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# Efficacy and Feasibility Of Parent-Implemented Intervention

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EFFICACY AND FEASIBILITY OF PARENT-IMPLEMENTED INTERVENTION

by

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B.S, San Diego State University, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the  
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The ultimate goal of speech-language therapy is the generalization of targeted communication skills across diverse environments and communication partners. Recent research has investigated more efficient methods of achieving generalization and has raised questions about the effectiveness of traditional therapy approaches. This report investigates the effectiveness of parent-implemented intervention as a means to increase generalization of communicative therapy outcomes by providing parents (or caregivers) the skills to embed therapy strategies in naturally occurring parent-child communicative interactions in natural environments and functional routines.

#### **Parent-Implemented Intervention: Definition & Theoretical Basis**

In an effort to investigate intervention strategies that focus on functional goals in natural environments, researchers have created a terminology confusion in which some therapy methods are similar in concept and implementation, but have different titles. For example, use of "parent-implemented" (Kashinath, Woods, & Goldstein, 2006, p. 467), "parent-led" (Ronski et al., 2011, p. 114), and "parent-coached" (Dunlap, Ester, Langhans, & Fox, 2006, p. 86) all fit the definition provided by Roberts and Kaiser (2011) for parent-implemented therapy: "interventions in which the parent was the primary interventionist who implemented the language therapy strategies" (p. 183). Parent-implemented therapy contrasts with traditional,

clinician-led therapy techniques in that parents are taught therapy strategies to target functional communication goals throughout daily activities and routines in naturally occurring environments. The role of the SLP in this type of therapy is not that of the primary interventionist but is that of a parent educator and resource. For parents and SLPs alike, coaching-focused therapy suggests a drastically different approach to therapy than traditional, child-focused intervention practices (Basu, Salisbury, & Thorkildsen, 2010, p. 146).

Parent-implemented therapy is designed to improve support for language development in natural settings by improving parent-child interactions within daily activities and routines. Researchers Roberts and Kaiser repeatedly state in their research on parent-implemented therapy that there are four key elements to child language development in children with and without language impairment or disabilities: "(a) amount of parent-child interaction, (b) responsiveness to child communication, (c) amount and quality of linguistic input, and (d) use of language learning support strategies" (Kaiser & Roberts, 2013, p. 295-296; Roberts & Kaiser, 2011, p. 180; & Roberts & Kaiser, 2012, p. 1655). The theory is that parents of children with language delays present with deficits in one or more of these areas and that by improving the parent's skills or adding to the parent's use of language teaching strategies,

child language outcomes can be improved through natural parent-child interactions (Kashinath et al., 2006, p. 467). However, communication is a transactional exchange in which both communication partners participate in the conversation in turn (Roberts & Kaiser, 2011, p. 181; Ronski et al., 2011, p. 111). Research suggests that children with communication impairments or developmental delays may have impairments in several aspects of this communication interaction and that those changes in the child's participation in communicative exchanges may be the cause of changes in the parent's use of language developmental support strategies (Roberts & Kaiser, 2011, p 181). By supporting parents with children who are at risk for language delays, speech-language pathologists can teach parents to modify their communication styles, therefore improving the transactional nature of communication between parents and children and expanding natural language learning opportunities (Roberts & Kaiser, 2011, p. 181; Ronski et al., 2011, p. 111). Yoder and Warren (2001) attempted to demonstrate the influence of parent communication styles on the language development of children by investigating parent responsiveness (one of the four key elements of language development stated by Roberts and Kaiser) as a predictor of child communication outcomes. Fifty-eight children with developmental delays and their parents participated in a time-intensive program consisting of four, 20-

minute, clinician-implemented therapy sessions per week for six months at the child's early intervention center. Parents were observed with their children during two pretreatment observational sessions and the parent-child interactions were coded for parental responsiveness to child communicative actions. The results of intervention outcomes were compared to proportions of parent responsiveness. Results indicate that parental responsiveness correlates with increased child therapy outcomes. The researchers postulate that "children of responsive parents may learn to persist in the face of communication breakdowns because their history indicates that their communication attempts usually result in successful acquisition of a communication goal" (Yoder & Warren, 2001, p. 235). This investigation adds support to the idea that by improving one key element of child language development, improvements are made in child communication skills and parent-child interactions. Ronski et al. (2011) further suggest that by providing parents with successful communication strategies and improving their overall interaction with their children, the parents are provided with a confidence in those interactions and are more likely to view their child's language impairments as less severe (p. 117).

