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Family Involvement in Speech and Language Therapy for Children with Special Needs

Özel Gereksinimli Çocuklara Yönelik Dil ve Konuşma Terapisinde Aile Katılımı

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ABSTRACT

This study addresses the critical role of family involvement in speech and language therapy for children with special needs. In this study, the level of involvement of families in the process and their participation models in different therapy approaches were compared. The literature shows that the active participation of families in the therapy process accelerates children's language development, increases the long-term effects of therapeutic interventions and supports the sustainability of the learning process. The active participation of families in therapies enhances parent–child interaction, and this interaction increases learning opportunities in the child's daily life and ensures more effective implementation of therapy goals. In this study, proper adult behaviors, effective strategies that families can use in communication, and factors that increase therapist-family cooperation are described in detail. The results revealed that the education of parents in the therapy processes offered to children with special needs should be supported by the principles of therapeutic cooperation and adult learning. When therapists collaborate with families to individualize the learning process, it facilitates the generalization of therapy goals into everyday life. In conclusion, the main factors that ensure effective family involvement in speech and language therapy were identified and explained. Furthermore, the study highlights the importance of tailored training programs for parents, which empower them to reinforce therapy techniques at home, thereby enhancing the overall efficacy and consistency of the intervention process.

Keywords: Family involvement, language and speech therapy, cooperation in therapy, family-centered therapy

ÖZ

Bu çalışma, özel gereksinimli çocuklara yönelik dil ve konuşma terapilerinde aile katılımının kritik rolünü ele almaktadır. Çalışmada, farklı terapi yaklaşımlarında ailelerin sürece dahil olma düzeyleri ve katılım modelleri karşılaştırılmıştır. Alanyazın, ailelerin terapi sürecine aktif katılımının çocukların dil gelişimini hızlandırdığını, terapötik müdahalelerin uzun vadeli etkilerini artırdığını ve öğrenme sürecinin sürdürülebilirliğini desteklediğini göstermektedir. Terapilerde ailelerin aktif katılımının ebeveyn-çocuk etkileşimini güçlendirdiği, bu etkileşimin çocuğun günlük yaşamında öğrenme fırsatlarını artırarak terapi hedeflerinin daha etkili bir şekilde uygulanmasını sağladığı vurgulanmaktadır. Çalışmada, nitelikli yetişkin davranışları, ailelerin iletişimde kullanabileceği etkili stratejiler ve terapist-aile iş birliğini artıran unsurlar detaylandırılmıştır. Özel gereksinimli çocuklara sunulan terapi süreçlerinde ebeveynlerin eğitiminin, terapötik iş birliği ve yetişkin öğrenme ilkeleriyle desteklenmesi gerektiği ortaya konulmuştur. Terapistlerin ailelerle birlikte çalışarak öğrenme sürecini bireyselleştirmesi, terapi hedeflerinin günlük yaşamda genellenmesini kolaylaştırmaktadır. Bu çalışmanın sonunda, dil ve konuşma terapisinde ailenin etkili biçimde katılımını sağlayan başlıca etmenler açıklanmıştır. Ayrıca, çalışma, ebeveynlerin evde terapi tekniklerini pekiştirmelerini sağlayan, müdahale sürecinin genel etkinliğini ve tutarlılığını artıran özel eğitim programlarının önemini vurgulamaktadır.

Anahtar sözcükler: Aile katılımı, dil ve konuşma terapisi, terapide işbirliği, aile merkezli terapi

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Introduction

Communication is defined as the transfer of feelings, thoughts, or information to others through any means. Language is one of the main tools used to communicate, and one of the most common forms of expression of language is speech. If communication is considered an umbrella concept, language and speech are inseparable parts of this concept. Language is a complex and dynamic system involving conventional symbols that shape thought and communication (Owens 2024). Speech is a complex process that requires motor skills and occurs through the interaction of physical, psychological, and neurophysiological factors. It is the entirety of sounds produced in a continuous and dynamic flow through the coordinated movements of speech organs (Lieberman and Blumstein 1988, Borden et al. 2011).

