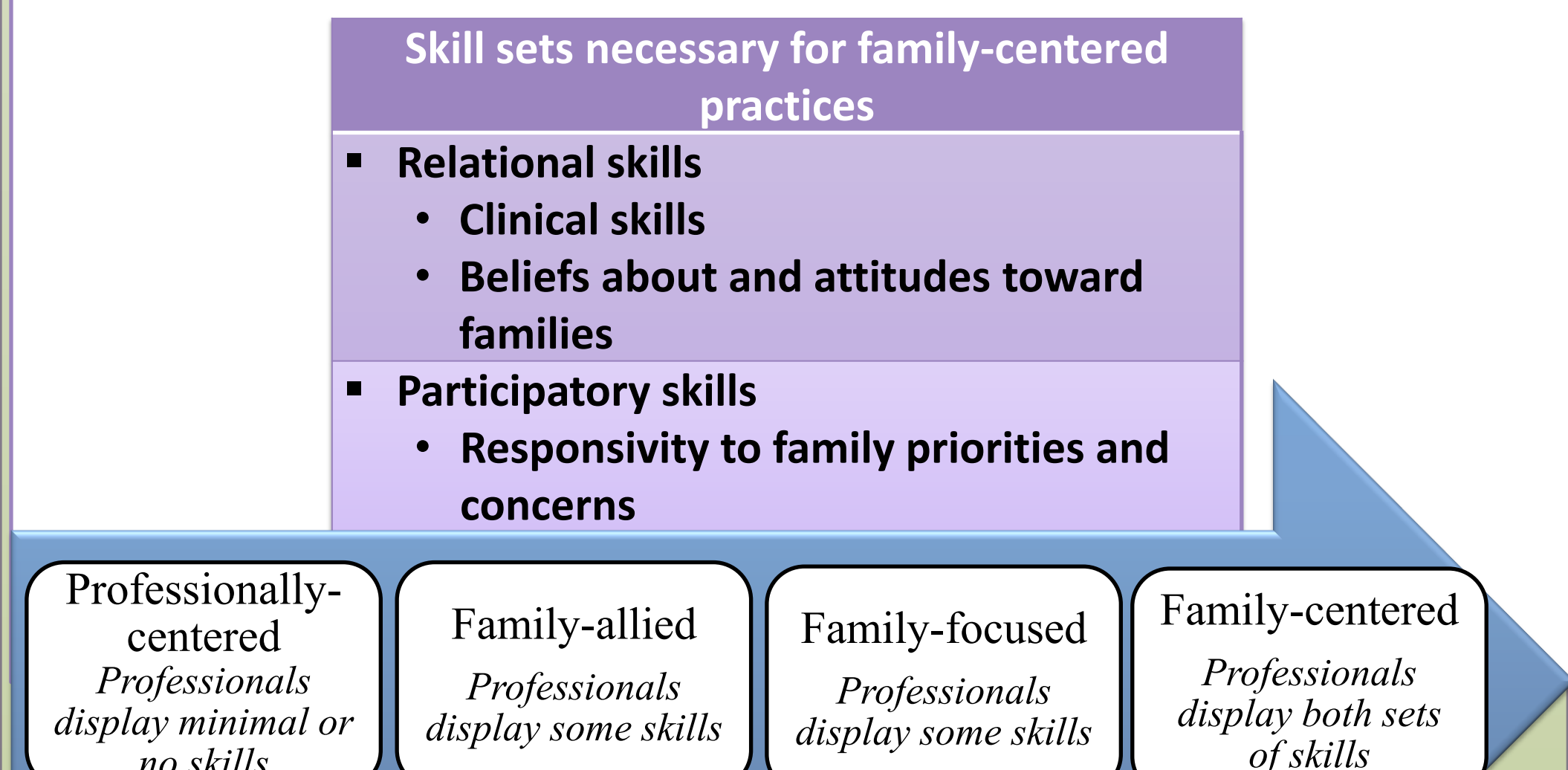
## Next Step

We need to change the way SLPs perceive and define family-centered services

### Clinical Implications

- SLPs must reflect on current service provision and skill set
  - Which skills do they already demonstrate and which skills are lacking in their skill set?
    - Relational skills
    - Participatory skills
- SLPs must reflect on which service delivery model they are currently implementing – is it family-centered?
- SLPs may use checklists/guidelines initially to help identify their current skill set and service delivery model (Wilson & Dunst, 2005; Woodside, Rosenbaum, King, & King, 1998).

The skills necessary for family-centered practices along the continuum of family oriented models (Dunst et al., 1991; 2002).



## Conclusion

- This study reveals a potential reason for the lack of family-centered services provided to families of children with CCN.
- There appears to be a discrepancy between the SLPs' perceptions and definition of family-centered services and true family-centeredness.
- This mismatch could be a significant barrier as SLPs could be preventing the associated benefits of true family-centered services.
- Changes need to be made in order to improve the actual implementation of family-centered services.
- Future research is necessary at both the pre-service and in-service level.