



# Children With Speech Disorder: The Psychological Impact On Parents

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## ABSTRACT

This study investigated children with speech disorder and its psychological impact on parents. To guide the study one research question and one hypothesis was formulated. The design adopted for this study was descriptive survey. The population of the study is 4,380 parents. A sample of 480 parents was drawn from nursery and private schools with Jalingo metropolis was drawn purposively from the population. Psychological Impact of Children with Speech Disorder on Parents Questionnaire (PICSDPQ) was used for the collection of data. The instrument was constructed by the researcher and validated by three experts. A pilot study was carried out in two nursery/primary schools. Cronbach alpha was used to ascertain the reliability and usability of the instrument which yielded a reliability index of  $r = 0.797$ . Data was analyzed using mean and standard deviation for the research question, while inferential statistics of Chi-square ( $X^2$ ) was used to test the hypothesis at 0.05 level of significance. Findings revealed that the psychological impact on parents is been felt. It is recommended that, parents should imbibe building skills that enable children with speech disorders to engage in activities, such as taking part in social events, mimicking, sign language and academic activities.

**Keywords:** Children, Speech Disorder, Impact, Parents and Psychology.

## INTRODUCTION

There seems to be a lot of frustration on parents whose child is unable to either speak well, tongue-tied, talk or even articulate or mimic speech as a result of delays in the child's ability to talk or make a sound. This challenge is mainly faced by parents who expect their baby to mutter and mimic sound after a few months of birth as a predictor that the child is neither deaf nor dumb. McLeod & Baker (2017), opined that, the term speech disorder is used widely, and encompasses the terms speech/articulation/phonology delay/disorder/impairment as well as childhood apraxia of speech. The International Expert Panel on Multilingual Children's Speech (2012), revealed that, children with speech sound disorders have difficulties with the production of intelligible speech and "can have any combination of difficulties with perception, production, and/or representation of speech that may impact speech intelligibility and acceptability of both known (e.g., Down syndrome, cleft lip and palate) and presently unknown origin". According to Daniel & McLeod (2017), communication in the school environment presented particular challenges for children with speech sound disorders, and for their parents and teachers in meeting the children's learning needs. The children's speech sound disorders affected their confidence and participation in classroom learning experiences. Additionally, there were indications of the impact of the children's speech sound disorders on their educational progress. The children's educational experiences also concerned their parents as they endeavoured to support and promote their children's learning outcomes, and concerned their teachers in meeting the needs of these children and their families. The research by L.S. Vygotsky showed that a person first forms and develops elementary mental functions, which serve as a basis for the development of higher mental functions and speech. The research emphasized that the child cannot develop speech without developing perception; the child can speak and

think only when perceiving. The development of perception, phonemic hearing and phonemic perception, the tactile perception of objects creates the basis for mental development, for forming of images of the real world, therefore, the very basis on which speech begins to form is created. Subsequently, speech begins to seriously influence the child's mental development and the formation of images of perception, ideas, specifying and generalizing them. In such a manner L.S. Vygotsky pointed out the connection of speech not only with perception itself, but also with images-representations which are more complex and higher mental functions. In this regard, every word proves to be associated with a representation or image, that the concept is formed via perception and processing of sensory material and that the word, like the concept, is associated with sensory material {Vygotsky (2011) & Indira, Anna, Knarik and Tatiana (2017)}. Holley (2018) explained that, parent's concerns in regards to their child's speech or language disorder could include but are not limited to: educational difficulties, social skills and relationships, reasoning behind the communication disorder, and priorities on language intervention. The psychosocial effects that a parent may face could resonate through to the child as well. Broomfield & Dodd (2005), cited by Dodd (2014), diagnosed types of speech sound disorder to be:

*Articulation disorder:* substitutions or distortions of the same sounds in isolation and in all phonetic contexts during imitation, elicitation, and spontaneous speech tasks (e.g., lateral lisp). This phonetic disorder affects around 12 % of all children with functional SSD and is most successfully treated by traditional articulation therapy.

*Phonological delay:* presence of speech error patterns that are typical of younger children as determined by normative data where fewer than 10 % of children in a six-month age band produced the error in five different words on a standard test of 50 words (e.g., in English: stopping of fricatives; deletion of /l, r, w, j/ in stop + continuant clusters; weak syllable deletion). This phonemic disorder affects around 55 % of all children with functional SSD. Intervention studies indicate that both whole language and phonological contrast intervention are successful approaches to therapy [(Lousada, Jesus, Capelas, Margac, Simoes, & Valente (2013) and Dodd (2005)].