From the moment they are born, babies acquire communication and language skills through similar processes in interaction with adults. Individuals can develop different levels of language and speaking ability due to various factors that affect their communication skills. Some individuals may face various difficulties in communication, either innately or due to environmental factors. Individuals whose individual developmental characteristics and educational competencies differ significantly from those of their peers are defined as individuals with special needs. This can occur due to various factors that may occur before, during or after birth. Children with special needs represent a highly heterogeneous group. This group includes children with intellectual disabilities, autism spectrum disorders, specific learning disabilities, speech and language disorders, hearing and visual impairments, physical disabilities, emotional and behavioral disorders, and multiple disabilities (Salend 2008, Ergül 2020). Each group has unique needs and strengths in terms of communication, language, and speech development. Therefore, individualizing therapy processes and ensuring active family involvement are highly important (Roberts et al. 2014).

Children with special needs face various difficulties in language and speech development. They need support in this area from early ages. The main purpose of support services to be provided to children with special needs from an early age is to reduce the effects of difficulties they face and improve their quality of life. Children with special needs may also experience significant difficulties in the areas of communication, speech and/or language. In this sense, it is very important to provide speech and language therapy support services from an early stage (Allen and Mayo 2020, Sandbank et al 2020, Seager et al 2022, Westby 2021).

Speech and language therapy focuses on the evaluation, prevention, diagnosis, and treatment of communication, language, speech, and swallowing disorders (American Speech-Language-Hearing Association [ASHA] 2025). Supporting speech and language development is essential not only for effective communication but also for preventing potential challenges in academic and social settings.

A key factor in the success of these therapy services is active family involvement. When families integrate therapy goals into daily routines and provide a supportive environment, it greatly contributes to the child's progress. Their participation enhances the effectiveness of the therapy and helps children reach their developmental milestones. In addition, the way families communicate with their children plays a crucial role in promoting speech and language development. By taking part in therapy sessions, families can learn practical strategies and apply them in everyday interactions, reinforcing their language and communication skills (Buckley and Le Prévost 2002, Paul and Norbury 2012, Seager et al., 2022).

There are different approaches to planning speech and language therapies. The active participation of families, especially in early childhood, is important in speech and language therapies. These approaches determine how families are involved in therapy. Approaches differ in terms of how therapy practices are carried out and who is responsible for making clinical decisions. According to the literature, approaches are generally divided into clinician-centered approaches, family-centered approaches and hybrid approaches (Watts- Pappas et al. 2008). These approaches can be explained as follows: clinician-centered approaches involve structured and guided techniques where the therapist has more control over the process. The therapist plans the therapy session, sets goals and directs the session. These approaches involve more didactic methods and the systematic acquisition of language skills (Fey 1986, Paul and Norbury 2012). In the family-centered approach, the family is not only the client but also the primary

decision maker in the child's therapy process. Establishing a positive relationship between the speech and language therapist and the family is very important in this model. This model is frequently used because students with special needs need lifelong support (Mcleod and Baker 2017). In the literature, we basically see that the approaches are considered family-centered and clinician-centered, but according to Watts-Pappas et al. (2008), the approaches are listed as clinician-centered approach, parent-as-therapist aide, family-centered approach, and family-friendly approach (Figure 1).

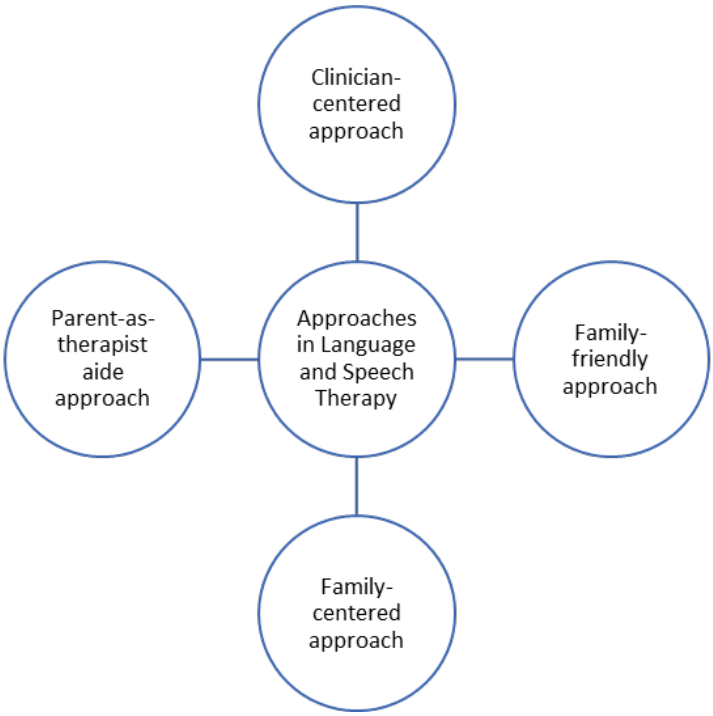

Figure 1. Therapy approach (Watts-Pappas et al. 2008)

