ORIGINAL ARTICLE

Parental Experiences in Speech and Language Intervention for Late Talkers: A Qualitative Study

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ABSTRACT

Background: Late talking is a common reason for referral to speech and language services, yet little is known about parents' lived experiences within intervention contexts. This study explored parental perspectives on speech and language interventions for late talkers (LTs), with a focus on their roles in conjunction with those of speech–language therapists (SLTs). **Methods:** This study employed a qualitative exploratory design. Semi-structured phone interviews were conducted with six parents of LTs aged 24–48 months, all of whom had attended at least three intervention sessions with SLTs. Interviews were then transcribed verbatim, and data were examined using qualitative content analysis. **Results:** Two overarching themes were identified: (1) SLTs' practices during language intervention and (2) parents' practices during language intervention. Under the first theme, parents reported that SLTs conducted assessments, developed tailored intervention plans, implemented varied approaches, and provided feedback alongside home assignments. It was evident, however, that SLTs were usually the leading figures in planning, with parents positioned primarily as recipients of these plans rather than active collaborators in setting goals. Under the second theme, parents described their own practices, which included discussing their child's needs with SLTs, assisting during therapy sessions in flexible ways, learning through both direct coaching and external sources such as workshops, and adapting strategies to daily routines at home. Parents also reported variations in their level of involvement during sessions, ranging from active participation to passive observation or absence, depending on the child's cooperation and the SLT's guidance. **Conclusion:** Findings highlight the dual roles of SLTs and parents in supporting LTs, with parents extending intervention beyond sessions and actively seeking learning opportunities. However, their involvement was uneven, reflecting diverse roles within therapy and varied opportunities for collaboration. These insights underscore the importance of strengthening family-centred practices to optimise engagement and outcomes.

Keywords:
Late talkers; parent perspectives; speech and language therapy

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INTRODUCTION

The most frequent reason children are referred to professionals is late talking (Jayanath & Ozonoff, 2020). As late talking is a symptom of numerous conditions, late-talking children form a heterogeneous group (Rescorla, 2011). Thus, they may have other conditions that affect their ability to acquire speech and language skills, such as hearing problems or developmental disorders. However, there is a subset of children who exhibit delayed language development without any other apparent developmental concerns. These children are typically referred to as "late talkers" (LTs) (Rescorla, 2009, 2011; Singleton, 2018). LTs are characterised by delays primarily in expressive language, or in both expressive and receptive language, compared to their age-matched peers (Morgan et al., 2020). Specifically, LTs who produce fewer than 50 words or do not combine words by 24 months of age are considered at risk for persistent language difficulties (Chilosi et al., 2019; Rescorla, 2011). Therefore, early intervention is crucial for mitigating these risks and supporting language development.

Intervention for LTs is commonly given by speech-language therapists (SLTs). Deveney et al. (2017) described two intervention approaches that SLTs can conduct during speech and language intervention for children: clinician-directed intervention and parent-implemented language intervention. Clinician-directed intervention is also known as direct intervention. Within this type of intervention approach, SLTs are commonly the agents of change (Rhodes, 2017), as they act as the primary interventionists who provide direct therapeutic services to children with speech and language problems (Deveney et al., 2017).

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Parent-implemented language intervention, also known as indirect intervention, is underpinned by principles of family-centred care (Espe-sherwindt & Serrano, 2016). This approach empowers parents as the primary interventionists, enabling them to implement suitable strategies that promote parent-child interaction through training. The premise of the approach is that improving parents' use of effective communicative behaviours that facilitate language development in naturally occurring routines will accelerate children's language learning in functional contexts when the children are motivated to interact with their parents (Heidlage et al., 2019). Recent meta-analyses confirm that parent-implemented language intervention has significantly fostered children's language development (Bernabe-Zuñiga et al., 2025; Cheng et al., 2023).

