

Parental perceptions of Adult-Child Interaction therapy for children with language difficulties

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What is Adult-Child Interaction therapy? (ACI)

- Suitable for children with language difficulties up to the age of 4
- Aims to empower the parents and teach them language-learning strategies that they can then use at home
- Evidence that it helps children's language
- Included in Wales Early Language Pathway
- Usually up to 4 clinic appointment
- Involves videoing parents playing with child and discussing strategies that help talking/what parents can do more/less off to support their child's talking

But is all the evidence positive?

Gaps in literature

Practical experience – high DNA rates

Applied for an RCBC Grant – Contacted HCRW re: PPI

Aims of Study

Gain data on the proportion of families who engage with ACI locally and identify initial factors that affect engagement (**explorative study**).

Explore the value of ACI through parental semi-structured interviews (**qualitative study**).

Method

1. **Retrospective study:** data on record for children offered ACI in 2018 (n=91).

The data included: gender, family composition, language at home, parental concern levels, distance from home to clinic, and residing in a Flying Start area.

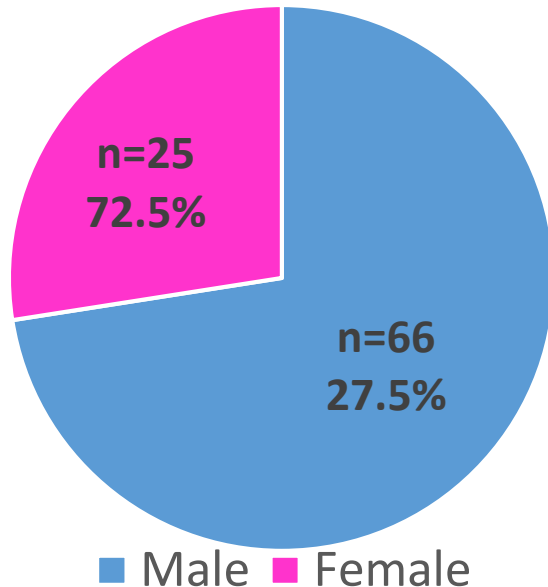
2. Analysis of a purposive sample of parental **semi-structured interviews** (n=8).

Audio-recorded and transcribed.

Results – Retrospective study

55% of the families engaged well – 45% did not.

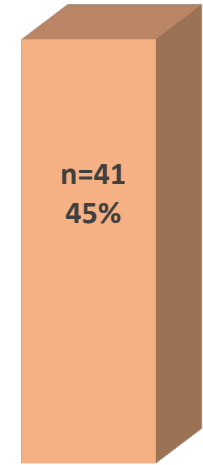
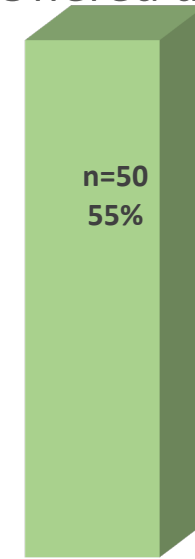
Sample n=91
Av. Age 36m,
Age Range 28-48m



Number of Participants N=91

ACI Attendance (Offered up 5 sessions)