A distinction was made according to who was the decision maker in determining the goals of speech and language therapy support and who was the primary focus of the intervention. In the family-friendly approach, the family is involved in the intervention plan as a client, but the child is the primary client. The family can also participate in decisions to be made for the child. However, again, the primary decision maker is the therapist. The speech and language therapist (SLP) is responsible for delivering an evidence-based and effective intervention. In the case of children with special needs, families are encouraged to actively participate in the intervention. Especially in language therapy for students with special needs, the specialist therapist should be the primary decision maker on which language structures, e.g., morphemes, should be prioritized and which components of language should be supported. In the family-friendly approach, the therapist acts as the person who determines the goals for the child, but the decisions can also vary according to the wishes of the family. Families actively participate in the therapies. In the parent-as-therapist aide approach, the clinician is the decision maker, and families participate in the therapies. When making a decision, the clinician determines the child's needs and plans accordingly. The approaches differ according to who has the primary role in decision-making in the creation of the intervention plan, and the role of the family in therapies also differs according to the approaches (Watts-Pappas et al. 2008, Mcleod and Baker 2017).

The importance of family involvement and family-centered approaches in early childhood is emphasized in the literature (Buckley and Le Prèvost 2002, Wetherby and Woods 2006, Kaiser and Boyd et al. 2010, Roberts and Kaiser 2012, Roberts 2013, Seager et al. 2022). This study aims to provide recommendations on key factors for establishing collaboration with families and on quality adult behaviors in speech and language therapies offered to children with special needs in early childhood.

Family Involvement and Its Importance in Interventions for Children with Special Needs in Early Childhood

Early childhood is a period covering the ages between 0 and 8 (Ayyıldız and Karataş 2020). The concept of early childhood intervention (ECI) refers to services provided during both the early intervention and preschool special education phases. In the United States, ECI is typically divided into two distinct age ranges: early intervention for children from birth to age three and preschool special education for those aged three to five. However, in many other countries, ECI commonly includes services from birth through the age of six and, in some cases, extends to the age of eight (Soriano 2005, Dunst and Espe-Sherwindt 2016, Tomris and Çelik 2022). In particular, 0--3 years is called the critical period. This is because it is a period when children's physical, cognitive, emotional and social development is the fastest and can have lifelong effects. The baby needs a safe, loving, and properly supported environment to grow and develop healthily during this period. In some cases, problems affecting speech and language development may occur. Problems that occur before, during or after a baby's birth can lead to communication, speech and/or language disorders. Moreover, a different disease, syndrome, or disorder can impact speech and language skills. A child who has problems communicating with his or her environment may have problems with social, academic, and cognitive skills, as well as behaviors. For this reason, it is important to support children and families with developmental disabilities or inadequacies from the earliest stages in a way that is appropriate for their needs (Salend 2008, Ergül 2020).

Services to be provided in accordance with the needs of the child in the early period should be carried out in cooperation with experts from different disciplines (Geer and Rosenberg 2016). Speech and language therapists are also part of this team for children with special needs who have communication, language and speech problems. In early childhood, speech and language therapists evaluate children's communication, language and speech skills, prepare intervention programs and ensure the active participation of the family in the program (Watts et al. 2008, Mcleod and Baker 2017).

Buckley and Le Prèvost (2002) emphasize family involvement and multidisciplinary approaches among the basic components of early intervention in speech and language therapy. In particular, individualized therapies should be tailored to the developmental needs of children, and the positive impact of the active participation of families in the therapeutic process on children's language development is highlighted. This process is said to support not only communication skills but also children's social, academic and behavioral development. While the need for multidisciplinary cooperation for children with special needs is emphasized, family participation plays a critical role in different disorder groups. Shaping early intervention programs according to the specific needs of children and involving families in the process is important for both the development of children and support for parents (Boyd et al. 2010). The increased interaction between families and their children and providing them with appropriate language support play decisive roles in the development of children's language and communication skills (Kaiser and Roberts 2013, Seager et al. 2022).

