

Social Interaction Patterns in Children with Speech Disorder: Parent and Teacher Perspectives

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ABSTRACT

The objective of this study is to explore the social interaction patterns of children with speech disorders from the perspectives of their parents and teachers. This qualitative study employed semi-structured interviews to gather in-depth data from 20 participants, including 10 parents and 10 teachers of children aged 4-10 years diagnosed with speech disorders. Participants were selected through purposive sampling to ensure a diverse range of experiences. The interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. The analysis focused on identifying common themes related to social interactions, communication strategies, and the emotional impact of speech disorders. Three main themes emerged from the data: the impact of speech disorders on social interactions, the role of the environment in social interaction, and strategies for facilitating social interactions. Children with speech disorders faced significant challenges in peer relationships, often experiencing social isolation and bullying. The home and school environments were critical in shaping social experiences, with teacher support and family encouragement playing pivotal roles. Parents and teachers employed various strategies, such as positive reinforcement, visual aids, and behavioral interventions, to support children's social interactions. Collaboration between parents and teachers was essential for providing consistent support. The study highlights the multifaceted nature of social interaction challenges for children with speech disorders and underscores the importance of supportive environments and collaborative strategies. Effective interventions require a comprehensive approach involving parents, teachers, and speech therapists. Future research should focus on larger, more diverse samples and include the perspectives of children with speech disorders to develop child-centered interventions. Practical recommendations include implementing inclusive practices in schools, enhancing parent-teacher collaboration, integrating speech therapy services into schools, and promoting community awareness to reduce stigma.

Keywords: speech disorders, social interactions, children, parents, teachers, communication strategies, inclusive practices, speech therapy.

1. Introduction

Speech disorders in children, encompassing articulation disorders, fluency disorders, and voice disorders, present significant challenges not only for the children affected but also for their parents and teachers. Children with speech disorders often experience difficulties in communicating effectively, which can lead to social isolation and emotional distress (Björelius & Tükel, 2017; Crosbie et al., 2005; Docherty, 2011; Drayna & Kang, 2011; Iverach et al., 2017; Qiang, 2023; Terband et al., 2019; Weismer, 2006). As Wren et al. (2021) highlighted, persistent speech disorders are associated with adverse educational outcomes, as these children struggle to keep up with their peers academically due to their communication challenges. This difficulty in communication can also extend to social interactions, where children may find it hard to initiate or maintain conversations, leading to frustration and reduced self-esteem (Wren et al., 2021).

Moreover, children with speech disorders may face negative social experiences, such as teasing and bullying, which can further exacerbate their communication difficulties and emotional problems. Daniel and McLeod (2017) noted that children with speech sound disorders often encounter significant challenges at school, which not only affect their academic performance but also their social relationships. These children may be perceived as different by their peers, leading to social exclusion and loneliness (Daniel & McLeod, 2017).

Parents of children with speech disorders play a critical role in supporting their children's communication development and social integration. According to Bruinsma (2024), parents often notice the impact of speech disorders on their children's daily lives and strive to create supportive environments that foster communication and social interaction. Parents employ various strategies, such as modeling appropriate speech, encouraging practice, and providing emotional support, to help their children overcome communication barriers (Bruinsma, 2024).

However, the experience of parenting a child with a speech disorder can be challenging and stressful. Miron (2010) emphasized that parents often feel a sense of helplessness and frustration due to the lack of effective communication with their child. This emotional burden can be compounded by the need to navigate complex healthcare and educational systems to secure appropriate interventions and support services for their child (Miron, 2010).

Teachers also play a pivotal role in the social and educational development of children with speech disorders. In the classroom setting, teachers are responsible for creating inclusive environments that accommodate the unique needs of these children. As noted by Gallagher et al. (2019), engaging multiple stakeholders, including teachers, in the development and implementation of speech and language therapy services in schools is essential for improving outcomes for children with speech disorders (Gallagher et al., 2019).

Teachers often employ various strategies to support children with speech disorders, such as using visual aids, simplifying language, and providing additional time for communication. However, they may also face challenges, such as a lack of training on speech disorders and insufficient resources. Klatte (2023) highlighted the need for collaborative working in speech and language therapy, emphasizing that teachers require ongoing support and professional development to effectively support children with developmental language disorders (DLD) (Klatte, 2023).

