BURGAS FREE UNIVERSITY

CENTER FOR HUMANITIES

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PARENTAL ATTITUDES ON THE LANGUAGE DEVELOPMENT OF CHILDREN WITH COMMUNICATION DISORDERS IN PRE-SCHOOL AGE /3-7 years/

A V T O R E F E R A T

of a dissertation for the award of an educational and scientific degree "Doctor"

Scientific specialty:

"Pedagogical and age psychology"

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The dissertation work was discussed at a meeting of the PS in Psychology at the CENTER FOR HUMANITIES at the BURGAS FREE UNIVERSITY on 13.07.2022. and is referred for defense before a specialized scientific jury in the scientific specialty "Pedagogical and Age Psychology".

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The dissertation has a total volume of 252 pages, of which 229 pages are text-exposition and 23 pages are appendices. Its structure includes introduction, three chapters, conclusion, conclusions, conclusion, literature sources, appendices, contributions. The bibliography includes 167 titles, of which 100 are in Bulgarian, 4 in Russian, 59 in English and 4 from electronic editions.

figures are included in the dissertation work.

Defense materials are available to those interested in .... room.

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GENERAL CHARACTERISTICS OF THE DISSERTATION

1. RELEVANCE OF THE DISSERTATION TOPIC

The proposed dissertation is dedicated to parental attitudes towards language development in children with communicative disorders in preschool age /3-7 years/

The relevance of the chosen topic is related both to observations from practice and recent studies in Europe, which show that about 10% of children up to 7 years old have a language disorder. Researchers say that around 5.8 million children and young people across Europe are affected by language disorders (Law, J., McKean, Ch., 2019). In Bulgaria, in recent years, no research has been done on the prevalence and etiology of language-speech and communication disorders, but language development specialists (speech therapists and psychologists) report in their practice the increased number of children in need of specialized language and speech therapy. Most of them share that in the therapy of children, they encounter the greatest difficulties in their interaction with their parents.

The topic discussed in the scientific work is also significant due to the fact that parents have a leading role in the language development of children and their attitude towards the problems of this development has an impact on the functioning of the child throughout his life.

In practice, when working with families of children with speech development problems, different parental attitudes related to the child's problem are observed - from excessive concern to complete neglect of the problem.

In the counseling process, we often hear statements and ideas of parents that "modern children now start to speak later". A large part of them think that it is "normal" for the child to not speak until the age of 3, and when he reaches that age, he will suddenly speak properly, like an adult. It is reported that many parents of children up to 3 years of age are more interested in whether the child is physically healthy, eating well, and are usually concerned when, shortly after the age of 3, their child still does not speak or uses only 5- 6 words. Usually, worried parents have first consulted their closest circle - relatives and friends with children of the same age, and their next step is to look for information in the online space. Easy access to sources of information often leads to the formation of wrong positions about the various manifestations of communication disorders and ways to overcome them. Then, driven by their anxiety, parents make expensive medical tests, stop attending effective speech therapy and often resort to various alternative practices promising unrealistically fast results.

These observations from practice pose several questions: How are the attitudes about the child's language development formed in the parents' thinking? Where do they get information about the norm of speech development and which is the authoritative institution they trust - specialists, their social environment or the Internet and what determines the attitudes and behavior of parents in their interaction with specialists (pediatricians, speech therapists, psychologists and pedagogues) when developing an intervention strategy for the child's language development.

The relevance of the topic under consideration is also in the empirical lack of a tool for researching the attitudes of parents of children with communication disorders.

The present research makes a scientific contribution with the creation, testing and adaptation of an independent psychological tool for the study of parental attitudes towards the language development of children with communicative disorders aged 3 to 7 years.

The dissertation study examines the parental attitude, examines its content characteristics according to the main components /affective, cognitive and behavioral/ and the factors that influence the formation of this attitude.

The content of parental attitudes has a practical value in the interaction between specialists in language development and parents of children with communicative disorders when developing intervention strategies to overcome them.

2. CHARACTERISTICS OF SCIENTIFIC RESEARCH

Methodologically, the research has an applied-theoretical character.

The main goal of the study is the development of a model for the study of parental attitudes in children with communication disorders and the derivation of their content characteristics.

The study of parental attitudes in their positive or negative aspect with regard to the professional intervention of specialists at this age is also related to the study of the main factors influencing the

decision-making to interact with specialists in language development - speech therapist and/or psychologist.

The object of the study is the parental attitudes of children with communication disorders aged 3 to 7 years.

Subject of the research is to establish the substantive characteristics of the parental attitudes in the surveyed respondents and to differentiate the structural components of the attitudes according to the developed theoretical model.

The model was developed based on the Theory of Planned Behavior of I. Ajzen, which is one of the most widespread models for researching health behavior.

The focus of the dissertation is related to the assumption that parental attitudes relate in a specific way to children's language development, and the subjective norm determined by public opinion appears as a predictor of these attitudes.

The first aspect of the theoretical model we used includes an assessment of the parental attitude towards the language development of children 3 - 7 years old in terms of its three-component structure: cognitive component, affective component and behavioral component.

The second aspect investigates with the objective norm, the perceived behavioral control and the intention as sources of the reasons and factors determining the timely interaction of parents with specialists in language development in determining the correct and timely strategies for the language development of children with communication disorders.

These factors, in our opinion, determine the mechanism by which the attitudes of parents of children with communication disorders are formed, determine the intention to interact with specialists in language development and condition the behavior - attending speech therapy, the main method of overcoming communication disorders in children from 3 to 7 years.

the tasks related to the realization of the set goal of the dissertation research can be defined as:

Tasks of a theoretical-research nature:

1. A survey of scientific theories and trends related to the topic of the dissertation research.
2. Analysis of main theoretical statements on the subject and derivation of specific working definitions.
3. Development of a theoretical model of the study, according to the Theory of Planned Behavior.

Research-applied tasks:

1. Building the research design.
2. Organization and conduct of a pilot (experimental study) to reveal the content of accessible beliefs of parents regarding the language development of children with communication disorders and the factors that influence the formation of these beliefs.
3. Based on an experimental study, construction of an instrument for researching parental attitudes related to the choice of an action strategy when there is a child with a communication disorder in the family.
4. Organization and conduct of the study of parental attitudes with the developed instrument.
5. Selection of methods for statistical processing of research results.
6. Evaluation and analysis of data from the conducted survey.

3. STRUCTURE AND VOLUME OF THE DISSERTATION

The dissertation consists of an introduction, three chapters, conclusions, conclusion, literary sources, scientific publications and contributions. The total volume is 254 pages, of which 220 pages are text - exposition, 23 pages of literary sources and 7 appendices, which present the different stages of the scientific research, spread over 23 pages. The text is illustrated with 56 tables and 7 figures.

During the development of the dissertation, 167 titles were analyzed, of which 100 were in Bulgarian, 4 in Russian, 59 in English and 4 from electronic editions.

The introductory part of the dissertation focuses on the importance of the chosen topic, the reasons and the purpose of its examination. The need to study parental attitudes in children with communication disorders and the urgent need to develop an instrument to study these attitudes are argued.

Chapter one in the scientific development contains a detailed review and theoretical analysis of the existing scientific research on the topic. Contemporary concepts and theories about attitudes are

examined, paying attention to a specific aspect - that of the attitudes of parents of children with developmental problems. Basic concepts on the topic are derived and the theoretical approaches for deriving the model for the study are considered.

Chapter two of the paper shows the structure and design of the research model. It contains conclusions and results of the experimental study, which are the basis of the author's instrument for the study of parental attitudes. The construction stages of the new tool are shown.

Chapter three contains an analysis of the results of the scientific research, based on which were drawn conclusions.

Section *Literary sources* contains a list of scientific literature used and cited in the dissertation research.

Other materials that complement the main text, support its understanding and could be of scientific interest are presented in the Appendices section.

The dissertation ends with *conclusions, conclusion* and *scientific contributions.*

The contribution of the dissertation work is expressed in:

- Derivation of a conceptual model for researching parents' attitudes towards children's language development, based on I. Ajzen's Theory of Planned Behavior (TPB) and expanded by the author by clearly differentiating the three-component structure of the attitude - cognitive, affective and behavioral.
- Proving the applicability of the TPP model to the specific aspect of parental attitudes in children with communication disorders and a detailed follow-up of the relationship between the components and the factors of the attitude.
- The creation of a new author's tool for the study of parental attitudes towards language development in children with communication disorders, which allows for the differential study of the components of parental attitudes, so that practicing speech therapists and psychologists can evaluate the parental attitude and predict the parents' intention to attending speech therapy.

BRIEF CONTENTS OF THE DISSERTATION

CHAPTER ONE

Chapter one contains four aspects, in which the theoretical foundations of the subject are examined, and basic concepts related to issues of attitudes, their components and the factors involved in their formation are derived. The specific aspects of parental attitudes in children with developmental problems and children with communication disorders were also studied. The features of language development at this age are considered and classifications, etiological factors and characteristics of language disorders in the composition of communication problems for the age under consideration are briefly presented.

1. Attitudes in the light of modern theories. Concepts for Attitude Formation, Measurement and Change

Most authors are united around the idea that the attitude, good or bad, to the object relates to the concept of attitude, is directly related to socialization and determines the attitudes and values that regulate the direction of human behavior. Each person has established positions on the various problems of modern society. These individual opinions, which can also be shared, are studied by social psychology under the name of attitudes, and attitude is a concept that has been subject to many different definitions (Dzhonev, 1996).

Since the translation of the word *attitude* from English to Bulgarian is attitude/attitude, in the review of the theoretical concepts we accept both concepts as unambiguous and interchangeable and write them according to the concept used in the relevant source.

The most general definition of social attitudes is that they are pre-schemas / predispositions / for giving certain kinds of responses to various stimuli. The possible types of responses can be: 1) an emotional response "I don't like it", which includes the feelings of liking or disliking; 2) a cognitive or cognitive response that includes certain types of beliefs, opinions, or ideas about the object of the attitude; 3) volitional behavioral response, which refers to behavior, intentions and tendencies to act in a certain way (Andreeva, 1983, Johnev, 1996).

GW Allport (Allport, 1935) considered the concept of attitude to be perhaps the most distinctive and indispensable concept in social psychology.

In the recent history of the concepts of attitudes, interest in them has intensified and their controversy has long remained the focus of researchers. According to Germain de Montmoulin (Moscovici, S. ed. 2006, 109 -168, p.110), regardless of descriptive studies (surveys), fundamental studies (experiments) and methodological studies (measurement scales), it is not known what attitudes really are and the author adopts the following purely operational definition: "Attitude is that at which experimental research on attitude change is directed."

There is research that suggests that attitudes have a genetic basis and that they activate a certain part of the cerebral cortex, which in turn supports a certain type of behavior (Larsen, K. & Krumov, K. 2010). Attempts have been made (Falk, E. & Lieberman, MD2013) that examine various social domains and use neuroscience to provide explantions for the ways in which people evaluate their attitudes toward objects, express or suppress their attitudes, or respond to persuasive stimuli.

I. Ajzen (Ajzen, 1985, 1991, 2001, 2005) assumes that attitudes are latent, hypothetical characteristics that can be deduced only from external, observable signs, the most important such signs being the individual's behavior, verbal or non-verbal and the context in which it occurs.

According to I. Ajzen, and M. Fishbein (Ajzen, I &Fishbein, M., 1974, 2000), an essential cognitive component in the attitude is confidence in the attribution of certain characteristics to the attitude object, and beliefs and evaluations form an open affective response to this object. This, according to the authors, is attitude—a generalized affective disposition, not likely behavior.

Attitudes have the most diverse functions - some of them help to control behavior, others to achieve adaptation to the environment, and others are related to professional realization or success (Larsen, K., K. Krumov, 2010).

Most authors unite around the idea of the variety of functions that attitudes perform (Andreeva, 1983, Johnev, 1996, Larsen, K., K. Krumov, 2010), deriving the following their functions:

- Adaptive (utilitarian, adaptive);
- Ego-protective.
- Externalization;
- Cognitive (cognitive);
- Evaluative (expressive, self-fulfilling);
- Organizational.