Although the American Speech-Language-Hearing Association (ASHA, 2016) has delineated the professional roles of SLTs in intervention, empirical evidence indicates that SLTs' own perceptions of their roles extend beyond these formal definitions and vary across contexts. Davies et al. (2019) reported that SLTs primarily emphasised clinical responsibilities such as planning, delivering treatment, and providing coaching to families, reflecting a more traditional, clinician-centred view. In contrast, Shobbrook et al. (2025) demonstrated a shift towards broader roles, with SLTs conceptualising themselves as agents of change who not only assess and advise but also empower parents and train others to deliver interventions. Taken together, these findings suggest an evolution in professional identity, moving from a narrow focus on direct intervention to a more dynamic and collaborative model of practice.

However, while these studies underscore the expanding scope of SLTs' responsibilities, comparatively little is known about how parents themselves perceive and enact their roles within language intervention. Given that parents are central partners in facilitating children's communication outcomes, understanding their perspectives and experiences is essential for developing family-centred and sustainable intervention practices. This study, therefore, seeks to address this gap by examining parental experiences in speech and language intervention with particular attention to late talkers.

METHODS

Research Design

This study was part of a larger study that interviewed SLTs and parents of LTs. The present paper focuses on the parental perspective, employing a qualitative exploratory design to gain an in-depth understanding of their experiences with speech and language intervention for LTs. Semi-structured interviews were used as the primary data collection method, as they allow researchers to explore participants' thoughts, feelings, and beliefs in a flexible yet guided manner (Dejonckheere & Vaughn, 2019).

Interview Guide Development & Pilot Study

The research team developed an interview guide to ensure consistency across interviews while allowing for follow-up probing. The interview guides comprised two parts. Patton (2002) stated that experience-related questions require minimal recall and interpretation, which is easier to answer than opinion-related questions. Hence, the first part of the interview focused on parents' experiences during language intervention. In addition, the second part, which was not the focus of the present paper, examined parents' perspectives on the design of a parent-implemented language intervention programme. Following that, a pilot study was conducted with four parents of LTs to refine the guide. The pilot study aimed to evaluate the coverage, clarity, and relevance of the questions and to identify areas requiring refinement (Kallio et al., 2016). Feedback from the pilot study led to several revisions, including rephrasing questions for clarity and incorporating additional probes to elicit richer responses. For instance, a probe on what ST did during their first session was added, as parents tended to describe only the intervention part.

Participants

Parents were recruited based on the following inclusion criteria: 1) having a late-talking child aged 24–48 months at the time of the first appointment with a SLT, 2) the child had undergone a formal language assessment and attended at least three intervention sessions with an SLT, and 3) parents were fluent in the Malay language. Exclusion criteria included children with language difficulties stemming from cognitive, sensory, or developmental disorders.

Recruitment took place through multiple channels, including advertisements on social media platforms and referrals from SLTs who shared information about the study with eligible families. A total of 29 parents initially expressed interest. After screening, six parents fulfilled the eligibility criteria and agreed to participate. Table 1 presents further information on the participating parents.

Table 1: Parents' demographic details

Participant	Ethnicity	Gender	Age	Education Level
P1	Malay	Female	43	Professional qualification
P2	Malay	Male	33	Master degree
P3	Malay	Female	40	Bachelor's degree
P4	Malay	Female	37	High school
P5	Malay	Female	38	Master degree
P6	Malay	Female	36	Bachelor's degree

Procedure

Ethical approval for this study was obtained from the Research Ethics Committee of the International Islamic University Malaysia. Interested parents were initially contacted by phone and email and provided with an information sheet explaining the study's purpose, procedures, and ethical considerations. Verbal consent was obtained during the briefing, after which the consent form and demographic questionnaire were sent to the participant via email. Parents were given one week to consider their involvement and were required to return a signed consent form and a completed demographic form. Written informed consent also covered participation, audio recording, and the use of anonymised data for academic purposes.

Following that, phone interviews were arranged at times convenient for the parents, with each session lasting approximately 30 to 45 minutes. Since Malay is the official language of Malaysia and the first language of all participants, interviews were conducted in Malay. Phone interviews were selected as the method of data collection because the participants were geographically dispersed, and this method reduced potential connectivity issues that may arise with online meeting platforms. With participants' consent, all interviews were audio-recorded using a digital voice recorder, with the phone placed on loudspeaker mode to ensure the accurate capture of the conversation.