The family-centered approach is at the forefront of the language and communication support services offered to children with special needs in early childhood (Mandak and Light, 2018). Wetherby and Woods (2006) reported that teaching parents various strategies to improve their children's social skills enabled them to establish more interactive and responsive communication with their children. This contributes to children's development of communication skills by increasing opportunities for social interaction while enabling parents to provide more informed and effective support to their children. As a result, the literature emphasizes that family–child interaction in the early intervention process is a critical factor in the development of children's language, communication, motor, and social skills and that family involvement is considered a fundamental element that increases the success of intervention programs. It is important for families to establish efficient interactions with students with special needs in daily life. The following sections provide detailed information about quality and efficient adult behaviors, interaction environments, and strategies that support communication.

Quality Adult Behavior

Quality adult behaviors have characteristics that can be easily integrated into natural daily interactions to support children's development. These behaviors aim to improve the quality of adults' (parents, teachers, etc.) interactions with children and transform these interactions into learning opportunities. Adults who regularly engage in quality interactions with their children in daily life effectively support their children's development, social-emotional skills and communication abilities (Mahoney et al. 2006). Quality adult behaviors are examined in four main sections (Table 1).

In speech and language therapies, the interaction behaviors of families of students with special needs toward their children should be evaluated, and behaviors that negatively affect communication and quality adult behaviors should be identified. Families should be informed about quality adult behaviors, and the therapist should be a model for the family. Importantly, strategies to support communication, language and speech development are also explained to the family, and plans are made for the family to acquire these strategies in practice.

Table 1. Quality adult behaviors (Diken et al. 2024)

Being Sensitive and Responsive	Being Sensitive: It means that the adult follows the child's interests and leadership, respecting the child's chosen activities. This requires valuing the child's individuality. Being Responsive: Monitoring the child's behavior and giving appropriate and supportive responses; making sense of what the child says or does with verbal expressions. Being Efficient: Engaging the child's interest in the game or activity and helping them to participate actively. Being Creative: Attracting and maintaining child's interest by developing different approaches during play or activity.
Being Emotionally Expressive	Acceptance: Verbal and nonverbal affirmation and valuing of the child's current behaviors. Enjoyment: Enjoying spending time with the child and being able to show this enjoyment. Warmth: Conveying positive emotions to the child through gestures, facial expressions, tone of voice, or touch. Using Verbal Reinforcement: Rewarding the child's behavior with positive verbal expressions.
Being Success-Oriented and Directive	Being Success-Oriented: Providing rich and meaningful stimuli to support the child's development. Aims to teach skills through games and activities without pressuring the child. Being Directive: Providing direction and guidance as needed while supporting the child's independence. Following the child's play leadership without being overly controlling during the interaction.
Pace of Interaction	Adjusting the pace of interaction to suit the child's needs. Allowing sufficient time for the child to respond (e.g., waiting for 3-5 seconds).

Use of Techniques to Support Communication, Language and Speaking Skills

Speech and language therapists use various strategies and techniques to support children. It is important to select and use techniques appropriate to the child's developmental level. In family-centered or family-participating therapies, these techniques are explained and provided as models for families. The aim is to increase the family's correct use of these techniques. These techniques are explained with examples below (Paul and Norbury 2012, Diken and Kalaycı 2019, Maviş, 2021):

1. Imitation: Strategy involves the therapist repeating the child's expressions or behaviors. This approach is used to support the child's attempts at communication and encourage them to interact more.
2. Being a model: This strategy is used to help the child learn a language structure that he or she does not yet use. To attract the child's attention, the language structures to be taught can be emphasized acoustically without disrupting the rhythm and flow of speech. For example, the child points with his/her hand to the jug on the counter. The mother says, "you want water" and becomes a model.
3. Self-talk: Self-talk is a strategy in which the therapist or teacher verbalizes their own actions while accompanying the child's play. In this approach, the therapist becomes a model for the child by describing his or her own actions aloud. For example, when a child builds a bridge with Legos, the therapist builds a bridge in the same way and uses expressions such as "Look, I'm building a bridge. First, I put the red Lego on, then I put the blue Lego on. See?". In this process, the therapist provides a linguistic model for the child by explaining his/her own actions and helps the child learn how to express his/her own actions.
4. Parallel talk: Parallel talk is the verbalization of the therapist's observations and comments about the child's activities. For example, while the child is playing the game of feeding the child, the therapist supports the child's activity with sentences such as "The baby is hungry, you are feeding the baby." This method helps the child make a linguistic connection to the actions they are doing and encourages the development of language skills.
5. Expansion: This expansion involves the therapist taking the child's expression of a sentence or word and expanding it in a more meaningful and grammatically correct way. This strategy improves the child's current language level while providing him/her with an accurate language model. For example, when the child says "airplane" while flying an airplane during play, the therapist expands the phrase by saying "the airplane is flying". This process contributes to the development of the child's language skills and enriches his/her vocabulary.
6. Asking questions: This consists of steps such as asking questions appropriate to the child's language level, open questions and questions that the child can actually answer. Families should provide time for the child to respond by paying attention to the pace of interaction after they are asked a question. Therapists can encourage the child to ask questions when working with the mother and child. For example, the therapist asks "What do you have here?" The child responds, "a cat". The therapist expands by saying, "Yes, the cat is drinking milk". Then, he/she can direct the child to ask questions by saying "Let us ask your mother too, come on, you ask her". In conversations, attention should be given to the variety of questions appropriate to the developmental level that will perform different communicative functions. Attention should be given to the question-conversation balance.