Attitude is considered as a three-component structure, which includes: 1) cognitive component (awareness of the object of social attitude); 2) affective component (emotional assessment of the object, revealing the feeling of sympathy or antipathy towards it) and 3) behavioral component (consistent behavior in relation to the object) (Galabova, 2018, Johnev, 1996, Larsen, K., K. Krumov, 2010):

- The cognitive (cognitive) component represents the overall sum of beliefs and everything the individual knows about the object of the attitude;
- The affective component is the sum total of what the individual feels about the object;
- The behavioral component represents a predisposition to a response and depends on beliefs about and evaluative judgments about the object of the stance.

Attitude change is a serious issue in social psychology and the subject of intense research interest. Researchers of this problem consider the change of attitudes depending on the object of the attitude, the channel, the message and the audience.

Extremely important from a practical point of view is the question of how attitudes are measured and what is the relationship between the verbally declared position, the readiness to act and the actual behavior. Most often, attitude is measured by asking the individual(s) opinion about an object and reflecting his/her evaluations, emotional attitude and willingness to behave. A common approach to measuring attitudes is to use stimuli in the form of questions or judgments that record verbal responses using a variety of scales, one of the most widely used being the additive Likert scale. Self-reports focus on the various components of attitude – beliefs, feelings, behavior. Other types of techniques for measuring social attitudes are direct measurements of behavioral and nonverbal responses, inferring a person's attitude based on observed behavior (Dzhonev, 1996).

In the social sciences, there are several groups of theories about the nature and formation of attitudes and the clarification of the mechanisms of their change. In the context of parental attitudes towards children's language development and their interaction with professionals, this can be achieved on the basis of theories related to cognitive models in the study of attitudes.

Cognitive models examine the attitudinal predictors that condition behavior. They assume that behavior is the result of a rational assessment of potential negatives and benefits.

In elucidating the processes of attitude organization and change, cognitive balance and cognitive dissonance theories provide essential clarity in their attempts to explain why people fail to follow through on behaviors for which they are motivated. According to these directions, attitudes in the mind of the individual tend towards synchronized harmonious structures. When attitudinal conflicts arise, tensions are created that demand and cause a change in attitudes. Cognitive models describe behavior as the result of rational information processing and emphasize individual cognitions rather than social context, while social-cognitive models examine the factors that condition behavior and/or behavioral intentions.

According to the socio-cognitive theory of A. Bandura (Bandura, 1977; 1989; 2001), it is assumed that behavior is guided by expectations, motives (incentives) and social cognitions. Expectations include: expectations for the outcome of the situation (situation outcome expectations); expectations for the outcome when changing the behavior (outcome expectancies) and expectations about one's own capabilities to follow the desired behavior (self-efficacy expectations). The concept of motives suggests that behavior is driven by the consequences of the behavior itself. Social cognitions are a central component in these models. The social-cognitive model examines the factors that condition behavior or intentions for a certain behavior and is widely used to study health-related behaviors and healthy lifestyles (Petrov, 2010).

The theory of reasoned action (Ajzen & Fishbein 1974) is a social-cognitive model that assumes that individuals who make a decision about a behavior have certain expectations and beliefs about the consequences of taking it and the social norms associated with it. According to this theory, the best predictor of behavior is intention. Intention is a function of the attitude towards performing the behavior and the subjective norm related to it. Attitude is an evaluative dimension reflecting an overall favorable or unfavorable feeling toward a behavior. It is based on a set of beliefs about the consequences of behavior, each of which is a result of the probability of the outcome and how good or bad it is. Subjective norm reflects a person's perception of what others want them to do and is based on a set of beliefs about the norms of significant others and motivation to adhere to them. This approach points to an essential cognitive element in the attitude - the belief, the confidence in the attribution of certain characteristics of the attitude object. Beliefs and evaluations elicit an overt affective response toward the object. This, according to the authors, is the attitude - a generalized affective predisposition, and not probable behavior (after Dzhonev, 1996). I. Ajzen & M. Fishbein (Ajzen & Fishbein, 2000) define the role of knowledge/ cognitions as a factor in attitude formation and deepen their research by examining the relationship of knowledge and beliefs to the overall evaluative structure of attitude.

The theory of planned behavior (TPB) builds on the theory of reasoned action (Ajzen & Fishbein, 1974) and brings out the role of social cognition (subjective norms). Subjective norms include the individual's beliefs about his social world and his evaluation of them.

I. Ajzen (Ajzen, 1991) emphasizes that behavioral intentions are the result of the combination of several beliefs. Intentions are conceptualized as action plans to achieve behavioral goals and as the result of the following beliefs: 1) the positive or negative evaluation of a given behavior and evaluation of its outcome; 2) the subjective norm as a result of social norms and pressure and assessment, whether the individual is motivated to obey these norms; 3) a sense of control over behavior based on the combination of internal control factors (skills, abilities, information) and external control factors. These three factors are a prerequisite for behavioral intentions, which are then related to the behavior itself. Perceived behavioral control can have a direct influence on behavior without the mediation of behavioral intentions. According to TPP, human behavior is guided by three types of considerations: beliefs about the likely consequences of behavior (behavioral beliefs), beliefs about the normative expectations of others (normative beliefs), and beliefs about the presence of factors that can facilitate or hinder the performance of behavior (control beliefs). In their respective aggregates, behavioral beliefs give rise to a favorable or unfavorable attitude toward behavior; normative beliefs lead to perceived social pressure or subjective norm, and control beliefs lead to perceived behavioral control or self-efficacy. The effects of attitude toward behavior and subjective norm on intention formation are moderated by perceived behavioral control. Generally, the more favorable the attitude and subjective norm and the greater the perceived control, the stronger should be the person's intention to perform the behavior in question. And if actual control over behavior is sufficient, people are expected to carry out their intention when the opportunity arises. Intention is thus assumed to be the immediate predictor of behavior. To the extent

that perceived behavioral control is actual, it can serve as a determinant of actual control and contribute to the prediction of the behavior in question (Ajzen, 2011). Figure 1 depicts the schematic representation of the Theory of Planned Behavior (TPB) https://people.umass.edu/aizen/tpb.html).

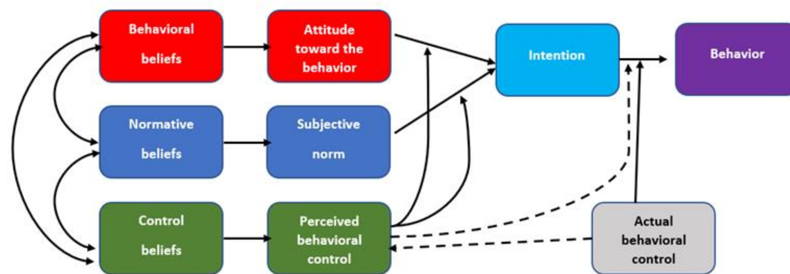

Figure 1. Diagram of the Theory of Planned Behavior

According to TPP, behavioral interventions designed to change behavior can target one or more of its determinants: attitudes, subjective norms, or perceived behavioral control. Changes in these factors should induce changes in behavioral intentions and with adequate behavioral control, new intentions are realized under appropriate circumstances. To change attitude, subjective norm, or perceived behavioral control, it is possible to target change interventions to the strength of some of the relevant beliefs.

2. Parental attitudes in children with communication disorders

One of the oldest and most important questions in psychology concerns the role of the environment in the development of the individual. The role of parents in the initial stages of ontogeny is widely recognized, and the family is the "primary arena" for socialization (Holden & Edwards, 1988, p.29).

The past decade has seen an increase in attention to the areas of parents' beliefs and beliefs, as well as placing parental attitudes at the core of their social cognition. It has been suggested that in order to influence parenting behavior, parental attitudes must be stable, congruent, and reflective of behavior. Moreover, accurate reflection of parents' attitudes depends on the use of accurate and reliable methods for their research. Many psychologists recognize that parental attitudes do not necessarily reflect behavior, but attitudes are thought to be filters that indirectly affect parental behavior and thus influence child development. The attitudes of parents should be taken with great importance for children, because the young child is constantly exposed to their influence, and the attitudes themselves are relatively fixed and permanent.

Already at the beginning of the 20th century in the USA, through a program at the University of Iowa to disseminate knowledge about how to raise children, a movement for parenting education was created (Holden & Edwards, 1988). Within this approach, parenting attitudes are interpreted as beliefs about how children are raised and the cognitive component of the attitude is brought to the fore. GW Holden & LA Edwards (Holden & Edwards, 1988) emphasize that there are many unexplored areas of parental attitudes and different approaches are needed to study them. The authors review existing research instruments and the problems in their construction, emphasizing that the study of attitudes should be conducted in conjunction with the study of the various aspects of parental social cognition. They recommend using technological means (video and computer) to present context-specific stimuli as an alternative to questionnaires for investigating the cognitive aspects of attitudes and behavioral intentions.

A specific aspect of parental attitudes is those of parents with children with developmental problems. The concept of children with developmental problems means children with difficulties in the motor, intellectual, speaking aspect, with behavioral and learning difficulties. These are children with cerebral palsy, genetic diseases, autism, conditions after brain and spinal cord injuries, sensory-integrative dysfunction, generalized developmental disorders, special learning difficulties, hyperactivity with or without attention deficit, emotional, behavioral problems, disorders in psychological development.

The examination of the characteristics of children with developmental problems is presented in the context of parental attitudes towards language development, due to the fact that in a large part of the problems of the development of children from 3 to 7 years old, the leading for parents is the communicative disorder, as a reason for interaction with specialists in language development - speech therapist or psychologist.

Studies show that parents of children with developmental problems are characterized by markedly reduced communicativeness and introversion, increased emotional instability and anxiety, depressed mood and social impotence (Chandramuki, Krishna Shastry, IV, Vranda, MN 2012, Hazarika, M, Das, S., Choudhury, S, 2012).

Negative personal changes in a situation of raising a child with developmental problems in parents is a fact that not only threatens the integrity and optimal functioning of their personality, but also creates potential conditions for family discomfort.

The attitudes of parents of children with developmental problems, according to Z. Kostova (Kostova, 2018), are also strongly influenced by the way the diagnosis is communicated, because an inevitable process of change in the attitude towards the child with impaired development follows.

The cognitive component of the parents' attitudes towards the child's development problem is strongly manifested through their beliefs in a conditionally called period of apparent adjustment. In this period, parents often make irrational attempts to adjust to the situation in which they found themselves after the diagnosis of a disability in their child. The cognitive component of the parental attitude is mainly associated with the search for information about the child's problem and about his diagnosis. The question of knowing this diagnosis is of particular importance here. In this regard, P. Landman (Landman, 2013) notes that parental guilt decreases when the etiology of the disability is discovered.

Denial that the child has a problem is a commonly used defense mechanism. For example, many parents do not accept the news that their child has cognitive deficits. Instead, they live with the belief that the child is rather lazy, distracted and stubborn. Parents do not want to accept their child's disorder and tend to downplay, dismissing the problem and looking for new information. It is possible that they visit different specialists, even if after each visit the conclusion about the child's condition is the same. Parents continue to be guided by the thought that the diagnosis is wrong, or at least not definitive. At the same time, a frequently applied mechanism is their unfounded belief in the possibility of the child being cured and they undertake very difficult and expensive attempts based on the search for new specialists and treatment centers. They believe there is some miracle drug that will cure their child. They turn to paramedical methods of treatment, such as bioenergy therapy, herbal medicine, acupuncture, and seek help from non-specialists (eg healers). These beliefs are usually persistent for a long time and are associated with large losses of time and money or in a fruitless search for those responsible for harming their child (Twardowski, 1995).

Once they reach acceptance, parents are ready to seek information and opportunities about their child and his disorder, which is also a clear indicator of activation of the cognitive component of their positive attitude towards the child's problem, and this should be accepted as an adaptive behavior that gives an opportunity for parents to develop strategies to help the child (Kostova, 2018).

The behavioral component of parental attitudes towards the child's problem is clearly outlined during the period of constructive adjustment to the situation. Here, too, both the positive and negative aspects of the parents' attitude can be considered. Its essence is the problem experienced by the parents: what and how can be done for the child. They begin to deal with questions related to the real causes of his disability, what is the impact of this disability on his mental development and also on the parents and family, how should the child be treated, what is his future, etc. n. Generally speaking, parents attempt to rationalize their situation.