Data Analysis

All interviews were transcribed verbatim by the first author and analysed in Malay. For reporting purposes, selected quotations were translated into English using a meaning-based approach, which emphasises preserving the original intent and contextual meaning rather than literal translation (Marschan-Piekkari & Reis, 2004). This method was preferred, as direct translation often results in producing stilted or awkward phrasing (Harzing et al., 2011).

The data were analysed following the qualitative content analysis framework described by Graneheim and Lundman (2004). The process involved multiple readings of transcripts to gain familiarity with the data, followed by the identification of content areas based on the research questions. These areas were divided into meaning units, which were subsequently condensed while retaining their essential meaning. Condensed units were then coded and categorised. Finally, categories were organised into overarching themes that captured the essence of parents' experiences. The analysis was conducted collaboratively by the research teams to enhance credibility. A consensus was reached through repeated discussions and revisions during the coding, categorisation, and theme development phases.

RESULTS

Content analysis of the interviews revealed two overarching themes: (1) SLTs' practices during language intervention and (2) parents' practices during language intervention. Within these themes, several categories emerged. The categories for each theme are listed in Table 2.

Theme 1: Speech–Language Therapists' Practices during Language Intervention

There were four categories under this theme: (1) conduct assessments, (2) develop intervention plans, (3) implement various intervention approaches, and (4) provide feedback and home assignments. For the first category, parents described how the initial sessions were often allocated to identify areas of difficulty by conducting assessments to evaluate their child's communication abilities and understand their preferences. One parent explained:

"So, in that first session, the therapist was more focused on finding out what the actual issue was, based on different language components. The therapist also asked about the things my child liked and sought confirmation on whether my child truly understood certain words or was responding out of routine." (Parent 2)

Table 2: Summary of themes and categories emerged

Themes	Categories
Speech–language therapists' practices during language intervention	1) Conduct assessments 2) Develop intervention plans 3) Implement various intervention approaches 4) Provide feedback and home assignments
Parents' practices during language intervention	1) Discuss their child's needs 2) Assist SLTs 3) Learn through multiple methods 4) Adapt strategies to the home environment

Another parent recalled that the evaluation was relatively brief due to the child's young age, yet still provided valuable insight into strengths and needs:

"The therapist examined my child… My son was just two years old, so the evaluation did not take long. After that, the therapist informed me that my child's comprehension was good, except that he could not express himself." (Parent 5)

The second category involves developing intervention plans tailored to the child's specific needs. Parents described how SLTs transformed assessment findings into structured intervention plans. One parent mentioned that her SLT created a "special syllabus" after identifying her child's challenges. At the same time, another remembered being given specific guidance to work on at home towards achieving language targets:

"After that, the therapist mentioned the things that needed to be taught and to familiarise my son with those at home. During the first therapy session, she encouraged me to get him to say 'want.' Then, in the third session, she just told me to focus on increasing his vocabulary." (Parent 5)

The shared intervention plans provided clear direction, allowing parents to adjust their home support accordingly. However, it can be seen that SLTs were usually the main person in planning, with parents often positioned as recipients of these plans rather than active collaborators in setting goals.

The third category focused on implementing various intervention approaches, ranging from child-led to adult-led and clinician-directed to parent-implemented approaches. SLTs were described as employing a range of techniques and activities, including play-based activities and shared book reading, while applying vocabulary drills or language stimulation strategies. The degree of parent involvement during these intervention sessions also varied. Parents described a range of roles during therapy sessions, from active participation to minimal involvement, and even being asked to step out to support their child's cooperation. One parent, for example, recalled being invited to join in when her child resisted engagement:

"SLT asked me to play with her when my child did not want to cooperate. My child would join the activity when he saw me play with the SLT." (Parent 4)

However, in other sessions, the role of the same parent was minimal, reflecting a more clinician-directed approach:

"The therapist was the one who would teach my son. I just sat at the side." (Parent 4)

She also recounted moments of explicit parent coaching, where the SLT observed her and her husband's interactions with their child and provided corrective feedback:

"The SLT also observed how my husband and I interact with our child. Then the SLT commented, 'You cannot do this and this. You should do this and this.' We should change based on the comments." (Parent 4)

In contrast, another parent highlighted situations where the SLT asked her to leave the therapy room altogether, to encourage the child's cooperation:

"Sometimes, when I was in the therapy room, my child did not want to cooperate. The therapist then instructed me to wait outside." (Parent 1)

These varied approaches demonstrate how parental involvement was fluid and dynamic, shaped by the child's responsiveness as well as the SLTs' clinical judgment.