Routines, Games, Reading, and Technology

Daily Routines

Speech and language therapists can provide families with information and become models for daily routines on how to improve a child's speech and language skills. Daily routines provide opportunities to develop children's language and speaking skills. In these routines, children encounter the same words and language structures repeatedly. Effective interactions during these repetitions contribute to the acquisition of vocabulary and language structures.

Daily routines offer numerous opportunities to support speech and language development (Cheslock and Kahn 2011, Paul and Norbury 2012, Rapport et al. 2004). However, sometimes families may not be aware of these strategies or may not use them sufficiently. At this point, speech and language therapists should support and encourage families in this regard. The support offered can be adapted to suit the family. For

example, families can make video recordings of their daily routines at home, and speech and language therapists can provide feedback to these families. If possible, periodic home visits can also be useful in supporting families.

Learning Through Games and Activities

Play is the foundation for language development, social relationships and complex communication skills (Marcu et al. 2009). The joint attention, imitation/mimicry skills, play skills and peer relationships of students with special needs need to be supported (Kasari et al. 2008, Lifter et al. 2011). Speech-language therapists' inclusion of children's therapies, assessment processes of play skills and intervention planning and support families in this regard will provide effective solutions to overcome these challenges. Providing support to families on how to develop their children's play skills and how they can contribute to play will facilitate the reinforcement of children's skills at home and in other social settings. Parents can use linguistic expressions when playing with their children and encourage them to interact. Symbolic play in particular is an effective tool for language development. For example, while the child is playing with a tea set, the parent can turn the process into a linguistic experience by saying, "Let us make tea. Now let us fill the cups", making the process a linguistic experience (Paul and Norbury 2012).

Reading

Dialogic reading is a type of reading that allows the reader to actively interact with the book (Hargrave and Senechal 2000) and is an effective method for developing children's language and literacy skills. In this process, methods such as building background knowledge before the story, making predictions about the story on the basis of the title and pictures, and emphasizing the relationship between written and spoken language by pointing to words are used. In addition, through picture-based discussions, language concepts are introduced, story elements (characters, events, solutions) are examined, and sequencing skills are supported by having children retell the story. Post-reading activities provide opportunities to reinforce language and communication skills, making this a fun and educational process (Ergül et al. 2016, Torres, 2021).

Use of Technology and Visual Support

Speech and language therapists can provide families with information about technological applications that can be useful in supporting their children's communication skills. There are web tools where families and therapists can generate visuals to support children's language skills. Families can be counseled on how to use these tools and how to generate visuals and stories appropriate to children's levels. Artificial intelligence technology also provides the opportunity to create a variety of materials that can be used in children's speech and language therapy. Families can use tablets, computer applications and visual aids (such as picture cards and digital storybooks) to support their children's language development. For example, fun and educational environment can be created by playing a game of matching animal sounds on a tablet application with the child (Paul and Norbury 2012).

Augmentative alternative communication

Augmentative alternative communication (AAC) is used for children who cannot speak or use communication appropriately. It can be used by individuals of all age groups who have difficulties with speech or language skills. "Augmentative" refers to supporting the speech, and "Alternative" refers to being used in place of the speech. Some people may need AAC for life, whereas others may need it temporarily. Types of AAC are :

1. Technology-free or low-tech options: Such systems offer user-friendly and accessible methods to use. Tools such as writing, drawing, letter marking, picture pointing, or photographs allow individuals to express what they want to express. These options are often used to meet individuals'

basic communication needs and are often more affordable and easily accessible tools for implementation at school or at home.