There are certain differences in parental attitudes for children with developmental problems and those with communication disorders, most often in cases where they are accompanied by other psychological problems: mental retardation, autism spectrum disorders or behavioral problems. In practice, an activation of parents' behavior in the direction of seeking interaction with specialists in language development is observed around the child's third year. Until this age of the child, the parents have neglected the child's psychological problems and "wait" for speech to appear at the end of the child's third year. When this does not happen, they are sometimes relieved to initiate interactions with a speech therapist for speech therapy with the attitude that "once the child talks, everything will be fine." This, for us, is an important marker of parents' intuitive theories of children's mental development and its relationship to typical language and speech development. This is exactly what ensures the need for a

structural study of the components of the parental attitude towards the communicative disorders of children aged 3 to 7 years.

Of particular importance for the study of parents' attitudes towards the language development of children specifically with communication disorders, which is the subject of the present study, is this part of a reference study (COST Action IS1406), which examines the issues related to the social and cultural aspects of parental attitudes in the service of the child with a language disorder. Within the framework of the international project COST Action IS1406 for the period 2017-2019, researchers from Europe (including Bulgaria) are collaborating in a study on the topic - how professionals understand the needs of children with language impairment and how these needs are met in European countries. Survey data show whether and how social and cultural factors influence children's access to language and speech development services, whether the services offered meet their needs, and whether they are tailored to what their families consider appropriate. Researchers look at the impact of demographic factors such as place of residence and income level, the impact of social factors such as parental attitudes on the development of a child with a language disorder, and different parenting practices

It is important to note that the attitudes of parents were not studied directly, but through the opinions of specialists who are in contact with parents of children with language disorders.

The opinions of a total of 4,024 practitioners from 60 countries, most of which are EU member states, were studied. The findings reported that survey respondents believed that indirect therapy for speech development was usually delivered through the parent in the child's early years and later through teachers. Participation of fathers and other family members in the intervention is considered. Researchers set themselves the task of building strategies for a better understanding of the activities of specialists and involving parents in language and speech therapy (Law, J. Levickis, P., Rodríguez Ortiz, IR, Matic, A., Lyons, R., Messarra,C ., Kouba , Hreich EK & Stankova-Stoyanov , M., 2019).

The increased interest of researchers in the relationship between parents and specialists in the language therapy of children with communication disorders is also reflected in the results of a similar study on this topic. IS Klatte, R. Lyons, K. Davies, S. Harding, J. Marshall, C. McKean and S. Roulstone (Klatte, IS, Lyons , R., Davies , K., Harding , S., Marshall , J. , McKean , C. and Roulstone , S., 2020) published project data: “Parent-language therapist collaboration leads to optimal outcomes for children attending speech and language therapy.” The authors see parent-language therapist collaboration as key an element in working with children in family-centered models of therapy. The purpose of the study is to stimulate debate and research on effective collaborative practice with parents of children with language and communication disorders within language therapy. The need to define goals in the planning and implementation of interventions aimed at involving the family in the language development of the child is indicated. Preliminary data indicate that parents face the challenges of the child's language therapy, indicating the following factors: lack of time, ignorance or misunderstanding of the essence of language therapy, which leads to a feeling of discomfort regarding their role in the development process of the child and to a misunderstanding of the benefits of therapy and from there a refusal to attend one. The researchers take as their main goal the development of effective approaches to cooperation, which are related to raising parents' awareness of the child's language development, forming positive attitudes and confidence in the process.

Examining the specific aspects of parental attitudes of children with developmental problems gives us a starting point for deriving the content characteristics of parental attitudes when there is a child with a communication disorder in the family. Referenced studies of parenting attitudes (Volenski, LT 1972, Holden, GW & Edwards, LA 1988, Hembacher, E. & Michael C. Frank, M.C. 2019) primarily reported data on parental beliefs about child development. the child, which relates them more to the cognitive component of the parental attitude, give us even more reason to argue that the study of parental attitudes, in the aspect of their emotional experiences, needs to be studied more thoroughly. The various stages that parents of children with developmental problems go through can go on for a very long time, and the parent stuck in their own experiences may miss or ignore the child's deepening problem. In the presented data from the COST Action IS1406 study, extremely valuable data were collected, and important results were processed for the needs of children with communication disorders and the need for joint actions of professionals and parents.

It is important to note that there is a lack of targeted specific studies of parental attitudes in children with communication disorders. Empirical data show that it is the disorders in language development included in autism syndrome or generalized developmental disorder, for example, that are

the markers and motivation of parents to interact with specialists in language and speech disorders - a speech therapist or a psychologist.

3. Language development and communicative disorders in children from 3 to 7 years.

Speech is one of the most complex activities in a child's behavior, which is why its preparation and development are particularly lengthy. Every normal child is born with a predisposition to speak, but when and how he will learn to speak depends exclusively on the conditions of the environment in which he lives, and especially on social contact with other people. In the development of speech, as in the overall mental development, upbringing is of great and leading importance (Manova - Tomova, 1969).

During the period from 3 to 7 years, the child rapidly increases his vocabulary - if at the beginning of the third year his active vocabulary is about 1,000 words, by the seventh year it reaches 3,000 - 4,000 words. By age 4, children begin to adjust their speech to match the gender, age, and social status of the speaker and listeners. Between 5 and 6 years of age, the child begins to understand that letters and sounds are connected in a system and uses invented spelling, and the vocabulary of the 6-year-old child reaches 10,000 words (Burke, 2012).

Without the speech of adults, the child cannot learn to speak. The great power of the speech effects of adults during the first months of a child's life is not in their meaning and meaningfulness, but in their emotionality (Manova - Tomova, 1969).

It is especially important for the communicative development of the young child that he is introduced by the adult into the world of objects, but not for its own sake, but rather because these objects can be the subject of communication. Through "shared attention", the child learns that people choose (together) a certain thing (from the environment) and talk about it (Yosifova, 2012). In this regard, Yu. Stoyanova (Stoyanova, 2011) examines the purpose of communication between adults and children and as a learning process.

Children who are rarely or insufficiently spoken to in the first months of their lives show a tendency for gradual retardation in mental development. This lag is most clear in emotional development. Such children rarely smile, rarely direct and hold their gaze on objects and toys from the environment, rarely make happy sounds, are late in imitating sounds, lag behind in understanding the speech of others and, of course, speak later (Manova - Tomova, 1969).

A problem in modern literature is the lack of uniform terminology for the designation of disorders in the development of language and speech, which seriously complicates the identification, differentiation and application of adequate intervention strategies for communication disorders. Terms such as defects, general underdevelopment of speech, deficiencies, communicative disorders, developmental pathologies and delays, developmental dysphasia, alalia-dyslalia, etc. are used. (Stamov, 1989, Georgieva, 1996, Tsenova, 2010, Todorova, 2013).

In Bulgaria, according to E. Boyadzhieva - Deleva (Boyadzhieva - Deleva, 2020), too many and ambiguous terms are still used to name language disorders. The use of "specific developmental language disorder" has a huge advantage, according to E. Boyadzhieva-Deleva (Boyadzhieva - Deleva, 2020), over other terms, bringing significant conceptual and terminological clarity to the distinction of primary, specific language disorders. E. Boyadzhieva-Deleva (Boyadzhieva-Deleva, 2020) points out that the closeness between the symptoms of autism spectrum disorders (ASD) and some syndromes of developmental language disorders (LDD) makes differential diagnosis a significant problem. According to V. Matanova (Matanova, 2007), the main difficulties arise from the fact that language deficits are among the diagnostic criteria for autism, as well as that social isolation can be a secondary symptom in some cases of speech language disorder (SLID).

In the English-language scientific community (Bishop, DVM, Snowling, MJ, Thompson, PA, Greenhalgh, T., & The CATALISE Consortium. 2017) dealing with language disorders, a consensus decision is made to use a single term naming the developmental disorders of oral language in the absence of cognitive, motor and/or sensory deficits and/or unfavorable social factors. The term is "developmental language disorder" (develop mental language disorder, DLD) and it fully corresponds to the terminology laid down in the new ICD-11 (Boyadzhieva - Deleva, 2020).

In the scientific and public space, the terms "communicative disorders", "language disorders" and "language-speech disorders" are often used interchangeably. In this regard, it is of particular importance for us to make a differentiation in order to avoid certain conceptual inaccuracies. It is important to note that language ability and language realization can be impaired, and this is where language disorders manifest when examined from the perspective of language realization alone. Speech

disorders affect only the physiological reproduction of the sounds of the tongue and may not affect the communication process. And the most general of the terms - communicative disorders mean any violation of verbal or non-verbal interpersonal communication (Georgieva, 1996).

Within the framework of the COST Action program IS1406 (Law, J., Ch. McKean , Murphy , CA, Thordardottir , E. etal ., 2019) definitions of the terms 'language disorder' and 'intervention' have been adopted and approved. Researchers consider a language impairment (LI) to be present when a child's language skills are judged to be significantly behind those of children of the same age. This conclusion is usually the result of an applied combination of formal assessment, observations of language production and judgment of professionals.

The focus of COST Action IS1406 is the child with primary language impairment (Law, J., Ch. McKean, Murphy, CA, Thordardottir, E. et al . 2019). and researchers have concluded that developmental language disorders are 20 times more common than autistic disorders, but are far less widely recognized. Specific language impairment remains hidden, often missed or misdiagnosed as a related disorder such as a learning disability or dyslexia. Its impact on child development is significant and long-lasting, affecting social communication, later school performance and the acquisition of more complex language skills. These same studies show that language impairments are associated with higher rates of dropping out of school in high school and even higher rates in criminally incarcerated individuals.

The aim of the examined views on the development of language and speech in children from 3 to 7 years old is to show that when organizing interventions for the child's language development, the participation of a multidisciplinary team composed of a speech therapist, psychologist, pedagogue, kinesitherapist, etc. is necessary., considering the needs of the child and the specifics of his violation. Of particular importance for the language development of the child, the issues related to the role of adults and the role of parents in the language development of the child, are considered. Examining the theory of "shared attention" is also related to the idea of the need for the active participation of the parent in the interventions to overcome the communication disorder.

A review of the literature on the etiology, classification and prevalence of communication disorders among 3–7-year-old children shows the difficulties in diagnosing and differentiating disorders in language and speech. Research on the prevalence of communication disorders suggests that their impact on child development is significant and long-lasting, severely affecting social communication and school performance (Law, J., Ch. McKean, et al. 2019). The misconception that if a child does not speak, then there is an autistic disorder is widespread among parents and again shows that a wide information campaign is needed among the parenting community. This related to the topic of research on parental attitudes is relevant to the in-depth study of the cognitive component of this attitude.

Regarding the terminology concerning communicative disorders, we focus on the following terminology classifying communicative disorders, in particular language disorders:

- Language-speech disorder (SPE)
- Expressive Speech Disorder (SPE)
- Receptive Speech Impairment (RPD)
- Stuttering (H)
- Autism Spectrum Disorder (ASD)
- Mental Retardation (ID)

Disorders of the autism spectrum and mental retardation are included in the communicative disorders, because the leading for parents in most of these cases is the disorder in language development.

When it comes to the designation of the terminology related to the therapeutic interventions of communication disorders, there are many names, depending on the approaches of the relevant specialists. In scientific publications and among the general public, they can be encountered as: "therapy of language disorders", "language-speech therapy", "therapy for the development of speech", "speech therapy" work or assistance, and others. It is important to note that when it comes to the therapy of a language disorder, the leading role is the speech therapist, who acts as a mediator between the child, his family, the teachers in the kindergarten, the psychologist and the other specialists involved in the process, determining the direction of activities related to the development of the child's language and speech.

For the purposes of the present study, we use the term "speech therapy" as the most common and familiar among parents of children with communication disorders.

The review of the literature related to attitudes and specific aspects of parental attitudes towards language development in children with communication disorders aged 3 to 7 years can be summarized in several directions. Clarifying questions about attitudes in general, examining their structure, functions, mechanisms of change, and methods of measuring them is connected to the terminology we use and the ways in which it relates to the topic at hand.

CHAPTER TWO

1. A conceptual model of the study of parental attitudes in children with communication disorders

In this study, based on the reviewed literary sources, we stop at the use of the term "attitude", and its content is associated with the positive or negative response to an object, person, institution or event, taking as a characteristic attribute of the attitude its evaluative nature. Given the research objectives, we believe that attitude should be inferred from respondents' answers, which reflect positive and negative evaluations of the object of that attitude. We also assume that attitude is about a disposition to act, not likely behavior.