The fourth category, providing feedback and home assignments, encompassed the ways SLTs kept parents informed about their child's development while equipping them with information on how to continue intervention at home. Parents consistently reported receiving verbal feedback at the end of each session, which outlined the activities completed, the child's achievements for that

session, and the next set of intervention goals. For some families, these updates came in the form of verbal guidance, while for others, they were supplemented by tangible materials, such as worksheets or activity suggestions. When parents could not attend a session, some SLTs also used creative solutions to keep them engaged:

"If I did not join the therapy session, SLT will send me a video and instruct me on what to do at home. She will also share with me what she did during the session. The video is like a guideline for me." (Parent 1)

These exchanges, whether through verbal updates, printed materials, or video demonstrations, reinforced the collaborative nature of the intervention, extending its impact from the clinic into the home environment and maintaining continuity between sessions.

Theme 2: Practices of Parents during Language Intervention

Four categories were identified for this second theme: 1) discuss their child's needs, 2) assist SLTs, 3) learn through multiple methods, and 4) adapt strategies to the home environment. The first category involved discussing their child's needs. Parents described these conversations as opportunities to gain clarity on their child's progress, seek advice, and address broader concerns such as educational placement. One parent explained:

"I discussed with my therapist about schooling. I asked her whether I needed to enrol my son in a special school in the future. My therapist said 'no' because my son only has a language delay. He does not have other problems." (Parent 1)

Such discussions were often reassuring, giving parents the confidence to make informed decisions.

The second category centred on assisting SLTs during sessions. While some parents actively stepped in to encourage participation, others adjusted their involvement according to the child's mood and level of engagement. One parent described:

"Sometimes, I joined the activities although SLT did not ask me since my child refused to talk with the SLT. When I talked, she automatically talked." (Parent 6)

Flexibility was key, as illustrated by another parent:

"Sometimes, I would leave my child with the SLT. Sometimes, I stayed in the therapy room." (Parent 1)

These choices reflected a nuanced understanding of their child's behaviour and an effort to create optimal conditions for learning.

The third category concerned learning through multiple methods. Beyond in-session observation, parents sought additional knowledge through other resources such as workshops, recognising the value of repeated exposure to similar content:

"…any workshop which I could reach out to, I will try to attend. I do not mind if it covers the same thing, I still want to attend." (Parent 6)

Such proactive learning demonstrated parents' commitment to enhancing their skills and supporting their child's language growth.

The final category, which is adapting strategies to the home environment, reflected how parents personalised the techniques learned during sessions to suit their family routines and living contexts. Rather than replicating therapy activities in a structured format, many parents integrated them into daily interactions, such as during meals, playtime, or household chores.

"I do not do table activities; I use all the techniques during daily routine activities. For example, each time we do something, I say the word repeatedly and encourage him to say it too, or use any suitable technique." (Parent 5)

In some cases, this adaptation also applied to homework assignments given by SLTs. Parents described adjusting the timing and format of these tasks so that they could be completed without adding more tasks to their schedules. Nonetheless, they still some pressure to complete them as instructed:

"I do the homework as part of our routine. I don't take out the worksheet the SLT gives and do it with my child right away. I review it first, then do it when I'm free and mark it afterwards. But I am worried that if I don't have time to do it, the SLT might think I'm lazy." (Parent 6)

This flexibility allowed parents to maintain consistency in implementing strategies or completing tasks without disrupting family life.

DISCUSSION

This study examined parental experiences with speech and language interventions for LTs and highlighted the dual roles of SLTs and parents within intervention contexts. Two overarching themes emerged: the practices of SLTs

during intervention and the practices of parents in supporting and adapting intervention strategies. The findings provide valuable insights into the evolving partnership between professionals and parents, highlighting both the strengths and gaps in current practice.