2. High-tech options: High-tech options include communication tools that are more complex and often require electronic devices. iPad/tablet apps and voice computers (speech-generating devices) are examples of this group. By providing visual and auditory support, such devices enable individuals to communicate in greater detail and sophistication. Voice-activated computers often enable individuals to vocalize written text so that people with limited speaking skills can communicate more naturally and effectively (Canpolat-Çığ 2020, ASHA 2025). Speech and language therapists and families should cooperate in determining the technologies to be used.

Building Collaboration between Family and Therapist in Therapy

Collaboration between the family and the therapist is one of the most important factors that increases the success of the therapy process, especially in family-centered therapies. The concept of a "working alliance" proposed by Bordin (1979) consists of three basic elements: the identification of goals between therapist and client, the mutual identification of tasks to achieve these goals, and the emotional bond between therapist and client. This concept is in line with today's shared decision-making and individual-centered care and service approaches in healthcare (McGrath and Schultz 2024). Collaboration plays a key role in the success of therapy. In one study, to ensure collaboration between the therapist and the client, the therapist set clear goals with the client and provided regular feedback on progress. This increased the client's commitment to the therapy process (Hansen et al. 2023).

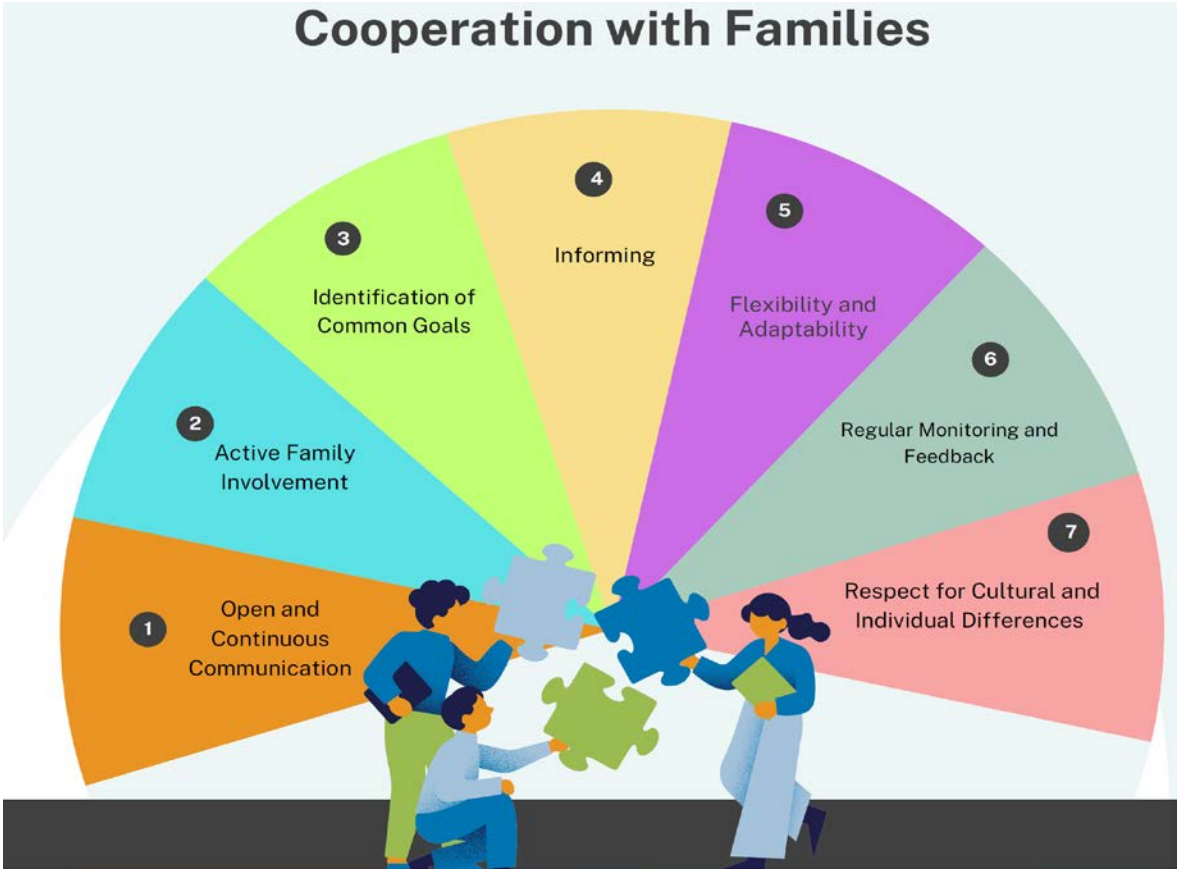

Figure 2. Significant elements in cooperation with families (Adapted from Kazdin 2008, Dunst and Trivette 2009, Pendergast and McFarlane 2011, Robert et al. 2014, Barton and Smith 2015)