In view of the focus of the dissertation research, we accept as a working definition the concept of attitude, examined in the aspect of parental attitude, and the object of this attitude is the attendance of speech therapy for children with communication disorders aged 3 to 7 years.

The components of the attitude that we consider in the present study are related to its cognitive, affective and behavioral nature, assuming that the attitude is composed of these three components and is oriented positively or negatively towards the object of this attitude.

We consider attitudes as three-component cognitive, affective-volitional complex predispositions of the individual in the role of a parent to react to the situation of his child's communicative disorder, which influences his behavioral choices regarding the idea of interaction with specialists in language development. In terms of the behavioral choices that parents of children with communication disorders make, their attitude towards behavior related to attending speech therapy at least 2 times a week for 30 minutes, for a minimum of 6 months, is considered.

As a theoretical reflection on attitudes and their components, functions, and measurement, we are closest to the Theory of Planned Behavior (TPB) model of I. Ajzen, but in the present study we will extend this theory by considering one aspect of attitudes, namely - parental attitudes, which have a particular specificity. We believe that the Theory of Planned Behavior corresponds to a large extent to the idea adopted by us, that it is necessary to study parental attitudes towards the language development of children with communicative disorders from the point of view of the parent's readiness to take adequate actions to overcome the communicative disorder of the child.

The cognitive component of parents' attitudes is related to the beliefs they have regarding the child's language development, the knowledge they have about the normal development of language and speech, and the belief about the expected value of attending speech therapy to overcome the problem in the development of child's speech. Parents' beliefs regarding speech therapy are associated with the likely attributes attributed to the object of the attitude, in their positive and negative sense.

affective component of the parents' attitudes can be considered both from the position of the parents' positive or negative evaluation of the speech therapy and related to their feelings regarding the child's speech problem. Studies of the emotional experiences of parents of children with developmental problems coincide with our observations from practice and explain to a large extent the behavior of parents in the process of interaction with specialists in language development.

behavioral t component of parents' attitudes as their predisposition to a favorable or unfavorable response regarding attending speech therapy. We accept speech therapy as the main means of overcoming difficulties in the development of the child's language and speech. We are looking at the parents' intent towards the behavior in question, not a study of the behavior itself. Based on the thesis that only behavioral intention is present in attitude, we assume that verbal expression is associated with what parents plan to do with regard to children's language development. We assume that these three components are consistent with each other and form the orientation of the attitude in a positive or negative sense towards the behavior related to attending speech therapy.

In our opinion, one of the most strongly manifested functions of parental attitudes towards the language development of children with communicative disorders is the ego-protective function. We start from the idea that the attitudes that fulfill this function are activated to suppress unpleasant reality. This

is indicated in the observations and in the preliminary studies we have done with the high percentage of parents who wait a long time before acting on the child's "speech problem" or ignore the problem, giving it positive characteristics to avoid their anxiety. Very often pressured by external social factors, parents seemingly take actions to emphasize their image of a good parent to their significant social circle and to satisfy the demands of the environment, but distance themselves from the therapy, define it as ineffective and terminate it. In our opinion, this protective mechanism of withdrawal from therapy is the basis of the negative attitude towards speech therapy and behavioral variations in search of a strategy to overcome the child's communicative disorder.

We pay special attention to the cognitive function of parental attitudes. It is manifested in the increased search for information on the part of the parents regarding the issues related to the language development of the children and depending on the quality of the knowledge available to them, their attitude towards the behavior oriented in the direction of attending speech therapy is also formed.

The adaptive function of parental attitudes can be attributed to those aspects of it that lead to their adaptation to society. On the one hand, this aspect can be seen as complying with the subjective norm and a manifestation of the motivational mechanisms for complying with the referents important to parents, and on the other hand, it is manifested as a clearly expressed desire of each parent to do the best for their child.

Examining the mechanisms of attitude change is the basis of our research, with the aim of determining the leading component for parents in the formation of their attitude towards children's language development. For us, this is of particular importance, in view of the interaction between parents and specialists who work with children with communication disorders and their parents.

When choosing an appropriate method for measuring parental attitudes, we focus on the most widespread approach, namely – stimuli in the form of judgments that register verbal responses, using a Likert scale, and self-reporting is aimed at the various components of the attitude - beliefs, feelings, behavior, self-efficacy and intention.

In this sense, the focus of the dissertation work is related to the assumption that parental attitudes relate in a specific way to the language development of children, and as a predictor of these attitudes is the subjective norm determined by public opinion and the presented study of parental attitudes is comes very close to the theory of planned behavior (TPB).

The first aspect of the theoretical model we used involves an assessment of parental attitude in terms of its three-component structure: a cognitive component, an affective component, and a behavioral component.

The second aspect investigates with the objective norm, the perceived behavioral control and the intention as the sources of the causes and factors determining the interaction of parents with specialists in language development in determining the correct and timely strategies for the language development of children with communication disorders.

These factors, in our opinion, determine the mechanism by which the attitudes of parents of children with communication disorders are formed and the intention to interact with a specialist in language development (speech therapist and/or psychologist) and subsequent behavior - visiting speech therapy, as the main method to overcome communication disorders in children from 3 to 7 years old.

In this sense, the structural model depicting the relationships between the studied components would look like this:

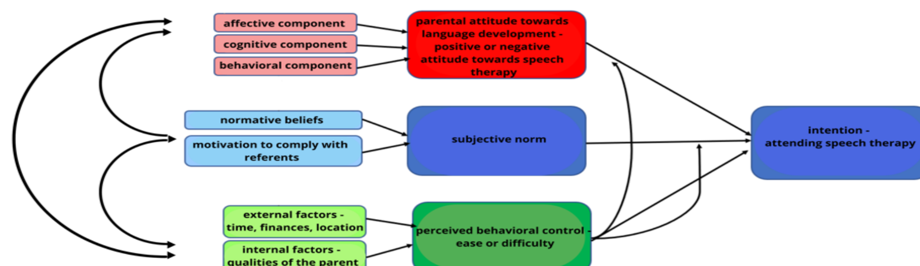

Figure 2. Conceptual model for research on parenting attitudes

Thus, the presented model for the study of parental attitudes towards the language development of children with communication disorders, in our opinion, provides a good basis for understanding the cognitive, affective and behavioral prerequisites for the formation of parents' intention to interact with language development specialists (speech therapist, psychologist, pedagogue etc.) and more specifically – attending speech therapy.

We assume that the construct - parental attitude, operationalized through the presented model, is most strongly associated with attending speech therapy (ie, attitudes and intentions to attend). In our opinion, the intention ("I plan to attend speech therapy") is the strongest precondition of the concrete action. It is determined by the attitude towards this behavior and the corresponding subjective norm. Attitude refers to the parent's overall assessment of the behavior ("I approve of speech therapy"), whereas subjective norm refers to beliefs about what significant others think of the behavior. ("My significant others think that for my child's speech development we need to go to speech therapy.") The parent's assessment of whether he can perform the behavior predicts both the intention and the behavior itself. Perceived behavioral control (PBC), supports intention and reflects the perceived ease or difficulty of performing the behavior itself ("I don't have enough resources, and this makes it difficult to attend speech therapy.") We hypothesize that if PBK reflects actual control, it approaches the construct of personal efficacy. ("It is easy for me to be persistent/patient in conducting speech therapy.")

The leading outcome variables are related to the relationship between attitudes (positive or negative) towards speech therapy and the intention to decide to work with a specialist (speech therapist or psychologist):

- Independent variable – a child with a communication disorder in the family
- Dependent variable – looking for a specialist for help
- Intermediate variable – the factors of the environment

It is important to find out what are the reasons and factors that influence the parents' intention to postpone or not take actions related to the children's language development – consultation with a speech therapist and/or psychologist and subsequent therapy.

2. Aim and objectives of the study

The aim of the research is to study parental attitudes in children with communication disorders.

The purpose of the research can be operationalized in the following tasks:

- Determination of leading output variables to be included in an analysis and derivation of the characteristics of positive and negative parental attitudes related to the language development of children with communication disorders.
- Study of the dependencies between the components of attitudes and the intention towards behavior when deciding to work with a specialist /speech therapist and/or psychologist/.
- Study of the factors - subjective norm and perceived behavioral control (BBC), influencing the attitude-intention relationship.
- Development of an instrument (test/questionnaire) for the study of parental attitudes related to the choice of an action strategy when there is a child with a communication disorder in the family.

3. Object and subject of the study

The object of the study is the parental attitudes of children with communication disorders aged 3 to 7 years.

subject of the research is establishing the substantive characteristics of parental attitudes in the surveyed respondents and differentiating the structural components of the attitudes according to the developed theoretical model.

4. Scientific hypotheses

Main hypothesis:

It is assumed that the structural components of the attitudes (cognitive, affective and behavioral), the subjective norm and the perceived behavioral control shape the qualities of the parental attitude in a positive or negative direction.

Additional hypotheses:

1) We assume that the subjective norm (SN) determined by the referents related to the official factors (speech therapists, psychologists, doctors, teachers) determine the cognitive component of parental attitudes towards speech therapy.

2) We assume that the subjective norm (SN) determined by the referents related to informal factors (relatives, friends, social and networks, Internet) determine the affective component of parental attitudes towards speech therapy.
3) We assume that the behavioral component determines the direction of the parental attitude - towards attending speech therapy (positive attitude) or undertaking other strategies (negative attitude) and is determined by the subjective norm.
4) We hypothesize that perceived behavioral control (PBC) is directly related to the formation of the intention to attend speech therapy.
5) We assume that the factors and components of parental attitudes are consistent in forming the intention to attend speech therapy.
6) We assume that through the factors and components of the attitudes, the content characteristics of the positive and negative parental attitudes towards speech therapy can be deduced.
7) We assume that there are differences in parental attitudes towards language development by demographic factor (parent's age and education).

5. Research methods

The creation of a new tool for the study of parental attitudes is related both to the selection of appropriate scientific and research methods, and to planning the sequence of their implementation.

The research methods of the study are presented in their sequence of use and conduct:

1) Pilot (experimental) study with the aim of:
- to derive easily accessible beliefs related to the results of the behavior "attending therapy for speech development";
- to extract the content of each of the components of parental attitudes: cognitive, affective and behavioral;
- to determine the referents significant for parents, which set the parameters of the subjective norm;
- to form ideas about the possible subjective control factors that would make it difficult to attend speech therapy.
2) A structured interview used in the preliminary study, with the main goal of extracting meaning units that define the semantic space related to the concepts of the parental attitude towards the child's communication problem.
3) Content analysis (quantitative and qualitative) of the answers received from the pilot study (according to Tanev, 1990).
4) Development of a sample questionnaire for the study of parental attitudes in children with communication disorders.
5) Expert evaluation of the sample questionnaire.
6) Conducting research on the questionnaire itself. The form of the questionnaire is offered in two versions - online (electronic format in Google forms) and on paper (through specialists working with children with communication disorders).
7) Statistical methods for processing the data obtained from the questionnaire:
- Cronbach's alpha to establish the internal consistency of the items from the constructed instrument for researching parental attitudes;
- Parametric and non-parametric analyzes to analyze differences by demographic factors;
- Pairwise comparison analysis with Bonferroni's correction for analysis of differences
- Exploratory factor analysis to establish the latent variables.
- Multifactorial linear regression analyzes to establish the linear combination between the individual subscales of the constructed instrument for researching parental attitudes.

6. Research toolkit. Stages of construction of the instrument for the study of parental attitudes towards the language development of children with communication disorders.

The tool was developed according to I. Ajzen's model for constructing a questionnaire, according to the Theory of Planned Behavior (TPB) and follows the stages proposed by the author (https://people.umass.edu/aizen/tpb.html).