### **Parents as Interventionists: Positive Perceptions**

By improving parent-child interactions, parent perceptions regarding child impairments and parent stress levels change and instead of viewing participation in their child's therapy as an additional stressor, parents view increased child communication abilities as a means to decrease stress.

In a study conducted by Kashinath et al. (2006), parent perceptions of parent-implemented intervention were analyzed post intervention in order to investigate parent satisfaction with parent-implemented intervention. Five parent-child dyads participated, consisting of children ages 33-65 months that met criteria for a diagnosis of autism spectrum disorders on the Childhood Autism Rating Scale and were currently receiving speech-language therapy services through community center-based intervention programs. During the study, parents were taught two out of six specific language teaching strategies, one at a time, throughout biweekly intervention sessions in the child's home for 60-75 minutes each. Parents were taught to embed the language support strategies into daily routines to help their children generalize new communication skills. Following intervention, parents completed a written parent satisfaction survey in which parents rated survey items on a four-point scale in which four was the optimal rating. Results from the survey found that parents responded positively to all survey items,

with mean scores ranging from 3.8-4.0, indicating that parents were satisfied with the parent-implemented intervention program. Kashinath et al. (2006) reported that, "when asked what they liked best about the intervention, comments included, 'ease and flexibility of intervention,' 'focus on family and child routines,' and 'the interventionist taught us simple ways to help our child communicate'" (p. 480). With these results, the researchers claimed that parent-implemented therapy was not a cause for additional stress, but instead, actually helped reduce parent and child frustration and improved parent-child interactions as well as child communication outcomes.

Romski et al. (2011) investigated the effects of parent-coached early language intervention on parents' perceptions of parent-child communication attempts and child's deficit severity. Fifty-three parents and their children, ages 20-40 months participated. Using a randomized experimental design, parent-child dyads were assigned to one of three intervention groups: "the augmented communication input (AC-I), focusing on augmented language input provided by the adult; the augmented communication output (AC-O), focusing on augmented language production skills; and the spoken communication (SC) interaction, focusing on non-augmented oral communication skills" (Romski et al., 2011, p. 113). Intervention consisted of 24, 30-minute sessions; 18 in the lab and the final six in the

child's home. Each session consisted of three 10-minute blocks: play, book reading, and snack in that order. Parent teaching consisted of eight observation-only sessions, six sessions beginning with observation and ending with parent participation in the snack time routine; the final 15 sessions were parent-led with coaching from the interventionist. Data on parent perceptions were collected using a parent survey, "Parent Perception of Language Development" (PPOLD), consisting of 20 survey items that parents responded to utilizing a five point scale (1=strongly disagree, 5=strongly agree). The PPOLD was administered pre- and post-intervention. Results indicate that parents' feelings about their abilities to communicate with their children were more positive post intervention and that parents felt their interactions with their children were more successful. With regards to the perceived communication difficulty the child's disabilities presented, parents in the AC-I and AC-O group perceived their child's language disability as less severe post intervention; however, parents in the SC group viewed their child's language disabilities as more severe. The researchers argue that these results indicate that by giving a child an augmentative communication device, the stress parents feel due to communication breakdowns can be alleviated; however, upon closer assessment of the results for communication outcomes for the SC group, it was noted that only intelligible,

spontaneous, non-prompted target words were measured in the data. By limiting the positive effects of intervention to a small list of target words, this study potentially limited the success of the children in the spoken communication group and, therefore, potentially negatively impacted parent perceptions of their child's communication successes. Even with this potential study limitation, this study supports the overall finding that by improving the parent's ability to communicate with their child, the parent's stress level decreases, their confidence in communicating with their child increases, and they perceive their child's communication disability as less severe.

#### **Training Parents as Interventionists: Successful Implementation**

Parents who invest in their child's language intervention by acquiring and implementing new communicative support skills not only feel more confident in parent-child interactions, but also successfully implement and generalize language intervention strategies. A key aspect in parent-implemented therapy is the individuality of the parent and child involved. Each parent has a unique skill set to build upon and each child has individualized therapy outcomes. When therapy strategies are tailored to each individual parent-child dyad, interventionists "enhance the feasibility, acceptability, and sustained use of intervention strategies over time" (Kashinath et al., 2006, p. 481).