Speech therapy is a crucial intervention for children with speech disorders, aiming to improve their communication skills and overall quality of life. Effective speech therapy requires collaboration between therapists, parents, and teachers to ensure consistent support across different environments. Simoni et al. (2019) discussed the positive impact of speech therapy on both children and their families, noting that improvements in communication can lead to enhanced social interactions and reduced stress for parents (Simoni et al., 2019).

However, access to speech therapy services can be uneven, particularly in underserved areas. López et al. (2021) conducted a pilot qualitative study exploring parental perspectives of childhood speech and language disorders across 10 countries, revealing significant disparities in the availability and quality of speech therapy services. This highlights the importance of addressing systemic barriers to ensure all children with speech disorders receive the support they need (López et al., 2021).

Creating inclusive environments that support children with speech disorders involves not only providing appropriate interventions but also fostering a culture of acceptance and understanding. Vollebergh et al. (2005) examined the mental health of immigrant children in the Netherlands, finding that social inclusion and supportive environments are critical for the well-being of children with diverse needs. Similarly, promoting awareness and

understanding of speech disorders within communities can help reduce stigma and encourage positive social interactions (Vollebergh et al., 2005).

Inclusive practices in schools and communities can include peer support programs, where typically developing children are encouraged to assist their peers with speech disorders in communication and social activities. Daniel and McLeod (2017) emphasized the importance of such programs in enhancing the social integration of children with speech sound disorders, as they provide opportunities for meaningful social interactions and the development of friendships (Daniel & McLeod, 2017).

This study aims to explore the social interaction patterns of children with speech disorders from the perspectives of their parents and teachers. By understanding the experiences and insights of these key stakeholders, we can identify the barriers and facilitators of social engagement for children with speech disorders. Specifically, the study seeks to:

- Investigate the impact of speech disorders on the social interactions of children.
- Understand the strategies employed by parents and teachers to support the social development of children with speech disorders.
- Identify the challenges faced by parents and teachers in supporting children with speech disorders.
- Provide recommendations for improving social inclusion and support for children with speech disorders in various environments.

2. Methods and Materials

2.1. Study Design and Participants

This qualitative study aimed to explore the social interaction patterns of children with speech disorders from the perspectives of their parents and teachers. The study employed a phenomenological approach to capture the lived experiences and insights of the participants.

Participants were selected using purposive sampling to ensure that the sample included individuals who could provide rich, relevant, and diverse perspectives on the research topic. The study included parents and teachers of children aged 4-10 years diagnosed with speech disorders, including articulation disorders, fluency disorders, and voice disorders. The sample size was determined by theoretical saturation, achieved when no new themes or insights emerged from the data.

2.2. Measure

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews conducted with both parents and teachers. These interviews were designed to elicit detailed narratives about the children's social interactions in various contexts, such as home, school, and playground settings. The interview guide included open-ended questions focusing on:

The nature of the child's social interactions with peers and adults.

The impact of the speech disorder on these interactions.

Strategies used by parents and teachers to facilitate social interactions.

Observations of the child's behavior and communication patterns in social situations.

Challenges and successes experienced by the child in social settings.

Each interview lasted approximately 60-90 minutes and was conducted in a location convenient for the participant, either in person or via video conferencing. All interviews were audio-recorded with the participants' consent and transcribed verbatim for analysis.

2.3. Data Analysis

The data were analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006):

Familiarization with the data: The researchers immersed themselves in the data by reading and re-reading the transcripts, noting initial ideas and patterns.

Generating initial codes: The transcripts were systematically coded using a qualitative data analysis software, identifying significant features related to the research questions.

Searching for themes: Codes were organized into potential themes, gathering all relevant data for each theme.

Reviewing themes: Themes were reviewed and refined, ensuring they accurately represented the data. This involved checking if themes worked in relation to the coded extracts and the entire data set.

Defining and naming themes: Each theme was clearly defined and named, providing a concise and insightful summary of its essence.

Producing the report: The final analysis was written up, including vivid examples and quotes from the participants to illustrate the themes.

Throughout the analysis process, the researchers maintained reflexivity by keeping a journal of their thoughts and decisions, ensuring transparency and rigor in their interpretation of the data. Peer debriefing sessions were conducted to discuss and challenge the emerging themes, enhancing the credibility and trustworthiness of the findings.