A number of factors affect the relationship between the therapist and the family. For example, the client's motivation for the intervention, expectations of change and previous therapy experiences can influence collaboration. In addition, the personality compatibility between therapist and client is also an important

factor shaping the therapeutic alliance. However, while personality compatibility is a factor that can strengthen the therapeutic alliance, this may not always be the case. In addition, external factors can influence therapeutic alliance. For example, time constraints and financial barriers can negatively affect therapeutic collaboration. Moreover, the influence of family members on the client can also strengthen or weaken the therapeutic alliance. Family members' attitudes toward and interpretations of therapy may influence how the patient perceives the therapeutic alliance. The development and maintenance of a therapeutic alliance is a dynamic process based on mutual trust, understanding and cooperation between the therapist and the client. In this process, the therapist's personal characteristics, the relationship with the client, and external factors play crucial role (Mandak and Light 2018, Biggs et al. 2024).

The effective participation and cooperation of families in therapeutic processes is an important factor that directly affects the development of the child and the success of the therapy process. To ensure the active participation of families in therapy, therapists need to inform, motivate and guide them throughout the process via specific strategies. Important elements for effective collaboration with families in therapy processes are presented in Figure 2.

1. Open and Continuous Communication

The therapist should provide the family with clear and understandable information at every stage of the process. The goals of the therapy, the methods used, and the expected outcomes should be shared in detail with the family. Families' concerns and expectations should be listened to regularly, and feedback on the process should be given. Speech and language therapists should communicate clearly and concisely with their families at every stage of the therapy process. Informing the family in detail about the aims of the therapy, the methods used, what will be done during the therapy, and the expected results can guide the family correctly about the process.

Families' knowledge of the goals of therapy helps them understand why therapy is being performed and what techniques are used. In addition, families' concerns and expectations should be regularly listened to, and regular feedback on the process should be given. This feedback allows the therapist to guide the process more efficiently and helps families gain confidence in the progress of the therapy (Gergen et al. 2001, Kazdin 2008).

2. Active Family Involvement

The family should be an active participant in the therapy, not just an observer. Therapists should teach family strategies and techniques and encourage them to apply them at home and in daily life. For example, methods used in speech and language therapy, such as modeling or extension, can strengthen the role of the family (O'Neill and Cummings, 2006, McWilliam, 2010, Robert et al. 2014).

3. Identification of Common Goals

Families and therapists should set common goals at the beginning of therapy. Goals should be appropriate for the needs of the child and organized to meet the expectations of the family. The goals to be set should be clear and precise. Adjustments should be made when necessary. This process both increases the family's trust in the process and enables the therapist to create a road map toward the goal (Sheridan and Kratochwill 2007, Dunst and Trivette 2009).

4. Informing the Family

The therapist should educate families about the child's development and the approaches used in therapy. These training programs allow families to better understand the child's needs and learn supportive techniques they can apply at home. For example, strategies to support language development in daily routines or during play should be taught to the family (Girolametto and Weitzman 2002, Robert et al. 2014, Barton and Smith 2015).

5. Flexibility and Adaptability

The strategies used in therapies should be adapted to the cultural, social, and economic conditions of the family. The therapist should provide personalized recommendations taking into account the family's living conditions (McCabe 2008, Pendergast and McFarlane 2011).

6. Regular Monitoring and Feedback

The therapist should regularly evaluate the progress of the therapy and share it with the family. When providing feedback to the family, positive developments should be emphasized, and solutions should be offered for difficulties encountered (Mahoney and Wheeden 1997, Robert et al. 2014).

7. Respect for Cultural and Individual Differences

Therapists should consider the cultural and individual characteristics of families and adapt therapy plans accordingly. This approach makes the therapy more meaningful and effective for the family. Adaptations that consider the cultural background of families increase the effectiveness of therapy (Vasquez 2007).