Kaiser and Hancock (2003) draw upon their 15 years of research to provide an in-depth discussion about and suggested protocol for teaching parents to be successful interventionists. Kaiser and Hancock (2003) repeatedly point out the idea that parent implemented therapy is more likely to be successful when the parent is fully invested in the treatment process, working as a co-clinician alongside the speech-language pathologist, and is a vital member in all decision making processes (p. 12). These researchers also state that in order to convince parents to invest in the concept of parent-implemented therapy strategies, parent-teaching programs need to be founded in empirical evidence that is readily available to parents and explicitly states that the implementation method works for children with similar skills and deficits as their child (Kaiser & Hancock, 2003, p. 12). To further support parent teaching programs, interventionists need to have a thorough understanding, knowledge base, and fluency in the interventions being taught to parents so that the interventionists can easily answer questions from parents, provide target specific feedback, and guidance to parents (Kaiser & Hancock, 2003, p. 13). Kaiser and Hancock (2003) offer several insightful, experienced, and valid suggestions; however, the program explained in their article recommends that all clinical interventionists take a time intensive, nine-month training prior to acting as a parent

educator (p. 19). It is also recommended that parents commit to a six-month, long term learning program in which they travel to the clinic or lab to participate in parent groups and practice their newly learned skills (Kaiser & Hancock, 2003, p. 12). This type of time intensive teaching program would add more stress and burden to parents and seems unnecessary.

Though time intensive parent training programs seem unnecessary, parents have been shown to complete complicated training and successfully implement various intervention programs. Pennington, Thomson, James, Martin, and McNally (2009) conducted a study to investigate parent-child communication changes following parent participation in the It Takes Two to Talk-The Hanen Program for Parents training. Participants included 11 families with children ages one-year, seven-months to three-years-old, diagnosed with nonprogressive motor disorders; primarily cerebral palsy. Parent training occurred over approximately 13 weeks and included seven or eight group sessions 150 minutes in length and three home visits consisting of observations of parent-child interactions and parent-coaching. Four data collecting home visits occurred; at four months and one month prior to training and again at one month and four months post parent training. During data collection sessions, parents were given a box of toys and instructed to play with their children as they normally would. These sessions

were videotaped and later coded for structure of conversation and pragmatic functions used by parents and children. Prior to parent training, parents were noted to use high proportions of initiations and few responsive behaviors while their children used few initiations and a high proportion of responses. Results at one month following parent training indicate that the proportion of responses used by parents increased and proportions of initiations decreased while children increased their proportion of initiations and their use of responses showed no change. These results maintained from one month post training to four months post training. Although parents maintained overall conversational dominance, the results indicate that parents increased responsiveness to child communication and the lack of change in data from one month to four months post intervention demonstrate that parents were able to maintain changes in communication style without further training. Though this study only evaluated specific conversational roles and did not assess increases in conversational success, improvement in child language development, and language use within conversation, it can be determined that parents are capable of successfully completing and implementing a parent-training program and successfully maintain use of strategies taught during training without additional follow up from an interventionist.

Parents have shown that successful parent-implementation of specific intervention protocols does not always require lengthy training programs or extensive interventionist involvement and follow up. Dunlap et al. (2006) investigated the feasibility of functional communication training (FCT) in the replacement of challenging behaviors with functional communication when implemented in the child's home by the child's mother. Two children with serious challenging behaviors, ages 30 and 33 months, participated with their mothers. Children were referred to the study by community-based, early intervention clinicians and were currently participating in "a family-centered, community-based program designed to provide training and assistance for young children with serious challenging behaviors" (Dunlap et al., 2006, p. 82). In this study, parents were involved in the entire intervention process; including the identification of problem behaviors, selecting difficult home routines, deciding on replacement phrases, and implementing the intervention. Parent training consisted of a single one hour training session in the home in which the interventionist explained the purpose and principles of FCT, reviewed FCT strategies, modeled FCT implementation, reminded the parents of specific FCT elements, and then answered parent questions. Prior to the initial intervention sessions, the interventionist briefly reviewed FCT with the mothers. During interventions,

mothers were expected to anticipate problem behaviors and prompt for targeted, one to three word utterances by modeling the desired phrase. The interventionists videotaped each session and documented occurrence and severity of challenging behaviors, child's use of functional replacement behaviors, and mother's use of FCT strategies. Results indicated that children decreased problem behaviors and consistently utilized target utterances and mothers successfully followed FCT intervention protocol across problematic home routines. To further support the feasibility of parent-implemented therapy, it was found that after the one hour training session and parent-coaching prior to the first sessions, both parents required no additional guidance or instruction from the interventionist throughout the remainder of the study.