3. Findings and Results

The study included a total of 20 participants, comprising 10 parents and 10 teachers of children aged 4-10 years diagnosed with speech disorders. Among the parents, 7 were

mothers and 3 were fathers, with ages ranging from 30 to 45 years. The teachers' ages ranged from 25 to 55 years, and their teaching experience varied from 3 to 25 years. The children's speech disorders included articulation disorders (8 children), fluency disorders (7 children), and voice disorders (5 children). The sample included a diverse range of socioeconomic backgrounds, with 12 participants from urban areas and 8 from rural areas. The majority of the parents (6 out of 10) had a college education, while the remaining 4 had completed high school. Among the teachers, 8 had a bachelor's degree in education or a related field, and 2 had a master's degree.

Table 1

The Results of Qualitative Analysis

Categories	Subcategories	Concepts
Impact of Speech Disorders on Social Interactions	Peer Relationships	Difficulty initiating conversations, Being misunderstood, Teasing and bullying, Limited participation in group activities, Peer support
	Communication Strategies	Use of gestures, Simplified language, Repetition and clarification, Visual aids, Patience from peers and adults
	Emotional Impact	Frustration, Anxiety, Low self-esteem, Resilience, Positive reinforcement
	Adaptation Over Time	Initial struggles, Gradual improvement, Development of coping strategies, Increased confidence
Role of Environment in Social Interaction	Role of Speech Therapy	Improvement in articulation, Increased communication confidence, Regular practice, Support from therapists
	School Environment	Teacher support, Inclusive classroom activities, Peer buddy systems, Structured playtime, Classroom accommodations
	Home Environment	Family support, Encouragement from siblings, Daily communication practice, Creating a supportive home atmosphere
	Extracurricular Activities	Participation in sports, Art and music programs, Social clubs, Impact of structured activities on social skills
Parental and Teacher Strategies for Facilitating Social Interactions	Community Involvement	Community awareness programs, Support groups for parents, Public awareness of speech disorders, Community resources
	Encouragement Techniques	Positive reinforcement, Setting achievable goals, Celebrating small successes, Consistent encouragement
	Behavioral Interventions	Use of reward systems, Behavior modeling, Social skills training, Monitoring and feedback
	Collaboration Between Parents and Teachers	Regular communication, Joint development of strategies, Shared goals for child's progress, Consistent approaches at home and school
	Professional Development for Teachers	Training on speech disorders, Workshops on inclusive practices, Access to resources, Ongoing support and guidance
	Technology and Tools	Use of communication devices, Educational apps, Online resources for parents and teachers, Interactive learning tools

3.1. Impact of Speech Disorders on Social Interactions

Peer Relationships: Children with speech disorders often face challenges in establishing and maintaining peer relationships. Difficulties in initiating conversations and being misunderstood are common issues. One parent shared, "He wants to play with the ohlrr kdd, buh hlyy don'a ayyys understand him, and he gets frustrated." Instances of teasing and bullying were also reported, along with limited participation in group activities. However, some children

received support from empathetic peers who helped facilitate communication.

Communication Strategies: To navigate social interactions, children with speech disorders and those around them often rely on various communication strategies. These include the use of gestures, simplified language, and repetition for clarification. Teachers reported using visual aids in the classroom and emphasized the importance of patience. A teacher noted, "We use a lot of visual supports and always encourage the children to be patient and give their friend time to express themselves."

Emotional Impact: The emotional toll of speech disorders on children includes feelings of frustration and anxiety, often leading to lower self-esteem. However, instances of resilience and positive reinforcement from adults were also highlighted. "She sometimes gets really anxious about talking in front of others, but we always make sure to praise her efforts, and she's starting to feel more confident," a parent explained.

Adaptation Over Time: Many children showed adaptation over time, initially struggling but gradually improving and developing coping strategies. Parents and teachers observed increased confidence as children became more familiar with their communication methods. "At first, he was very shy and wouldn't speak much, but now he's finding himself more confident to communicate and seems much happier," a teacher commented.

Role of Speech Therapy: Speech therapy played a crucial role in improving articulation and communication confidence. Regular practice and support from therapists were emphasized. One parent remarked, "The therapy sessions have made a big difference. He's more willing to try speaking and doesn't get upset when he's not understood immediately."