Here are the steps for constructing the instrument for the study of parental attitudes:

1 stage - ***Defining the behavior related to parental attitudes towards the language development of children with communication disorders.***

2 stage - ***Determination of the research population.***

3 stage - ***Formulation of items for direct measurement of the main constructs from the theory: attitude, subjective norm, perceived behavioral control, intention.***

4 stage - ***Administration of a pilot questionnaire with purpose extracting easily accessible beliefs related to the behavior outcomes of "attending speech therapy"***

- Content analysis to derive indicative beliefs related to behavioral outcomes and experiences, normative referents, and control factors related to the behavior "attending speech therapy" and processing results of the preliminary study;
- The content was extracted for the three components of parental attitudes - cognitive, affective and behavioral;
- The referents that are significant for parents, which set the parameters of the subjective norm, have been determined;
- Ideas were formed about the likely subjective control factors that would make it difficult to attend speech therapy.
- The derived categories of meaning units were used in the formulation of the judgments in the developed tool for evaluating the parental attitude towards the language development of children with communicative disorders from 3 to 7 years old, referring to:

  1) The assessment of the attitude, which is related to the content of its cognitive, affective and behavioral component.

  2) The subjective norm is formed as content related to public opinion, determined by relatives, friends, doctors, the Internet, i.e. as a result of an idea created about the type of behavior of parents when there is a child with a communication disorder in the family. This is the social factor and refers to the social pressure to perform or not the behavior in question/normative beliefs/ as well as the parent's personal motivation to comply with the referents in question.

  3) Perceived behavioral control refers to the subjective feeling of ease or difficulty of performing the relevant behavior and reflects past experience as inhibiting or stimulating the behavior. Extrinsic factors of perceived behavioral control relate to the physical ability to act in relation to attending speech therapy (commitment, time, location, and financial resources), and intrinsic factors relate to the presence or absence of the parent's personal qualities (patience and persistence) and his self-efficacy.

  4) Intention represents the specific response tendencies and causes the behavior. In the initial version, it was proposed to formulate the behavior as "attending therapy for the development of speech", with a view to using the correct term, meaning the therapeutic impact on language and speech, where the therapy is carried out by a team: speech therapist, psychologist, pedagogue and/or others child development specialists.

5 stage - ***Construction of a sample instrument for the study of parental attitudes.***

- Lists were compiled with a set of the extracted modal, indicative beliefs of the parents related to the results of the behavior "attending speech therapy", carrying the content for the three components of the parental attitudes - cognitive, affective and behavioral, the information about the referents that are significant for the parents, which bet the parameters of the subjective norm and the likely subjective control factors that would make it difficult to attend speech therapy.

In the initial version, a list was formed with a total of 68 judgments related to the indicated measures of parental attitudes:

6 stage - ***Selection of direct items to assess the main constructs - attitude, subjective norm, perceived behavioral control and intention***

7 stage - ***Formulation of items for the study of other variables*** (demographic - of the parent - education, place of residence, marital status, age, gender and of the child - gender, age, speech problem, according to the parent)

8 stage - ***Expert assessment***

After the sample instrument for researching parental attitudes towards the language development of children with communication disorders was structured, it was given to 9 experts to evaluate the content validity of the proposed instrument.

9 stage - ***Editing and construction of the final instrument for the study of parental attitudes***

Taking into account the comments and recommendations of the experts, the questionnaire was edited, and the items were reduced to 50.

7. Procedure and conduct of the study.

The final version of the developed tool for researching parental attitudes is prepared in 2 formats: electronic and paper.

To fill it in, specialists from the country (speech therapists, psychologists and pedagogues) who have contact with parents of children with communication disorders within various institutions are engaged: kindergartens, centers for working with children, private speech therapy centers and offices.

The data were collected in the period - September 2020 - March 2021, during the Covid-19 pandemic. Pandemic conditions seriously hampered the conduct of the research, due to the lack of direct contact of the specialists with the parents. For this reason, in February 2021 Facebook options were used to distribute the electronic version of the Parental Attitudes Questionnaire. The link to it was published in the specialized group "National network of speech therapists in Bulgaria", with a request to the specialists - speech therapists who are members of the group to forward it for completion to the respondents who meet the set criteria. The electronic version of the questionnaire was also published on the official page of the Center for Speech Development and Psychology "Logos-EA", Burgas, with an address to the parents of children with communication disorders.

Data collection continued until the end of March 2021. A total of 270 completed questionnaires were collected - on paper (127 items) and in electronic version (143 items). When processing the data from the completed questionnaires received, 31 paper forms and 5 electronic forms were considered invalid - a total of 36 invalid forms. The reasons for declaring the paper forms invalid are: 1) failure to indicate the city, gender, age, education and marital status of the parent and/or 2) failure to indicate the gender, age and/or lack of description of the child's speech problem, 3) lack of response in some of the judgments. There are only 5 invalid forms of the electronic version, and the reasons are related to the fact that the parents who completed it indicated that their child does not have a speech problem. They are supposed to be individuals who have shown curiosity about the topic described in the title of the form, but do not have this problem.

An impression is made by the large number of invalid forms when completing the paper questionnaire. It is possible that not answering some of the questions represents a kind of resistance of the parents to the specialists who provided them with the form to fill out. We do not reject the possibility that the parents' answers, which are on paper, are deliberately distorted by them, we associate them with the social desirability of direct contact with the relevant specialist, and in analyzing the data we consider them in comparison with those from the electronic version of the form.

For comparison, the electronic version does not provide the responder with the opportunity to skip marking an answer and accepts only a correctly completed form as received. The fact that the electronic version is completely anonymous and that 143 forms were received correctly in this format shows the voluntary and probably not distorted content of the attitude towards the interaction of parents with specialists in language development.

Data were obtained from a total of 234 examined persons for measuring parental attitudes in children with communication disorders: 96 - on paper and 138 in an electronic version.

8. Subjects studied

total number of participants in the study includes persons who meet the criteria: parents of children with communication disorders aged 3-7 years.

The data on the percentage distribution of the examined persons by gender are presented in Table 1.

Table 1. Percentage distribution of the examined persons by gender

	Frequency	Percentage
Women	216	92%
Men	18	8%
Total	234	100

The age of the examined persons is distributed in the following frequency (Table 2):

Table 2. Percentage distribution of the examined persons by age

Age of the district	Frequency	Percentage
Under 25	5	2%
25 - 30 years	37	16%
31 - 35 years	59	25%
36 - 40 years	80	34%
Over 40 years	53	23%
Total	234	100

From the frequency distribution of the examined persons, it can be seen that their number is the largest in the age range between 36 and 40 years - 34% of the entire sample.

The marital status of the studied persons is presented in Table 3:

Table 3. Percentage distribution of the surveyed persons by indicator - marital status of the parent

Marital status	Frequency	Percentage
married	160	68%
unmarried	48	21%
divorced	18	8%
separated	7	3%
widow/widower	1	0%
Total	234	100

The distribution of respondents by education indicator is presented in Table 4.

Table 4. Percentage distribution of the surveyed persons by indicator - parents' education

Education	Frequency	Percentage
Mainly	123	6%
Average	66	28%
It was half hanging	13	6%
High	142	61%
Total	234	100

Tables 5 and 6 present the data by gender and age of the children with communication disorders, whose parents filled out the attitude assessment tool.

Table 5. Percentage distribution of data on children with communication disorders by indicator - gender of the child

gender	Frequency	Percentage
Boy	156	67%
Girl	78	33%
Total	234	100

Table 6. Percentage distribution of data on children with communication disorders by indicator - age of the child

Age child	Frequency	Percentage
3-3.5 years.	35	15%
3.5-4 years.	20	9%
4-4.5 years.	26	11%
4.5-5 years.	24	10%
5-5.5 years.	20	9%
5.5-6 years.	25	11%
6-6.5 years.	27	12%
6.5-7 years.	57	24%
Total	234	100

The type of communication disorders of children, according to the descriptions of their parents, is shown in table 7.

Table 7. Description of the children's communication disorder according to the data of the examined persons - parents.

no	Category	Answer frequency	Percentage	Examples
1.	Lack of speech	21	8.97	"My daughter doesn't speak, she only makes sounds that don't make sense." "Do not speak"
2.	Late talk	34	14.53	"He spoke late and now has difficulty forming sentences and often loses his train of thought." "Late speech at age 4."
3.	Poor vocabulary	7	2.99	"Speak in few words" "Uses few words for his age"
4.	Difficult communication	12	5.13	"Repeats words (echolalia). Difficulty communicating" "Communication with other children and lack of concentration"
5.	He speaks incorrectly	58	24.79	"Doesn't pronounce the words correctly" "Doesn't match the parts of speech in his speech"
6.	Sound problem	77	32.90	"Doesn't pronounce some sounds like "r" "l" "s" "sh"" "My child does not say the sound 'R' and 'L'
10.	Stuttering	12	5.13	"Stuttering during conversation." "The child is extremely emotional and when trying to tell an incident or experience, he starts stuttering."
	Others	13	5.56	"My child is autistic." "cerebral palsy". "bilateral sensorineural hearing loss"
	Total	234	100	

CHAPTER THREE
RESULTS ANALYSIS

1. Construction of the instrument for the study of parental attitudes towards the language development of children with communication disorders

Variables

In the present study, we have included the following variables, grouped by conceptual basis:

1) Variables for direct measurement (observed variables): gender, age, education and family status of the respondents (parents of children with communication disorders), gender, age of their children, as well as the manifestation of the child's communication disorder for which the respondents themselves they report.
2) Variables that are not subject to direct measurement (hidden variables): The hidden variable, according to the analysis of the theoretical sources, is the attitude expressed in the positive or negative attitude of the respondents towards the behavior "visiting speech therapy at least 2 times a week for 30 minutes, in for a minimum of 6 months."
3) Subjective norm: This is the social factor and refers to the social pressure to perform the behavior in question or not (normative beliefs), as well as the parent's personal motivation to comply with the referents in question (relatives, friends, social networks, the Internet, doctors, teachers, psychologists, speech therapists).
4) Assessment of attitude: Related to the content of the cognitive, affective and behavioral component of the attitude of parents of children with communication disorders.
5) Perceived behavioral control: refers to the subjective feeling of ease or difficulty of performing the behavior "attending speech therapy" and reflects past experience as inhibiting or stimulating the behavior. Extrinsic factors of perceived behavioral control

relate to the physical ability to act in relation to attending speech therapy (commitment, time, location, and financial resources), and intrinsic factors relate to the presence or absence of the parent's personal qualities (patience and persistence) and his self-efficacy.

6) Intention: reflects the degree of readiness (planning) to perform the behavior "attending speech therapy" and the degree of confidence regarding the specific response.

Structure of the instrument for the study of parental attitudes

The proposed author's tool for researching parental attitudes has the following structure:

Study of parental attitudes towards the language development of children with communication disorders:

Subscale - Subjective Norm:

- Motivation to comply with references
- Normative convinced her of the referents

Subscale – Attitude Assessment:

- Cognitive component
- Affective component
- Behavioral component

Subscale – Perceived Behavioral Control:

- External factors
- Internal factors

Subscale – Intention

The answers show the different degree of agreement or disagreement in a Likert format, with 5 possible answers being proposed and measuring the attitude in its positive or negative direction:

- I strongly agree - 5
- I rather agree - 4
- I can't judge - 3
- I rather disagree - 2
- I strongly disagree – 1

2. Reliability and validity of the constructed instrument for the study of parental attitudes in children with communication disorders aged 3 to 7 years

Exploratory factor analysis

In order to verify the construct validity of the instrument for the study of parental attitudes, a factor analysis was conducted, aiming to confirm that for the analyzed sample the structure of the scale is related to the measurement of the positive and negative attitude of the parents of children with communication disorders towards the behavior aimed at child's speech development - "visit to speech therapy".

Based on the theories of attitudes, 2 factors are expected to be formed - negative and positive attitude, which is also the main function of attitudes - evaluative. Based on the theoretical assumptions, we have assumed that attitudes are constructs that are inaccessible to direct observation and must be inferred from respondents' answers, and these answers must reflect positive and/or negative evaluations of the object of this attitude. In this sense, the purpose of the scale is to measure the positive or negative attitude of parents of children with communication disorders towards the behavior "visiting speech therapy" and to derive the main determinants of this attitude.

The data were analyzed by factor analysis using the method of principal components; rotation by the Varimax method, with Kaiser normalization.

We find that the data form 2 factors (two subscales) and indicate which of the two factors (subscales) each variable (judgment) relates to. Each of the two factors can be associated with one of the subscales, which allows the methodology to be applied to the analyzed sample.