*Consistent atypical phonological disorder:* consistent use of one or more unusual non-developmental error patterns as determined by normative data where fewer than 10 % of children, in any age band, produced the error pattern in five different words (e.g., backing, initial consonant deletion). A child may also display some developmental error patterns that are delayed or age appropriate. This phonemic disorder affects around 20 % of all children with functional SSD. Phonological contrast therapy is the only therapeutic approach thus far that has been shown to resolve this SSD (Dodd 2005).

*Inconsistent phonological disorder:* multiple phonemic error forms for the same lexical item while having no oromotor difficulties, determined by the production of 25 words in three separate trials, with a criterion of 40 % for diagnosis of inconsistency (based on normative data of <10 % inconsistency for typically developing children and <30 % for children with delay or consistent atypical disorder). Children perform better in imitation than spontaneous production (CAS). This phonological assembly disorder affects about 10 % of children with functional SSD. Core vocabulary therapy that focuses on whole words usually generalises to non-targeted words, establishing consistency and improving accuracy, although follow-up phonological contrast intervention may be indicated once speech is consistent (Dodd, Holm, Crosbie & McIntosh 2010).

*Childhood apraxia of speech (CAS):* Speech characterised by inconsistency, oromotor signs (e.g., groping, difficulty sequencing articulatory movements), slow speech rate, disturbed prosody, short utterance length, poorer performance in imitation than spontaneous production. CAS is rare, and reliable identification is clinically challenging. It may involve multiple deficits affecting phonological and phonetic planning as well as motor program implementation.

### **Statement of the Problem**

It appears that parents are frightened by delays in speech when their child is unable to speak or make fluent and coherent sound during developmental stages of the child particularly when the child is of school age. Parents look emotionally affected when the child is unable to relate and communicate properly. At school age, the parents are left anxious as to how the child can cope in the school environment because the child is likely to face a range of challenges such as self-expression, self-

confidence, response to questions and asking questions among others. The child may be understood within the confines of the home but could possibly have challenges relating with others outside the home environment as a result of speech disorder and may lose interest in everything. This is a big dilemma for parents. It is against this backdrop the researcher would want to investigate the psychological impact of speech disorder on parents whose children are affected.

### **Purpose of the Study**

The objective of the study is to:

- i. Determine the psychological impact of speech disorder on parents

### **Research Question**

- i. What is the psychological impact of speech disorder on parents?

### **Research Hypotheses**

HO<sub>1</sub>: Speech disorder has no psychological impact on parent

## **METHODOLOGY**

The study used a survey research design. According to Ajai and Amuche (2015), survey research endeavours to overview, look into, gather facts to determine, and interprets the nature or status of things in wide magnitude. The population of the study involved 4380 parents from all private Nursery and Primary schools in Jalingo metropolis, Taraba State. The target population was parents whose children are in crèche and nursery/primary schools. A sample of four hundred and eighty (480) parents was purposively selected for this study. The researcher used a structured questionnaire to collect data from parents titled “Psychological Impact of Children with Speech Disorder on Parents” (PICSDP). The questionnaire was structured on a four-point scale of Strongly Agree (SA) 4, Agree (A) 3, Disagree (D) 2, and Strongly Disagree (AD) 1. Copies of the questionnaire “Psychological Impact of Children with Speech Disorder on Parents Questionnaire” (PICSDPQ) were given to three experts in the Faculty of Arts and Education to confirm the appropriateness, comprehensiveness and clarity of the items in the questionnaire.

In order to establish the reliability of the PICSDPQ, pilot test was done to ascertain the reliability of the instrument. Cronbach’s alpha was used and it yielded a reliability index of  $r = 0.797$ . The reliability was done with a view to further validate and ensure that the instrument would be suitable and the research is reproducible. A pilot test was carried out in two nursery and primary schools in Jalingo, the state capital of Taraba State, but were not part of the study. The PICSDPQ items were administered to a pilot group of forty parents.