3.2. Role of Environment in Social Interaction

School Environment: The school environment significantly influences social interactions for children with speech disorders. Teacher support and inclusive classroom activities were pivotal. Peer buddy systems and structured playtime were effective in promoting social engagement. "We have a buddy system in place, and it's really helped. I can see how the children support each other," a teacher shared. Classroom accommodations tailored to individual needs were also beneficial.

Home Environment: A supportive home environment, characterized by family encouragement and daily communication practice, was crucial. Parents highlighted the importance of a nurturing atmosphere. One parent said, "We all try to help him practice speaking at home, and his siblings are really great at encouraging him without making a big deal out of it."

Extracurricular Activities: Participation in extracurricular activities such as sports, art, and music programs provided additional opportunities for social interaction. These structured activities helped improve social skills. "She loves her art class, and she's seen a great improvement in her communication skills."

and express herself without feeling pressured to speak perfectly," a parent noted.

Community Involvement: Community awareness programs and support groups for parents played a significant role in enhancing social interactions. Increased public awareness of speech disorders and available resources were beneficial. A teacher mentioned, "Having community resources and awareness programs makes a big difference. It helps the children feel more accepted and understood."

Parental and Teacher Strategies for Facilitating Social Interactions

Encouragement Techniques: Positive reinforcement, setting achievable goals, and celebrating small successes were key strategies. Consistent encouragement from both parents and teachers was crucial. "We always make sure to celebrate even the smallest progress. It helps him stay motivated and feel proud of himself," a parent said.

Behavioral Interventions: Behavioral interventions, such as reward systems and behavior modeling, were effective in promoting desired social behaviors. Social skills training and monitoring with feedback were also important. A teacher explained, "We use a reward system for good communication attempts, and it really motivates them to keep trying."

Collaboration Between Parents and Teachers: Regular communication and collaboration between parents and teachers were essential. Joint development of strategies and shared goals ensured a consistent approach at home and school. "We have regular meetings with her teachers to discuss her progress and align our strategies. It makes a huge difference," a parent shared.

Professional Development for Teachers: Training on speech disorders and workshops on inclusive practices provided teachers with the necessary tools to support children effectively. Access to resources and ongoing support were also crucial. "The training we received on speech disorders has been invaluable. It's given us the confidence to support our students better," a teacher noted.

Technology and Tools: The use of communication devices, educational apps, and online resources facilitated social interactions. Interactive learning tools were particularly helpful. "The communication app on his tablet has been a game-changer. He can express himself much more clearly now," a parent commented.

4. Discussion and Conclusion

The findings of this study provide a comprehensive understanding of the social interaction patterns of children with speech disorders from the perspectives of their parents and teachers. Three main themes emerged from the data analysis: the impact of speech disorders on social interactions, the role of the environment in social interaction, and the strategies used by parents and teachers to facilitate social interactions.

Children with speech disorders often face significant challenges in peer relationships due to difficulties in initiating conversations and being misunderstood. These challenges can lead to social isolation, teasing, and bullying. A parent noted, "He wants to play with the other kids, but hlyy don't aaaaays undrrsnnnd hmmmnd he gsss frusrrddd" These findings align with Daniel and McLeod (2017), who reported that children with speech sound disorders frequently encounter social difficulties and peer rejection (Daniel & McLeod, 2017).

The school and home environments play critical roles in shaping the social experiences of children with speech disorders. In the school setting, teacher support and inclusive activities, such as peer buddy systems, were found to be effective in promoting social engagement. This is consistent with Gallagher et al. (2019), who emphasized the importance of involving multiple stakeholders, including teachers, in improving speech and language therapy services (Gallagher et al., 2019). At home, family encouragement and daily communication practice were crucial for fostering a supportive atmosphere. These findings echo Bruinsma (2024), who highlighted the pivotal role of parental support in the communication development of children with developmental language disorders (Bruinsma, 2024).

Both parents and teachers employ various strategies to support the social interactions of children with speech disorders. Positive reinforcement, setting achievable goals, and using visual aids were common techniques. Behavioral interventions, such as reward systems and social skills training, were also effective. These strategies are supported by the findings of Simoni et al. (2019), who noted the positive impact of structured interventions on improving social interactions (Simoni et al., 2019). Moreover, the collaboration between parents and teachers was found to be essential for consistent support, as highlighted by Klatte (2023) in the context of collaborative working in speech and language therapy (Klatte, 2023).