1 factor – positive attitude

We examine the items that form the content of the ***positive attitude subscale.*** We establish that the formation of the positive attitude is mainly determined by the subjective norm, the affective component of the attitude and by the internal factors of the perceived behavioral control. Only the 2 items of the behavioral component are included in the positive attitude, and they are related to attending speech therapy. The items reflecting the intention to plan the behavior in question are also included.

The positive attitude subscale includes all items related to the normative beliefs of the referents (speech therapists, psychologists, doctors, teachers, friends, relatives, the Internet and social networks), and the items concerning the motivation to comply with a relevant referent include these referents, which we have defined as official - speech therapists, psychologists, doctors and teachers. In other words, the subscale positive attitude towards speech therapy is formed based on a strong social pressure determined by the factors of the subjective norm.

As for the items concerning the ***affective component*** of parental attitude, these are the judgments that define speech therapy as appropriate, useful and effective, are associated with the subjective feeling of calmness and overcoming anxiety for the child and with the direct item for evaluation/approval of speech therapy.

The content of the items related to the ***cognitive component*** of the parental attitude are mainly related to the beliefs that speech therapy will lead to overcoming the child's speech difficulties, will help the child to communicate better with others, and the parents will receive help and guidance on how to deal with the child's speech problem.

Subjective sense of behavioral control ***(BSC)*** **is** expressed in the content of the items concerning self-assessment judgments of the qualities: patience, persistence and organization when attending speech therapy. These are the factors that we tentatively call "internal" and are part of the respondents' personal characteristics related to self-efficacy.

The formation of the specific action response is related to the *intention,* which is the content of planning a speech therapy visit and expressing the strength of this intention.

2 factor – negative attitude

We find that the formation of the negative attitude is mainly determined by the behavioral and cognitive component of the attitude and the external factors of the perceived behavioral control. Only 2 items of the affective component are included in the negative attitude. The subjective norm is represented only by items whose content reflects a motivation to comply with the referent. The negative attitude subscale does not include items reflecting the intention to plan speech therapy.

The negative attitude subscale includes only items with the content of the ***subjective norm,*** related to motivation to comply with the referents (social networks, articles on the Internet, friends, relatives), which we defined as unofficial. In other words, the subscale negative attitude towards speech therapy is formed on the basis of not so strong social pressure, but determined only by the motivation to comply with the referents who are in the closest environment of the examined persons.

The items concerning the ***affective component*** of the parental attitude are those judgments that connect the speech therapy with the subjective feeling of annoyance, boredom and define it as an additional difficult obligation.

The content of the items related to the ***cognitive component*** are associated with the negative attitude mainly through the beliefs that speech therapy will take away from the parent's time for other, more enjoyable activities and define the visit to speech therapy as inappropriate.

The subjective sense of behavioral control ***(BSC)*** is expressed in the content of the items concerning judgments about factors that make it difficult to visit speech therapy. They are related to the factors that we tentatively call external: commitments, time, location and financial resources.

The formation of the specific negative action response is mainly associated with the behavioral component. The judgments included in the negative attitude factor concern beliefs that determine different action strategies when the child has a communication disorder: research, alternative methods, gathering information on the Internet, expecting the problem to solve itself, independent activities at home.

Judgments related to intention to attend speech therapy were excluded.

As a result of the factor analysis, it can be concluded that the developed instrument is operational and measures the attitudes of parents of children with communication disorders. The factor analysis shows the tendency to separate the attitude of the parents in a positive and negative direction regarding speech therapy. It also shows the interrelationships in parenting attitude formation: subjective norm, attitude components (cognitive, affective, behavioral), perceived behavioral control, and intention.

The scales thus obtained were subjected to additional factor analysis separately in order to derive the factors that compose them and to confirm the components of each of the scales.

Factor analysis of the positive attitude scale.

In order to determine whether the obtained positive attitude scale could be applied and analyzed to the data, confirmatory factor analysis using the method of principal components was used. 4 factors

were assigned, which is the number of subscales in the methodology. We find that the four factors are associated with the four subscales: Factor 1 with the subjective norm subscale, Factor 2 with the components of parenting attitude subscale, Factor 3 with the perceived behavioral control subscale, and Factor 4 with the intention subscale. This gives reason to conclude that the proposed methodology can be correctly applied to the analyzed sample.

Factor analysis of the negative attitude scale.

In order to determine whether the resulting negative attitude scale could be applied and analyzed to the data, confirmatory factor analysis using the method of principal components was used. 3 factors were assigned, the number of subscales in the methodology. We find out. that the three factors are associated with the three subscales: Factor 1 with the Attitude Components subscale, Factor 2 with the Perceived Behavioral Control subscale, and Factor 3 with the Subjective Norm subscale. This gives reason to conclude that the proposed methodology can be correctly applied to the analyzed sample.

Reliability of the Parenting Attitudes Scale

Based on the data obtained from a total of 234 respondents, the procedure for measuring the reliability of the scale of parental attitudes was carried out for the entire sample.

Table 8. Reliability of the instrument for researching parental attitudes in children with communication disorders

Cronbach's Alpha	N of Items
,883	50

The internal consistency coefficient of the questionnaire Cronbach's Alpha is .88 for 50 items. The result shows very good reliability and gives reason to consider the data obtained from the application of the questionnaire as highly reliable.

Reliability coefficient calculations were made for each subscale separately.

Table 9 provides the summary data from the internal consistency check of the subscales of the developed parental attitudes instrument.

Table 9. Summary data – reliabilities of subscales

Subscale	**Number of items**	**Cronbach's alpha**
A subjective norm	**16**	**,76**
Attitude assessment	**24**	**,83**
Perceived behavioral control	**8**	**,85**
Intention	**2**	**,90**

In summary of the conducted analyzes related to the reliability and validity of the constructed instrument and as a result of the expert assessment, we accept that the instrument we created is working and gives reason to use it to examine parental attitudes in children with communication disorders in two directions - positive and a negative attitude.

This questionnaire becomes fundamental for us, and we believe that the practical contribution of the dissertation work is the creation of a working tool for the study of parental attitudes in children with communication disorders.

3. Analysis of the results of the study of parental attitudes towards language development in children with communication disorders

Analysis of differences by demographic factors

Parametric and non-parametric analyzes were applied depending on the prerequisites for applying the types of analyses.

The results of the differences in the formation of a positive and negative attitude were analyzed, the independent variables being: source of information (electronic and paper), city (settlement), age of the parent, education, marital status, gender of the child, age of the child and the type of communication disorder of the child.

It is important to note that the sample of the researched persons was targeted according to the main indicator – parents of children with communication disorders, and its distribution by gender is not uniform. The ratio of persons - men/women is: 1:13, which does not allow to analyze the differences on this indicator. We can only outline the trend that in the age of children between 3 and 7 years, mothers show a greater interest in the language development of children. We assume that the reasons for this are

of a different nature - models of raising and educating children, socio-economic ski, cultural and other factors.

Analysis of differences in the formation of a positive attitude

In the analysis of the differences in the formation of a positive attitude among parents of children with communication disorders, statistically significant differences were recorded when comparing them by group - source of information (electronic and paper medium), age of the parent and education of the parent.

A more pronounced positive attitude towards speech therapy was found among the persons who provided the data in electronic format, compared to those who completed the survey on paper. We assume that when collecting data in electronic format, the participation of respondents is voluntary and anonymous. Therefore, providing them in this version, we believe, is a manifestation of a positive attitude towards speech therapy.

There are statistically significant differences regarding the positive attitude towards speech therapy between the parents of children who are up to 30 years old compared to those who are 36 to 40 years old. The positive attitude towards speech therapy is more pronounced in parents who are 36 to 40 compared to parents who are under 30.

Statistically significant differences were also found regarding the positive attitude towards speech therapy between parents who are under 30 years old compared to parents who are over 40 years old. The positive attitude towards speech therapy is more pronounced among parents who are over 40 years old compared to those parents who are up to 30 years old.

The calendar age itself (from 36 years and after 40 years) is a prerequisite for greater accumulated personal, basic experience. We hypothesize that this is why older parents do not trust only what their relatives and friends have as beliefs. At this age, they rely on their own judgments and those of the official factors - the specialists and look for more information. While younger parents are guided more by the social factor (friends, internet and social networks).

A more pronounced positive attitude towards speech therapy is found in persons with higher education compared to persons without higher education.

Analysis of differences in negative attitude formation

In the analysis of the differences in the formation of a negative attitude among parents of children with communication disorders, statistically significant differences were recorded when comparing them by groups - source of information (electronic and paper medium), age of the parent and education of the parent and type of communication disorder, which parents report.

A more pronounced negative attitude towards speech therapy was found in those who provided the data in paper format than those in electronic format, which we explain by a form of resistance that is associated with parents' reluctance to provide data (they were rejected as invalid nearly ¼ of the completed paper questionnaires).

There are statistically significant differences regarding the negative attitude towards speech therapy between the parents of children who are up to 30 years old compared to those over 40. The negative attitude towards speech therapy is more pronounced among parents who are up to 30 years old compared to parents who are over 40 years old.

Statistically significant differences were also found regarding the negative attitude towards speech therapy between parents who are up to 30 years old compared to parents who are 36 to 40 years old. The negative attitude towards speech therapy is more pronounced among parents who are up to 30 years old compared to those parents who are 36 to 40 years old.

There are also significant differences regarding the negative attitude towards speech therapy between parents who are aged 31 to 35 compared to parents who are over 40 years old. The negative attitude towards speech therapy is more pronounced among parents who are 31 to 35 years old compared to those parents who are over 40 years old.

There were statistically significant differences in terms of negative attitudes toward speech therapy between parents who were 31 to 35 years old compared to parents who were 36 to 40 years old. The negative attitude towards speech therapy is more pronounced among parents who are up to 30 years old compared to those parents who are 36 to 40 years old.

As we have already explained in the analysis of age differences regarding the positive attitude, it was expected for us that younger parents (up to 35 years) would have a more pronounced negative attitude towards speech therapy.

A more pronounced negative attitude towards speech therapy is found among persons who do not have a higher education, compared to persons with a higher education.

Statistically significant differences were found in terms of negative attitudes towards speech therapy between parents of children who "speech incorrectly" compared to parents of children with "problems with sounds". The negative attitude towards speech therapy is more pronounced among parents of children who "speech incorrectly" compared to those parents whose children have a "problem with sounds".

Statistically significant differences were also found in terms of negative attitudes toward speech therapy between parents of children who were "incorrectly speaking" compared to parents of children who were "late speaking." The negative attitude towards speech therapy is more pronounced among parents of children who "speech incorrectly" compared to those parents whose children have "late speech."

There were statistically significant differences in negative attitudes towards speech therapy between parents of children who "speech incorrectly" compared to parents of children with "other" speech problems. The negative attitude towards speech therapy is more pronounced among parents of children who "speech incorrectly" compared to those parents whose children have "other" speech problems.

We explain this by the severity and significance of the child's language-speech problem for the parent. We assume that when the parent names the child's problem as "improper speaking" or "problem with sounds" this is an attempt to downplay the problem and the degree of importance of the problem to the parent becomes smaller. This gives him reason to believe that speech therapy is not necessary for the child and is the basis of the formation of a negative attitude towards this behavior.

Differences in the negative attitude of parents of children who are included in the "speech incorrectly" category and the "other" category can also be explained by the severity of the communication disorder. With the category "other" we have designated severe developmental disorders in children - autism, cerebral palsy, sensory disorders. It is understandable that their negative attitude is less pronounced compared to milder forms of language and speech disorders.

In summary, the following conclusions can be drawn about differences in parents of children with communication disorders by demographic factors:

- Statistically significant differences are observed in parents of children with communication disorders depending on the source of information (electronic or paper), the age of the parent and his education, as well as depending on the age of the child in terms of the formation of a positive attitude towards speech therapy.
- Statistically significant differences were found in parents of children with communication disorders depending on the source of information (electronic or paper), the age of the parent, his education and the type of the child's communication disorder in terms of the formation of their negative attitude towards speech therapy.
- No statistically significant differences were found in parents of children with communication disorders depending on the city (settlement) of the examined persons, their marital status and the child's gender regarding the formation of a positive or negative attitude towards speech therapy.