In addition, in establishing cooperation in therapy, it is important to remember that adults learn new information in therapies and that the learning processes of adults differ (Rush and Shelden 2020). Adults' learning processes differ significantly from those of children and young people. These differences should be taken into account in the design and implementation of therapy. Adults' previous life experiences are influential in their learning, and they want to associate new knowledge with these experiences. Past experiences can have both positive and negative effects on learning (Knowles et al. 2014). We may encounter families who have some difficulties in exhibiting quality adult behaviors in their interactions with children. For example, families may experience difficulties in playing games for cultural reasons. In a study examining parents' reasons for not playing games, it was found that parents had difficulties playing games with their children. The reasons for these difficulties include not knowing any games, not liking them, not wanting to play, the idea that children's ages are not suitable for the game, peer pressure, other people's opinions, traditional reasons stemming from negative examples from their ancestors and a crowded family structure (Gülen and Barış 2020). For families to be more effective in the therapy process, therapists should encourage interactions within the family and provide appropriate training programs, taking into account the individual and cultural differences of each family. Therapists' understanding of adults' learning styles and previous experiences is a critical factor for a successful therapy process (Vygotsky 1978).

Importantly, every family, and even each parent, is different. Families should be taught the importance of the techniques and how to apply them step by step. While some families can adapt these techniques to their daily lives in a short time, others may experience difficulties. In such cases, speech and language therapists should provide guidance. When adults see that their learning efforts are solving problems or directly benefiting their lives, their motivation increases (Knowles et al. 2014). To increase motivation, families should be made aware of their successful practices and should also notice the development of the child (Cole and Flexer 2007, Ertürk Mustul et al. 2016, Robert et al. 2014).

Engaging Families in Language Intervention

In engaging families in therapy, the therapist can use the following steps (Robert et al. 2014). The speech and language therapist explains how and when to use the intended strategy, models and supports the family in using the strategies. Finally, the family and the therapist evaluate the session, and the therapist plans with the family what they can do at home. This model is referred to in the literature as family coaching (Roberts et al. 2014). Ensuring the active participation of families in therapies and supporting families will support the child's language development:

1. Teach, Introduce the Strategy: In this stage, the caregiver is informed about how and when to use the strategy. The impact of the strategy on the child's development is explained in detail.

2. Model, explain and demonstrate: The strategy is applied to the child so that the caregiver can observe and learn. During modeling, when and why the strategy is used is explained. The child's behavior and language are referenced in the explanation.
3. Support-practice (Coach): Opportunities are provided for the caregiver to apply the strategy. Caregivers are supported in how to use the strategies effectively. The feedback process should include both praise and constructive suggestions for improvement.
4. Review, discuss, evaluate, and plan: The session and target strategies are reviewed with the caregiver. How the strategy was used and its effects on the child's communication skills are reinforced. Finally, a plan is made regarding when and how the caregiver will apply the strategy at home (Roberts et al. 2014, Roberts et al. 2019).

Conclusion

This study emphasizes the impact of family involvement on the language and communication development of children with special needs. The literature shows that the active involvement of families in the therapy process supports children's language development and enhances the long-term effects of therapy. The active participation of families in therapies allows children to use what they learn in daily life and makes therapy processes more functional (Cole and Flexer 2007, Roberts et al. 2014, Roberts et al. 2019). Therapists should offer guidance and direction to families to enable them to become active practitioners rather than merely playing an informative role (Sone and Roberts 2021). In this context, family-centered approaches allow parents to take active roles in the therapy process and facilitate the child's integration of communication skills into daily life (Watts-Pappas and McLeod 2009). Empowering families in therapy processes not only improves children's language and communication skills but also positively affects family–child interactions and provides more holistic support. In conclusion, family involvement is an integral part of the speech and language therapies offered to children with special needs, and the active participation of families in therapy processes helps children make faster and more permanent progress in language development.

Future research in the field of speech and language therapy may focus on optimizing family involvement and enhancing collaborative practices between families and clinicians, particularly in interventions targeting children with special needs. Investigations can explore evidence-based strategies to increase the effectiveness of family participation in therapy and examine factors that influence the quality and sustainability of the therapist–family partnership. A critical area of inquiry involves the development and evaluation of structured programs designed to foster active family engagement, incorporating user-friendly therapeutic techniques that can be implemented in home settings to reinforce intervention goals. Furthermore, regular and systematic feedback sessions led by speech and language therapists may serve as an effective mechanism for identifying family needs, disseminating relevant therapeutic knowledge, and promoting shared responsibility in the therapeutic process. Research is also warranted to examine how therapists conceptualize and operationalize the key components of successful collaboration within the context of family-centered intervention models.

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