Kashinath et al. (2006) studied parents' use of target teaching strategies by embedding language intervention within daily activities because they believed that by enhancing parents' natural teaching strategies, parents could master new teaching strategies and would generalize those strategies across untrained daily routines. Five parent-child dyads consisting of children who met specific criterion for a diagnosis of autism spectrum disorder participated in intervention that consisted of identification of parent teaching strategies already implemented by the parent, teaching the parent two new target teaching

strategies, and assisting the parent in mastering implementation of therapy strategies within specific daily routines. Parent-child interactions were then observed and frequency counts of parent teaching strategy use were documented in both trained and untrained daily routines. The results showed immediate initial increase of teaching strategy use, as well as sustained increased levels of parent target strategy use. Parents were also documented to generalize target strategy use across untrained and unrelated daily routines.

Meadan, Ostrosky, Zaghlawan, and Yu (2009) conducted a literature review in order to help researchers and clinicians evaluate the empirical research on the efficiency and effectiveness of parent-implemented intervention. After a database search, 12 research articles were included based on the following inclusion criteria:

- (a) at least one child in the study had ASD or PDD;
- (b) at least one child in the study was between the chronological age of infancy through 6 years;
- (c) the article was published in a peer-reviewed journal between 1997 and 2007 and included an intervention study;
- (d) parents worked directly with their children as the trainers (i.e., parent-implemented intervention);
- (e) data on the parent-implemented interventions were collected, at least in part, in the natural environment (i.e., the children's homes);

and (f) the children's target behaviors focused on social and/or communication skills. (Meadan et al., 2009, p. 91)

Analyses of the articles included comparisons of the participants, purpose, research methods, and results. The reviewed research included a total of 110 parents, both male and female. Discussion of the overall implications of the articles lead the researchers to conclude that all 12 articles reported that parents were successful in acquiring and implementing new language support strategies in natural environments with their children. In addition to reporting successful implementation of skills, "all research teams reported that parents' positive behavior changes resulted in positive changes in children's target behaviors" (Meadan et al., 2009, p. 102).

#### **Child Communication Outcomes: Positive Effects**

Not only are parents capable and successful at implementing intervention strategies and programs, but they are effective at improving child language outcomes. Roberts and Kaiser (2012) investigated the impact of parent-implemented enhanced milieu training (EMT) on 62 children ages 24 to 42 months with expressive and receptive language impairment (LI) because they believed that parent-implemented EMT would be a more effective intervention for children with LI than the "business-as-usual, wait and see" approach currently in use. In this randomized control trial, children with LI and their parents were divided

into two groups; LI-treatment and LI-control. The researchers also included a third group of typical language (TL) developing children to analyze the significance of continued delay post treatment. The parents in the LI-treatment group received individualized parent training across four workshops and 24 one-hour sessions, twice a week, one in the home and one in the clinic. The parent instruction followed a teach-model-coach-review method in which the EMT strategies were taught in four phases: "(a) setting the foundation for communication, (b) modeling and expanding communication, (c) time delay strategies, and (d) prompting strategies" (Roberts & Kaiser, 2012, p. 1661). Post treatment PLS-4 results were analyzed for all groups. When scores for the LI-treatment and LI-control groups were compared, the LI-treatment group obtained statistically significantly higher scores indicating that the parent-implemented intervention effectively improved expressive and receptive language skills for children with LI. The effectiveness of parent-implemented EMT was further confirmed when the total number of words for both groups were analyzed. Children in the LI-treatment group were found to use 50 more words and acquire 15 more new words each month than the LI-control group. When the LI-treatment group was compared to the TL group, the results indicated that despite obtaining post treatment PLS-4 scores below the TL group, the LI-treatment group language skill growth

rate matched that of the TL group. This study adds evidence to support parent-implemented therapy by proving that parent-implemented EMT worked to improve language development for children compared to a control group of children with LI not receiving treatment.