Analysis of the influence of factors on the assessment of parental attitude and intention to attend speech therapy. Multivariate regression analyses

Theory of Planned Behavior (TPB) author I. Ajzen recommends conducting multiple regression analyzes to determine the relative contributions of attitudes, subjective norms, and perceived behavioral control to intentions.

We present the results of the performed regression analyzes aimed at showing the influence of the subscales of the constructed instrument for researching parental attitudes on the intention to attend speech therapy, considering the influence of the subscale separately:

- Subjective norm on parental attitude;
- Assessment of attitude on intention to attend speech therapy;
- Subjective norm on intention to attend speech therapy;
- Perceived behavioral control on intention to attend speech therapy.

***Influence* of the *subjective norm on attitude assessment* _**

From the obtained results, it can be concluded that with the greatest prognostic value for the influence of the subjective norm (motivation to comply with the referent) on the assessment of the parental attitude, the referents of the SEN have: speech therapists, people's opinions on social networks, articles on the Internet and psychologists. In other words, parents tend to trust these referents to a great extent. The assessment of parents' attitude towards speech therapy can be both positive and negative, depending on the assessment of these referents - whether they support or not the behavior "visiting speech therapy" and the degree of agreement of the respondents (from "strongly agree' to 'strongly disagree'). For example: If parents have expressed a high degree of trust in speech therapists and speech therapists are highly supportive of attending speech therapy, then it can be predicted that parents' attitudes toward LT will be positive. And vice versa: If parents expressed a high degree of trust in doctors or people's opinions in social networks, and these respondents did not support (expressed with a low degree of agreement) attending speech therapy, then it can be predicted that the attitude of parents towards LT will be negative. I.e., the product of the referents' assessments (SN - motivation to comply with the referent and SN - normative beliefs of the referent) determine the direction of the parents' attitude - positive or negative.

It turns out that for the formation of the ***cognitive component*** of the parental attitude, the parents' beliefs related to the influence of the referents they trust the most, namely: speech therapists, psychologists, the opinions of people in the social have the strongest prognostic value networks and articles on the Internet (subjective norm – motivation to comply with the referent). From the analysis, it is clear that relatives (informal factors) and speech therapists (formal factors) determine the direction of parental attitude as far as cognitive beliefs are concerned. If the respondents express in their answers that relatives and speech therapists support attending speech therapy, accordingly, the direction of their attitude can be predicted as positive, and vice versa, if they reflect a high degree of disagreement - it can be considered that the direction of their attitude towards attending of speech therapy will be rather negative.

With this, we partially prove Hypothesis 1, that the subjective norm (SN) determined by the referents related to the official factors (speech therapists, psychologists, doctors) influences the cognitive component of the attitude of parents of children with communication disorders towards speech therapy. From the initially set group of referents - official, teachers were dropped as a factor related to parents' attitudes. We suggest that this is a topic that is related to other social factors, and they are not the subject of the present study.

It becomes clear that for the ***affective*** component of the parental attitude, the items that carry the content of motivation to comply with the following referents of the subjective norm have the strongest prognostic value: friends, speech therapists, psychologists, social networks and articles on the Internet. Expectedly, in the analysis of the influence of the subjective norm on the affective component, friends are also included as a factor, which can be related to the parents' experiences in the surrounding environment.

With this, we partially prove Hypothesis 2, that the subjective norm determined by the referents related to informal factors (relatives, friends, social networks, Internet) is associated with the affective component of parental attitudes. It turns out that for the formed affective component of the parental attitude, both official and unofficial factors of the subjective norm have an influence.

It becomes clear that for the ***behavioral*** component of the parental attitude, the items that carry the content of motivation to comply with speech therapists, psychologists, social networks and articles on the Internet have the strongest prognostic value.

Again, both formal and informal subjective norm factors influence the behavioral component of parenting attitudes. In the analysis of the influence of the subjective norm on the behavioral component, doctors are also included as a factor. This can be linked to observations from practice, which show that parents of children with communication disorders prefer to contact their personal doctors first and do examinations of the child, and if the doctor recommends speech therapy, then to look for specialists in language development - a speech therapist or a psychologist.

We partially prove Hypothesis 3 that the behavioral component is strongly influenced by the subjective norm – formal and informal factors. This is confirmed by our observations in practice that when there is a child with a communication disorder in the family, the parents are strongly influenced by the various referents from the environment - doctors, teachers, speech therapists, psychologists, social

networks, articles on the Internet. Often in the counseling process they share that they have asked all the mentioned references and have taken everything they recommended. This behavior is a prerequisite for parents to feel confused and uncertain about taking specific actions, because the guidance from the environment can be too contradictory.

Influence of subjective norm on intention to attend speech therapy

The results are in confirmation of what was deduced from the analysis of the prognostic value of the subjective norm to the assessment of the attitude). It appears that the same items that are highly predictive of attitude direction can also be used to predict intention to attend speech therapy. Their content is determined by the degree of trust in the referents: speech therapists, psychologists and opinions in social networks, and normative beliefs are determined by the referent - speech therapists.

Influence of perceived behavioral control on intention to attend speech therapy

The results show that the content of the items of the scale for perceived behavioral control – external and internal factors have a direct relationship to the intention, even if the assessment of the attitude and the influence of a subjective norm are in the direction of forming a positive attitude towards speech therapy.

Item 43 shows the content of a factor from the VPC, which has an external, independent of other factors, influence on the formation of parents' intention. In other words, if parents associate attending speech therapy with spending a financial resource that they do not have, even if they have a generally positive attitude toward therapy, they would not intend to attend speech therapy.

Items 46 and 47 represent the content of the internal factors of subjective sense of control, which are also directly related to intention. These factors are associated with the qualities of the parent - persistence and organization and represent an assessment of the self-efficacy of the person. If the parent has difficulties with the systematic implementation of speech therapy ("2 times a week for a minimum of 6 months") or finds it difficult to organize their daily tasks, then the prospect of this long-term and permanent commitment would give them sufficient reason not to intend to attending speech therapy.

Analyzes support Hypothesis 4 that perceived behavioral control is directly related to intention to attend speech therapy.

This is also a confirmation of our personal practice in counseling parents of children with communication disorders. Parents repeatedly bring to the fore arguments related to control factors (external and internal), with which they "justify" the lack of intention to attend therapy: "Now we don't have money...", "I find it difficult to organize my tasks for the day and they keep coming out unforeseen things", "we couldn't come because...", "we didn't have time to practice..." etc. These results provide grounds for looking for forms of interaction between parents and specialists that would reduce to the maximum extent the influence of external and internal factors of perceived behavioral control on the formation of parents' intention to attend speech therapy.

Influence of attitude assessment on intention to attend speech therapy

Depending on the expressed degree of agreement or disagreement in the answers of the parents, it can be predicted what will be the direction of their attitude regarding the intention to attend speech therapy.

It becomes clear that the general assessment of the attitude and the formation of the intention to attend speech therapy consistently involve all components of the attitude – cognitive, affective and behavioral.

The cognitive beliefs that can predict parents' intention to visit speech therapy are related to the fact that speech therapy can help the child overcome his speech problem, that they themselves will receive help and guidance in the therapy process and derive in the foreground their need for help when the child has a communication disorder.

Parents' feelings, which carry the content of the affective component of the attitude and predict the intention to attend speech therapy, are mainly of an evaluative nature ("I evaluate LT as useful and appropriate"). Particularly important for the prediction of intention is the parents' belief that speech therapy gives them peace of mind about the child's future. This is fundamental to the successful interaction of parents with language development specialists.

The items that carry the content of the behavioral component of the parental attitude are of particular importance for the prediction of the intention to attend speech therapy. If the parent is strongly

convinced that it is necessary to wait or prefers to use alternative methods to overcome the child's language problem, then the attitude towards speech therapy would be negative and no intention to interact with specialists would be formed.

With this analysis, we partially prove Hypothesis 5, that the components of parental attitudes are consistent in forming the intention to attend speech therapy.

Analysis of the influence of the scales - assessment of attitude, subjective norm and perceived behavioral control towards intention

In order to show the predictive value of each component of the parents' attitude towards the intention to attend speech therapy, a multivariate linear regression analysis was performed between the subscales of the constructed instrument for the study of parental attitudes.

The independent variables are:

- subscale *cognitive component;*
- subscale *affective component;*
- subscale *behavioral component;*
- subscale *subjective norm (motivation to comply with the referent);*
- subscale *subjective norm (normative beliefs);*
- subscale *perceived behavioral control (external factors);*
- subscale *perceived behavioral control (internal factors),*

and the dependent variable is the *intention subscale.*

From the obtained results, it can be concluded that in order to predict the intention, it is necessary to establish the content of the cognitive and affective component of the parental attitude, the content of normative beliefs from the subjective norm and to study the internal factors of the perceived behavioral control. In order to successfully predict the intention to attend speech therapy, it is necessary to take into account what parents think and feel about this therapy, what referents from the environment in which they live think about it, and what is the assessment of the self-efficacy of the parent himself.

Analysis of the influence of items from the scales - assessment of attitude, subjective norm and perceived behavioral control to intention

With the following analyses, we want to show that the instrument for researching parental attitudes can be used successfully by considering only individual items that are directly related to predicting parents' intention to attend speech therapy.

Items 11 and 12 carry the content of the normative beliefs of the subjective norm.
Items 19, 22 carry the content of the cognitive component of parental attitude.
Items 25, 26 and 27 carry the content of the affective component of parental attitude.
Items 34 and 39 carry the content of the behavioral component of parental attitude.
Items 46 and 47 carry the content of the internal factors of perceived behavioral control.

We can conclude that these items are sufficient to make a prognostic assessment of the quality of parental attitude in a positive or negative direction regarding the intention to attend speech therapy.

Depending on the expressed degree of agreement or disagreement in the parents' answers, their attitude towards the intention to attend speech therapy can be assessed.

The table with the possible options for evaluating the components of the attitude and their relationship with the intention can be used as a key for evaluating parental attitudes - positive or negative towards the object of this attitude (Table 10).

Table 10. Options for assessing parental attitude regarding intention

Let's say	Degree of agreement	Attitude	Intention	Degree of agreement	Attitude	Intention
11. The doctors think that for the development of my child's speech we should attend LT.	High	positive	For LT	Low	negative	Against LT
12. The speech therapists think that for the development of my child's speech we should attend LT.	High	positive	For LT	Low	negative	Against LT

19. At LT, parents receive guidance and help for the correct speech development of the child.	High	positive	for LT	Low	negative	Against LT
22. I can deal with my child's speech problem by myself and we don't need to visit LT.	High	negative	Against LT	Low	positive	For LT
25. I rate LT as effective for children's language development.	High	positive	For LT	Low	negative	Against LT
26. I rate LT as useful for my child.	High	positive	For LT	Low	negative	Against LT
27. I rate LT as suitable for my child.	High	positive	For LT	Low	negative	Against LT
34. To solve my child's PG, I prefer to see a doctor and do medical tests.	High	negative	Against LT	Low	positive	For LT
39. To solve my child's PG, I prefer to use alternative methods (herbs, homeopathy, hr. supplements)	High	negative	Against LT	Low	positive	For LT
46. It is easy for me to show persistence in conducting LT.	High	Positive	For LT	Low	negative	Against LT
47. It is easy for me to organize attending LT.	High	positive	For LT	Low	negative	Against LT

As we have already established, all the components of the attitude – cognitive, affective and behavioral – are consistently involved in the assessment of the attitude and the formation of the intention to attend speech therapy. We determined the strong influence of attitude predictors determined by the subjective norm and derived those factors of perceived behavioral control that have a direct impact on the formation of the intention to attend speech therapy.

With this, we prove Hypothesis 5 that the factors and components of parental attitudes are consistent in forming the intention to attend speech therapy.

We also prove Hypothesis 6 that the content characteristics of positive and negative parental attitudes towards speech therapy can be deduced through the factors and components of attitudes.

4. Summary

The performed analyzes give us grounds to summarize the main characteristics of positive and negative parental attitudes towards language development in children with communication disorders.

Characteristic of positive parental attitudes

Cognitive component

Cognitive component of positive parental attitude is associated with beliefs that speech therapy will help the child overcome speech difficulties. Parents believe that when they attend therapy they will receive help and guidance for the child's language development. This shows that the parent considers himself an active participant in the speech therapy process. These are parents who know that not taking action leads to a deepening of the communicative disorder and realize that they need the help of specialists in language development. They actively seek information from various information channels and are well acquainted with the phases of development in children. These parents should be trained by the specialists in order to acquire the necessary skills to continue speech therapy at home.