The data was analyzed using mean and standard deviation for the research question, while inferential statistics of Chi-square was used to test the hypothesis at 0.05 level of significance. The SPSS was used to generate descriptive statistics and tables. The interpretation of the descriptive statistics made it possible to make appropriate inference in term of determining the Psychological Impact of Children with Speech Disorder on Parents. Mean cut-off point is 2.5. All items with mean of 2.5 were regarded as agreed and accepted while those less than 2.50 were regarded as disagreed and were rejected accordingly.

**RESULT AND FINDINGS**

**Research Question**

**Table 1: Descriptive Statistics on Children with Speech Disorder: Psychological Impact on parents**

	<b>N</b>	<b>Min.</b>	<b>Max.</b>	<b>Mean</b>	<b>Std.Dev</b>
Item 1	480	1.0	4.0	3.229	0.8606
Item 2	480	1.0	4.0	3.129	0.8669
Item 3	480	1.0	4.0	3.083	0.8844
Item 4	480	1.0	4.0	2.969	0.9325
Item 5	480	1.0	4.0	2.973	0.9236
Item 6	480	1.0	4.0	2.977	0.9305
Item 7	480	1.0	4.0	3.006	0.8895
Item 8	480	1.0	4.0	2.965	0.9211
Item 9	480	1.0	4.0	3.000	0.9252
Item 10	480	1.0	4.0	3.044	0.9024
Valid N listwise)	480				
<b>Grand Mean/ Std. Dev</b>				<b>3.04</b>	<b>0.90</b>

Table 1 revealed that the mean scores of all items are high (greater than 2.5 test-value) from a 4-point scale. This shows that the parents’ response scores seemed to be in agreement with the statements of items 1 to 10. This suggests that the psychological impact of children with speech disorder on parents is frustrating.

**Hypothesis**

**Table 2. Chi Square Statistics on Children with Speech Disorder: Psychological Impact**

N	Chi-square	df	P-value	Decision
480	2.384E2a		0.000	Rejected

On table 2, the Chi square test (26, N = 480) =2.384E2a,  $p > 0.00$  reveals that there was significant Psychological Impact on parents Because the chi square value of (0.000) is less than the alpha level of significant (0.05), on the basis of the data, the null hypothesis is rejected. Therefore, speech disorder has significant impact on parents.

The result of current findings agrees with Daniel & McLeod (2017), research findings which identified frustrations as major impact on families and teachers in an attempt to navigate the challenges on children with speech disorders. Their investigation revealed that, children with speech disorder felt secluded and parents frustrated. However, it suggested increased awareness of the specific needs of children with speech sound disorders and of the challenges their parents face is needed to enable the provision of greater support as these children and their families relate with general public. The study of Holley (2018) provided a speech-language pathologist with a better understanding on how to help parents cope with their child’s communication disorder. It further suggested more research work in other to gain a more recent and overall understanding on parents’ feelings and perceptions. This will in many ways ease the psychological impact on parents. Back (2010), divulged that, communication is an essential and influential part of life. Much has been learned about communication disorders and how to improve the communicative abilities of those with disorders. However, there is much more that can be learned in order to continue helping children and parents overcome disorders, and perhaps even to prevent disorders from occurring, so that people can develop fully, reach their goals, feel successful and competent, and fully participate in life.

**CONCLUSION**

The study concludes that; parents are psychologically affected when their children are experiencing speech disorder. It is seen to be frustrating leaving them with little or nothing to do about it.

## RECOMMENDATIONS

It is hereby recommended that parents should imbibe building skills that enable children with speech disorders to engage in activities, such as taking part in social events, mimicking, sign language and academic activities to help improve the child and ease the psychological stress parents are likely to undergo if nothing is done about it.

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## Appendix

### Questionnaire items for Psychological Impact of Children with Speech Disorder on Parents

S/N	Statement	SA	A	D	SD
1	Children with speech disorder are most often at risk where there is danger				
2	Children with speech disorder are mostly bullied because they can't talk				
3	It is worrisome intervening for a child having communication problems				
4	Children with speech disorder are likely to have personality problems in future				
5	Emotionally, it feels frustrating having a child with speech disorder				
6	Children with speech disorder are shy				
7	Children with speech disorder are educationally disadvantaged				
8	It takes extra efforts and patience to handle children with speech disorder				
9	Children with speech disorder feel enough is not done for them				
10	Children with speech disorder feel stressed and often throw tantrums				