With respect to parental perspectives on SLTs' practices, the findings reflected many of the practices reported by SLTs in earlier studies. For instance, SLTs have described conducting assessments, developing intervention plans, collaborating with parents to varying degrees from observation to parent-led intervention, and providing home assignments to support continuity of therapy (Tukiran et al., 2023). Similarly, research has shown that SLTs often model and teach strategies before parents become actively involved or provide specific instructions for parents to follow during therapy sessions (Melvin et al., 2023). These parallels highlight consistency between SLT-reported practices and parents' lived experiences.

A key finding concerned the considerable variation in parental involvement during therapy sessions. Parents described a spectrum of roles, ranging from active participation to passive observation, and even waiting outside the therapy room. Such variation reflects diverse understandings of parental roles, as some parents perceived themselves as co-interventionists, while others deferred responsibility to SLTs. This resonates with previous studies, which identified a spectrum of parental roles in intervention, ranging from modelling therapy targets alongside SLTs to adopting a primarily observational stance (Davies et al., 2017; Phoenix et al., 2020). Interestingly, a recent study suggests that this fluidity in involvement was guided not only by SLTs' preferences but by parents' emphasis on their child's happiness, safety, and cooperation (Klatte et al., 2024)., Therapists should adapt their therapeutic approach to reflect not only the child's needs but also the family's preferences and priorities

Parents also consistently reported engaging with therapy beyond the clinic. They described completing home tasks assigned by SLTs and embedding therapeutic strategies into everyday routines, even when their participation during sessions was limited. This aligns with Watts Pappas et al. (2015), who reported that while parents often perceived SLTs as the primary agents of therapy within clinical settings, they assumed personal responsibility for continuing intervention at home. These findings suggest that parents conceptualise their roles as complementary to, rather than substitutive of, the therapist's, thereby reflecting a hybrid model of clinician- and parent-implemented care. Interestingly, these findings contrast with reports from SLTs who described limited parental follow-through as a key challenge, particularly when therapy activities were not consistently carried out at home (Tukiran et al., 2023). This divergence may reflect variability across families, differences in how SLTs communicate expectations, or the extent to which parents feel supported and confident in implementing strategies, underscoring the complexity of sustaining intervention beyond the clinic.

Another important finding was that the parents in this study engaged in learning not only through their interactions with SLTs but also via external sources such as workshops and online resources. While previous research has consistently documented parents as learners within therapy sessions primarily through observation, feedback, and direct teaching (Davies et al., 2019; McKean et al., 2012; Phoenix et al., 2020), the present study highlights parents' agency in independently seeking knowledge beyond the therapy room. This proactive pursuit of learning reflects parents' recognition of their central role in supporting language development and their willingness to invest in developing skills to meet their child's needs. In addition, digital and technology-assisted approaches have emerged as valuable supplements, offering parents flexible access to training, modelling, and professional guidance (Hall & Bierman, 2015). The rapid expansion of digital learning platforms during and after the COVID-19 pandemic further underscores the feasibility of such modalities for supporting parents' learning (Korkmaz & Toraman, 2020). By broadening the avenues through which parents can access intervention knowledge, service providers may enhance both engagement and outcomes for families of LTs.

However, despite these diverse forms of engagement, a notable gap emerged in the area of intervention planning. Parents in this study reported minimal involvement in planning and goal setting, despite being actively engaged in treatment and home-based activities. This is concerning given that family-centred care frameworks emphasise parental involvement at all stages of intervention, including collaborative planning (Kokorelias et al., 2019). Yet, in practice, collaboration often reflects a one-directional model where therapists set goals, assign home activities, and provide strategies without fully integrating parents' perspectives (Melvin et al., 2023). Limited engagement in planning may constrain opportunities to align intervention goals with family priorities and cultural contexts, which are critical for sustainable outcomes.

CONCLUSION

In summary, these findings underscore the evolving yet uneven nature of parent–SLT partnerships in supporting LTs. While parents demonstrate strong commitment through home practice and independent learning, their limited involvement in intervention planning highlights a persistent gap between family-centred ideals and clinical realities. Addressing this imbalance requires service models that not only value parents as active partners in implementation but also empower them as equal contributors to decision-making, thereby strengthening both engagement and long-term outcomes.

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