Another study conducted by Kaiser and Roberts (2013) directly compared therapist and parent combined intervention to therapist-only implemented intervention. The purpose of this study was to determine if EMT provided by both the therapist and the parent would increase sentence length, number of different words, and overall use of words by children with intellectual disabilities (ID) than EMT implemented by a therapist-only. Using a randomized group design, 77 children with ID and their primary caregivers were randomly assigned to one of two groups: parent+therapist and therapist-only. Both groups participated in 36 intervention sessions, 24 in the clinic and 12 at home. In the therapist-only group, all sessions were conducted by the therapist without the parents' participation. In the parent+therapist group, the parents attended training workshops, observed clinic session in another room with the parent trainer to identify and discuss EMT strategies utilized by the therapist, and then conducted the home sessions with coaching from the parent-trainer. Child outcome measures for both groups were obtained through behavioral observations, norm-referenced

standardized measures of child language, and parent reports prior to intervention, immediately after intervention, and six and twelve months following intervention. Results indicated that there were no differences in child outcome measures immediately after intervention; however, at six and twelve months post treatment, the parent+therapist group obtained higher scores on all measures. Kaiser and Roberts (2013) postulate that scores were not different for both groups immediately after therapy because both groups received the same amount of high-quality intervention, but the use of parent-implemented EMT was evidenced to be effective by the higher scores of the children from the parent+therapist group at six and twelve months following treatment (p. 305). By including parents in the intervention and training them to implement therapy strategies, children continue to improve and generalize communication skills even after intervention ceases.

To further investigate the benefits of parent-implemented intervention, some researchers have directly compared the effectiveness of parent-implemented therapy to clinician-implemented therapy to determine if traditional therapy techniques have more of a positive influence on child communication outcomes than parent-implemented intervention. For example, Law, Garrett, and Nye (2004) conducted a meta-analysis to investigate available research on the effectiveness of

intervention for children with primary and secondary speech and language delays and disorders. A database search was conducted to identify articles in which participants (a) were randomly assigned to a control group or an intervention group, (b) had language difficulties, and (c) interventions and assessed outcomes targeted expressive or receptive phonology, syntax, or vocabulary. A total of 13 research articles were identified and coded for participant ages, severity of language deficits, target language area for intervention, administrator of intervention, intensity and duration of treatment, and intervention styles, to name a few. This information was then analyzed to answer several research questions including, the degree in which the provider of treatment (clinicians or trained parents) influenced the outcome of intervention (Law et al., 2004, p. 926). Throughout the discussion Law et al. stated that clinician-implemented and parent-implemented interventions did not elicit significantly different treatment results (Law et al., 2004, p. 929) showing that while approaches involving parents and therapy outcomes targeted by parents may affect the results of parent-implemented intervention, the overall result is that parents are as effective as clinicians at effecting change on child communication outcomes.

Similar results were found in a meta-analysis conducted by Roberts and Kaiser (2011). In an attempt to evaluate several

research questions including whether early language intervention is more effective when delivered by a parent than when delivered by a therapist (Roberts & Kaiser, 2011, p. 184). Eighteen research articles were identified during a database search. Studies met the inclusion criteria: (a) included a comparison or control group, (b) utilized parent-implemented intervention only, (c) participants were 18 to 60 months with any type of language impairment, and (d) child outcomes targeted at least one area of language development. Studies were then coded and analyzed based on study characteristics, characteristics of participants, intervention method, child language measures, and study quality. The results of the data analysis indicated that parent-implemented intervention may be more effective for some language outcomes than others, but overall, there is no significant difference in the effectiveness of parent- and therapist-implemented intervention on child communication outcomes. To further support the use of parent-implemented intervention, Roberts and Kaiser (2011) discuss the amount of time required for parent training in relation to the overall gains in child language outcomes:

“The duration of parent training in the included studies was 36 hours or less, with a mean of 23 hours and a range of 9 to 36 hours, which is equivalent to 1 hour of parent training per week for 6 months. This is a relatively small

amount of direct intervention with the parent and child given the magnitude and consistency of the effects on child language outcomes." (p. 196).