The results of this study highlight the multifaceted nature of the social interaction challenges faced by children with speech disorders and underscore the importance of supportive environments and collaborative strategies. The difficulties in peer relationships and communication strategies observed in this study are consistent with previous research. For example, Wren et al. (2021) found that persistent speech disorders are associated with negative educational outcomes and social difficulties, further supporting the need for targeted interventions (Wren et al., 2021).

The emotional impact of speech disorders, including frustration and anxiety, was also evident in this study. These findings are in line with Miron (2010), who reported that parents of children with speech disorders often experience emotional distress due to their child's communication challenges. This emotional burden can be mitigated through positive reinforcement and supportive interventions, as noted in the current study (Miron, 2010).

The role of the environment, particularly the school and home settings, is crucial for the social development of children with speech disorders. The importance of inclusive practices and supportive teacher-student relationships has been emphasized in previous studies. Gallagher et al. (2019) found that engaging multiple stakeholders, including teachers and parents, is essential for effective speech and language therapy services (Gallagher et al., 2019). Similarly, Bruinsma (2024) highlighted the importance of a supportive home environment in enhancing the communication skills of children with developmental language disorders (Bruinsma, 2024).

The strategies employed by parents and teachers in this study, such as positive reinforcement and behavioral interventions, are supported by previous research. Simoni et al. (2019) noted that structured interventions and consistent support are effective in improving social interactions for children with speech disorders (Simoni et al., 2019). Additionally, the collaboration between parents and teachers, as highlighted in this study, is crucial for providing consistent and effective support (Klatte, 2023).

Despite the valuable insights provided by this study, several limitations should be acknowledged. First, the sample size was relatively small, with only 20 participants, which may limit the generalizability of the findings. While theoretical saturation was achieved, a larger sample size could provide a more comprehensive understanding of the social interaction patterns of children with speech disorders. Second, the study relied on self-reported data from parents

and teachers, which may be subject to bias. Participants may have provided socially desirable responses or may have had difficulty recalling specific details about their experiences. Third, the study focused exclusively on children aged 4-10 years, which may not capture the full range of social interaction challenges experienced by children with speech disorders at different developmental stages. Future research should consider including a broader age range to gain a more comprehensive understanding of these challenges.

Future research should address the limitations of this study by including larger and more diverse samples. Expanding the sample size and including participants from different socioeconomic backgrounds and geographical locations would enhance the generalizability of the findings. Additionally, longitudinal studies that follow children with speech disorders over time could provide valuable insights into how social interaction patterns and challenges evolve as children grow older. Such studies could help identify critical periods for intervention and the long-term impact of speech disorders on social development. Furthermore, future research should consider incorporating the perspectives of the children themselves. While this study focused on parents and teachers, understanding the experiences and viewpoints of children with speech disorders is essential for developing child-centered interventions and support strategies. Finally, investigating the impact of different types of speech disorders on social interactions could provide a more nuanced understanding of the specific challenges and needs associated with each disorder.

Based on the findings of this study, several practical recommendations can be made to support the social interactions of children with speech disorders. First, schools should implement inclusive practices that promote social engagement for children with speech disorders. This could include peer buddy systems, structured playtime, and teacher training on speech disorders and inclusive teaching strategies. Second, collaboration between parents and teachers should be strengthened to ensure consistent support for children across different environments. Regular communication and joint development of strategies can help align efforts and provide a cohesive approach to supporting the child's social development. Third, speech therapy services should be made more accessible and integrated into the school setting. Providing regular speech therapy sessions within the school can help ensure that children receive the necessary support without the additional burden on parents to arrange for external services. Finally, community awareness programs should be implemented to reduce

stigma and promote understanding of speech disorders. Increasing public awareness can help create a more accepting and supportive environment for children with speech disorders, fostering their social inclusion and well-being.

In conclusion, this study provides valuable insights into the social interaction patterns of children with speech disorders from the perspectives of their parents and teachers. The findings highlight the significant challenges these children face in their social interactions and the critical role of supportive environments and collaborative strategies in mitigating these challenges. By addressing the limitations of this study and expanding future research efforts, a more comprehensive understanding of the social interaction challenges faced by children with speech disorders can be achieved. Practical recommendations based on the findings of this study can help inform policies and practices that promote the social inclusion and well-being of children with speech disorders, ensuring they can thrive in all aspects of their lives.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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