Affective component

Affective component of the positive parental attitude is associated with the beliefs that attending speech therapy will bring immediate benefit in overcoming the parent's own negative experiences – the anxiety and worry about the child. These parents believe that speech therapy will bring them peace of mind that they have done everything necessary for the proper language development of their child. They

evaluate speech therapy as appropriate and useful for the child and report its results as effective. Even if they encounter difficulties in their daily lives that prevent regular visits to a speech therapist, they tend to effectively overcome them to ensure a sense of peace regarding the child's development.

Behavioral component

Behavioral component of the parental attitude is mainly associated with the belief that if the child has a problem in language development, it is necessary to interact with a specialist - a speech therapist. These parents know that language development is part of the child's general mental development, and that is why they also seek a consultation with a psychologist.

Influence of the subjective norm

Parents who have a positive attitude towards their child's language development clearly trust to a greater extent the official factors of the social norm - speech therapist, psychologist, doctor. Usually, these parents are supported by the unofficial factors of the subjective norm of their close environment - relatives and friends and do not trust opinions on social networks or the Internet. It could even be said that they avoid the information received from these channels.

Influence of perceived behavioral control

The factors of perceived behavioral control that most strongly influence parents' intention to visit speech therapy in a positive direction are internal - patience, persistence and organization. They carry the content of the personal qualities of the parent's self-efficacy to cope with his child's communication disorder and determine the positive attitude towards speech therapy.

Intention

Parents who have a positive attitude towards speech therapy clearly express their intention to take action to plan systematic and long-term visits. They also show a high degree of confidence in these intentions.

Characteristic of negative parental attitudes

Cognitive component

Cognitive component of negative parental attitude is associated with beliefs that speech therapy will not help the child overcome speech difficulties. They tend to wait a long time without taking action because they believe that everything will "get better" in time. When they register a problem in the child's language development, they think that the problem is a natural manifestation of childhood and tend to ignore the language pathology in development. They attribute problems in the child's language development as a manifestation of genetic predisposition and accept them as part of their daily life. These parents have beliefs that it is appropriate to visit a speech therapist after a certain age (3 or 5 years). They believe that they can deal with the child's communication disorder on their own and there is no need to visit speech therapy.

Affective component

Affective component of the negative parental attitude towards the child's language development is mainly associated with feelings of annoyance and perception of attending speech therapy as an additional burdensome obligation. They may undertake a one-time consultation with a speech therapist to give themselves the sense of peace that they have done what is necessary, but they do not value the effects of long-term speech therapy.

Behavioral component

Behavioral component of the negative parental attitude is expressed most strongly in the beliefs that one should wait indefinitely until the problem in language development resolves itself. Parents with a negative attitude towards speech therapy for a long time, sometimes for years, collect information on social networks or from articles on the Internet. They start speech therapy for a short time and stop it, judging that they can handle the child's language problem on their own. They often turn to alternative methods - nutritional supplements, herbs, homeopathy or do various medical tests or treatments. They prefer to visit different specialists - doctors (neurologist, gastroenterologist, psychiatrist, otorhinolaryngologist), psychologist in order to seek different opinions, which in most cases they do not comply with. They are also often directed at persons who practice unregulated activities related to health - healers, healers, fortune-tellers.

Influence of the subjective norm

Parents who have a negative attitude towards their child's language development clearly do not trust the official factors of the social norm - speech therapist, psychologist, doctor, teacher. People who

participate in parenting groups on social networks and articles on the Internet are more trusted. They also have a low degree of trust in the factors of their immediate environment - friends and relatives.
Influence of perceived behavioral control
The factors of perceived behavioral control that most strongly influence parents' intention to visit speech therapy in a negative direction are external - time, commitments, location and financial resources. persistence and organization. This shows the tendency of parents with a negative attitude to bring to the fore those circumstances that would greatly hinder attending speech therapy as particularly important and insurmountable. Often these factors were used as a direct reason for the lack of intention to therapy or for its discontinuation.
Intention
Parents who have a negative attitude towards speech therapy vaguely express their intention to take action to plan systematic and long-term visits. They cite the factors of time, financial resources or location as the reason for this. They say that they do not have time to take the child to a speech therapist and that the location is not convenient for them.

CONCLUSIONS

The conducted study of parental attitudes towards the language development of children with communication disorders leads to the following general conclusions:

1. The study confirmed the main hypothesis that the structural components of parental attitudes (cognitive, affective and behavioral), the subjective norm and the perceived behavioral control form the qualities of the parental attitude in a positive and negative direction.
2. The main characteristics of the positive and negative attitude of parents towards language development are derived, according to the components and factors that determine them.
3. We prove that attitudinal components are consistent with each other and influence as predictors the formation of a favorable or unfavorable action response. Through the analyses, the influence of individual factors and components is indicated. The study confirmed the existence of multiple interrelationships between the evaluative function of the attitude, the formation of an intention to perform the behavior - "visiting speech therapy" and the factors - subjective norm and VPK proposed by I. Ajzen in Theory of planned behavior. (Ajzen, I. & Fishbein, M. 1973)
4. The study confirmed hypothesis 1, that the subjective norm determined by the referents related to official factors (speech therapists, psychologists, doctors) determines the cognitive component of parental attitudes towards speech therapy.
5. We partially prove Hypothesis 2 that the subjective norm determined by informal factors (relatives, friends, social networks and the Internet) determines the formation of the affective component. It turns out that for the affective component of the parental attitude, both official and unofficial factors of the subjective norm have an influence.
6. We partially prove Hypothesis 3, that the behavioral t component is strongly influenced by the subjective norm - official and unofficial factors.
7. We prove Hypothesis 4 that perceived behavioral control (PBC) is directly related to the intention to visit speech therapy. It can be concluded that the internal factors of VPK have a strong prognostic value regarding the quality of the attitude and carry the content of the parent's self-efficacy to support speech therapy. Therefore, if the parent possesses qualities such as patience, persistence and organization, external complicating factors will not matter to him.
8. We prove Hypothesis 5 that the factors and components of parental attitudes are consistent in forming the intention to attend speech therapy.
9. We prove Hypothesis 6 that the content characteristics of positive and negative parental attitudes towards speech therapy can be deduced through the factors and components of attitudes.
10. It can be concluded that in order to predict the intention, it is necessary to establish the content of the cognitive and affective component of the parental attitude, the content of the normative beliefs of the subjective norm and to study the internal factors of the perceived behavioral control. In order to successfully predict the intention to attend speech therapy, one must consider what parents think and feel about this therapy, what referents from the environment in which they live think about it, and what is the assessment of the parent's own self-efficacy.
11. We prove hypothesis 7 that there are differences in parental attitudes in a positive and negative direction, determined by the demographic factors - age and education of the parent.

12. We find that older parents (from 35 to 40 and over 40) have a more pronounced positive attitude towards speech therapy, compared to younger parents (under 30 and up to 35).
13. We find that a more pronounced positive attitude towards speech therapy is found in persons who have a higher education, compared to persons without a higher education. A more pronounced negative attitude towards speech therapy is found among persons who do not have a higher education, compared to persons with a higher education.
14. We find that a more pronounced negative attitude towards speech therapy is found in the persons who provided the data in paper format than those in electronic format, which we explain with a form of resistance that is associated with the reluctance of parents to provide data carrier. A more pronounced positive attitude towards speech therapy was found among the persons who provided the data in electronic format, compared to those who completed the survey on paper. We believe that the voluntary provision of data in this format is a manifestation of a positive attitude towards speech therapy.
15. Statistically significant differences are observed in parents of children with communication disorders depending on the source of information (electronic or paper), the age of the parent and his education, as well as depending on the age of the child in terms of the formation of a positive attitude towards speech therapy.
16. Statistically significant differences are found in parents of children with communication disorders depending on the source of information (electronic or paper), the age of the parent, his education and the type of communication disorder of the child in terms of the formation of their negative attitude towards speech therapy.
17. No statistically significant differences were found in parents of children with communication disorders depending on the city (settlement) of the examined persons, their marital status and the gender of the child in terms of the formation of a positive or negative attitude towards speech therapy.

The obtained results have a practical application in the planning of intervention strategies in the interaction of language development specialists and parents of children with communication disorders.

CONCLUSION

The dissertation examines the problem of parental attitudes towards language development in children with communication disorders aged 3 to 7 years.

For the purposes of the study, the author created a new tool for researching parental attitudes, through which to derive the main structural components (cognitive, affective and behavioral) and to determine the predictors of attitudes - the content of a subjective norm and the subjective feeling of control over the intention to perform the behavior - "attending speech therapy"

The analyzes prove that the instrument, which was created for the purposes of the study, measures the parental attitude towards the language development of children with communicative disorders in the two main aspects of the attitudes – positive and negative attitude.

The study proved that parental attitudes can be summarized in two main qualities – a positive and a negative attitude. These qualities have certain substantive characteristics.

Through the analysis of the scales and items from the constructed instrument for the study of parental attitudes, we have deduced the direction in which these qualities are manifested - in a positive or negative direction.

The results show that the attitudinal components are consistent with each other and influence as predictors the formation of a favorable or unfavorable action response. Through the analyses, the influence of individual factors and components is indicated. The study confirmed the existence of multiple interrelationships between the evaluative function of the attitude, the formation of an intention to perform the behavior - "visit speech therapy" and the factors subjective norm and perceived behavioral control.

The research shows the need for an in-depth study of parental attitudes that determine the direction of interaction between parents and specialists when there is a child with a communication disorder in the family.

The derived characteristics of the positive and negative attitude of the parents and the content of the items of the instrument have an applied nature and can serve language development specialists as an entry interview in which they outline their strategies for interacting with parents of children with communication disorders who have need for inclusion in speech therapy.

It would be interesting from a practical-applied point of view in our future work to further develop the typology of parental attitudes to be able to trace the predictive value of parental attitudes through actual behavior. It is of great importance to us to prove the effectiveness of the proposed tool for predicting parental attitudes and to propose a working model for their measurement and change.

SCIENTIFIC CONTRIBUTIONS

The scientific contributions of the dissertation can be distinguished as scientific-theoretical and applied-practical.

Contributions of a scientific and theoretical nature

1. The scientific concepts for clarifying the construct "attitude" are analyzed, which are related to the dissertation research and are expanded with a detailed examination of specific aspects of attitudes - parental attitudes towards the language development of children with communication disorders.
2. On the basis of the studied theories, a conceptual model for the study of parents' attitudes towards children's language development was derived, based on I. Ajzen's Theory of Planned Behavior (TPB) and expanded by the author by clearly differentiating the three-component structure of the attitude - cognitive, affective and behavioral.
3. The applicability of the TPP model to the specific aspect of parental attitudes in children with communication disorders has been proven and the relationship between the components and the factors of the attitude has been traced in detail.

Contributions of an applied-practical nature

1. A new author's tool was developed for the study of parental attitudes towards language development in children with communication disorders. This tool allows the components of parental attitudes to be investigated differentially so that speech therapists and psychologists can target the intervention to change the parent's attitude precisely to that factor and component of the attitude that is directly related to the resulting language development of the child in the process of speech therapy.
2. The tool enables professionals to assess parental attitudes and predict parents' intention to attend speech therapy.
3. Specialists in language development (speech therapists and psychologists), working with this tool, can benefit from it not only from a statistical point of view, but also as an incoming interview. Each response to a certain item can be analyzed in the way we show in the analyses, and this will orient them in the direction of the parental attitude - whether it is positive or negative in relation to the child's therapy.
4. For the purposes of scientific research, a pilot study was carried out in the preparatory stage. 100 interviews were conducted with parents of children with communication disorders in order to extract the meaningful content of each of the components of parental attitudes, the content of the factors of these attitudes according to TPP (subjective norm and perceived behavioral control).
5. The tool would find application in speech therapy practice when accepting new patients and counseling their families. With its help during the initial consultation, the specialist can orientate about the main beliefs of the parent related to a negative attitude and influence them precisely. It can determine which attitudinal components and factors shape the content of positive or negative parenting attitudes and focus on changing them.

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