This data suggests that, not only are parent-implemented strategies effective for improving child language outcomes, but parent-implemented therapy is time efficient and has positive effects on communication targets long after intervention is discontinued.

### **Summary**

The overall results of this discussion on parent-implemented intervention can be summarized by Roberts and Kaiser (2011) when they state implications for parent-implemented intervention practices:

(a) interventions should focus on socially communicative interactions between parents and children, (b) parents should be taught to increase their use of specific linguistic forms through models and expansions, (c) parents should be trained at home and across everyday routines, (d) parent-implemented interventions may be effective for children with a range of intellectual and language skills, and (e) training parents about once per week may be sufficient to improve child language outcomes. (p. 196)

Parents are successful interventionists that, when committed to learning and implementing therapy strategies, effect positive

changes on their child's communication outcomes, their parent-child interactions, and their overall perspective of parent-child communication and child language impairments.

### **Future Directions**

The arguments discussed in this article are convincing in advocating for parent-implemented intervention; however, several of the studies recruited parents that were white, middle class, well-educated, and volunteered to participate in the research investigation. Future research should attempt to include parents and children from various social economic statuses and ethnic backgrounds to determine if the parent-child interaction styles that are known to vary across SES, race, and culture, respond to parent-implemented intervention differently. It may be possible that some parent-child communication constructs do not allow for parent-implemented intervention to positively influence child communication outcomes by, for example, restricting the child's ability to initiate communication interactions with their parents.

In an article written by Basu et al. (2010), the development and preliminary testing of a standardized assessment for measuring the collaborative consultation practices of clinicians and parents is outlined (p. 129). The concept is that by assessing these practices, clinicians can adjust their methods to focus on improving parent-child interactions and

identify methods in which they can assume a parent-coaching role instead of the traditional child-focused intervention that leaves parents observing therapy sessions (Basu et al., 2010, p. 129). The idea of successfully creating a standardized assessment of clinician-parent interactions during therapy sessions suggests the utility of future research that creates a standardized assessment of parent-child interactions that identifies which language development support strategies are strengths and challenges for each parent-child dyad. With such an assessment, clinicians would be able to objectively assess parent-child communication and create parent-implemented therapy strategies that are customized to specifically utilize the communication strengths of each parent-child dyad to compensate and improve the communication challenges for that dyad.

Parent-implemented intervention research outlined in this paper indicates that parent-implemented intervention is a successful strategy to improve child communication and language development across different types of child language disabilities. Future research that analyzes the effectiveness of parent-implemented intervention across the domains of speech and language therapy could show that parent-implemented therapy strategies may effectively improve child learning outcomes in areas other than communication and language development. For example, Justice, Skibbe, McGinty, Piasta, and Petrill (2011),

investigated the feasibility of parent-implemented intervention during home-based storybook reading in an attempt to improve early literacy skills of 62 children four-years-old (p. 526). This study discussed several design flaws and difficulties, but suggested that future research in the effectiveness of parent-implemented intervention for literacy skills would lead to positive results suggesting parent-implemented therapy to be effective (Justice et al., 2011, p. 532). Future research into the feasibility, reliability, and effectiveness of parent-implemented intervention as a means to improve literacy skills, peer communication and social skills, and possibly feeding and swallowing therapy is warranted to determine if the generalization and long term improvements found in the parent-child interaction research is found across speech and language domains.

As with many of the research designs for the field of speech and language research, much of the research consists of small sample sizes or single case studies. Research with significantly larger sample sizes would be indicated to further support current research on the effectiveness of parent-implemented therapy.

Longitudinal studies in which researchers observe the effects of parent-implemented intervention for a specific sample group over a period of time consisting of a couple of years

would be warranted to provide information on whether the changes in parental communication strategies utilized by parent-implemented intervention programs maintain positive effects on parent-child interactions and child communication outcomes over time.

### **Conclusion**

Parent-implemented intervention is an intervention option that effectively targets functional communication outcomes within naturally occurring interactions and routines. By providing parents the skills to embed language development support strategies into daily parent-child interactions, parents are more confident in those interactions and provide their children the extra support needed to more efficiently generalize therapy outcomes. When SLPs embrace new ideas and techniques to support traditional, child-focused intervention methods, the children benefit from the collaborative partnerships created between parents and clinicians.

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