50
45
40
35
30
25
20
15
10
5
0



Good attendance

Poor attendance

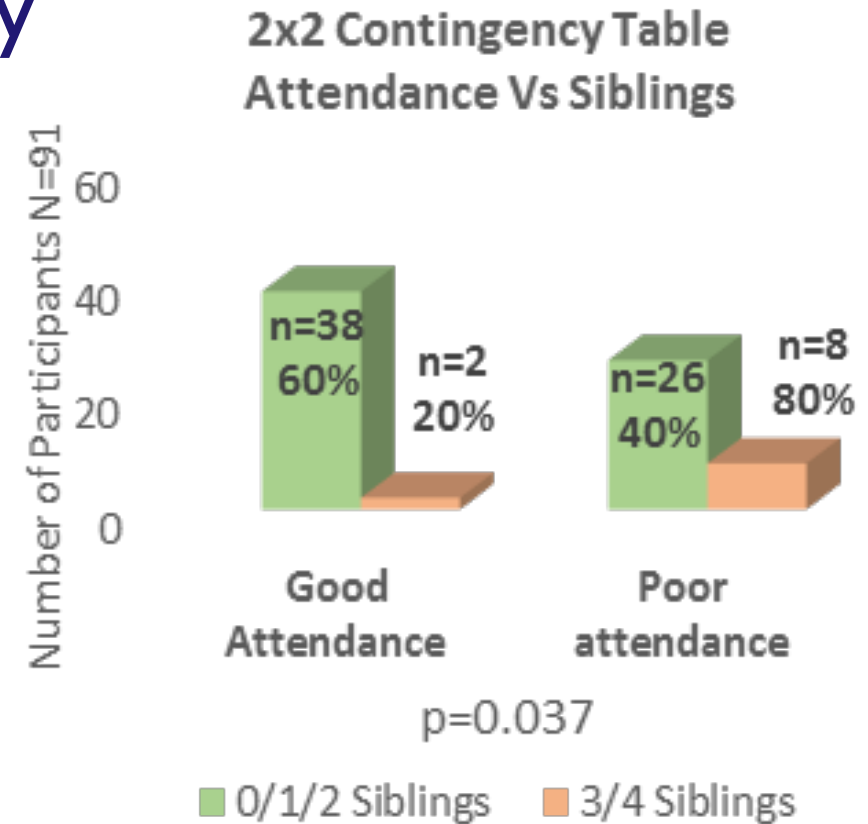
Good attendance: Attended all sessions, cancelled up to 1 session
Poor attendance: Did not attend 1 session, or missed 2 or more sessions.

Results – Retrospective Study

2x2 contingency tables were used

Most studied factors failed to reach statistical significance, showing that the reasons influencing attendance are complex and multifactorial.

The only factor with statistical significance ($p=0.037$) was having four or more children in the family.



Results - Questionnaires

Mostly positive general views...

'I couldn't think of a bad thing to say really. Every bit of advice we've had, we put into practice and it's helping us out.'

'Very very good. I was very impressed. [...] Well whatever [the therapist] has done, whatever she is doing, for me it worked. [...] I was just very impressed. [...] I'd even say that the attachment is stronger [between me and Paul]. [...] So very worthwhile, I was very impressed.'

Results - Questionnaires

... but for 2 of the families PCIT did not work.

'[My experience], honestly, [was] not good at all. [...] I wouldn't say that I didn't find anything useful, it [...] just didn't sort of help Paige at all.'

'[The therapist] did the video on the first [session] but she said I was ok. [...] She said you are engaging with him, you are offering to help him, and you are saying things. But you know it was obvious from the start that he wasn't gonna cooperate with anything.'

Results - Questionnaires

Why was therapy not useful?

- Child not complying/not ready for therapy

'I think if he was more cooperative, it would have gone really well. But he wasn't grasping sort of any of it. But I don't think that was to do more with speech and language, it was more to do with his potential autism, rather than speech and language.'

- Miscommunication between therapist and mum

'[The sessions] went alright. They did interact with her. Sort of communicate on sort of her level, pointing things out. Yeah that's about it really.'

I feel empowered when....

I learn new strategies
I can apply the strategies at home
I understand why the approach was chosen
The therapist engages well with my child
I understand the handouts
I know what the management plan is

I was already using the strategies
The strategies don't work at home/ in the sessions
I do not understand why the approach was chosen
My child is not complying/is too busy in the sessions
The handouts are confusing
I do not know what the management plan is



I don't feel empowered when....

How can we make it better?



Resolve miscommunications/misunderstandings



Therapist demonstrates ACI/ reduces pressure on parents

Allow time for the child to settle in

Expectations are explained to parents

Consider how to support attendance (e.g. appt on non-working days, clinic to home distance)

Conclusions

ACI useful for many families **BUT not for all.**

(take into account therapists' perspective too re: language outcomes)

Need to explore further who ACI is more beneficial for, rather than having a blanket approach to all.

How did the PPI team help?

- Pre-grant application
- Advised on how to collect the information required
- Reviewed the information sent to parents
- Checked my thematic analysis (2nd coders)
- **My reflections**

Thank you for listening...

Questions?

