

Social Validity Evaluation of the Hanen Program It Takes Two to Talk® in Spain

Communication Disorders Quarterly

1–10

© Hammill Institute on Disabilities 2020

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/1525740120967013

cdq.sagepub.com



Nuria Senent-Capuz, PhD¹ , Inmaculada Baixauli Fortea, PhD¹, and María J. Perales, PhD²

Abstract

This study sought to assess the social validity of It Takes Two to Talk (ITTT)[®]—The Hanen Program for parents, delivered to families of children with language delays in Valencia, Spain. Social validity was assessed using a multi-method approach—questionnaires (filled out by the parents) and a focus group—at different times during the program and at follow-up. The acceptability of the procedures used in ITTT[®] was positive in terms of the program format and the didactic resources used, such as the video-recordings of the parent–child interactions. Parents also expressed their overall satisfaction with the results, regarding changes in their communication style and the advances observed in their child’s language development. However, some suggestions were made to better meet the families’ needs related to the length of the program and distribution of the contents, the time devoted to individual training, and the adaptation to the context.

Keywords

Hanen program, parent-implemented, language intervention, social validity, focus group

Introduction

Recommended practices for toddlers with language and communication delays include collaborating with parents and caregivers to embed interventions within everyday activities and routines (Akamoglu & Meadan, 2018; American Speech-Language-Hearing Association [ASHA], 2008). One of the most widely known programs for families of children with communication difficulties is the *It Takes Two to Talk—The Hanen Program for Parents (ITTT)[®]* (Pepper & Weitzman, 2004). It aims to facilitate positive, reciprocal, and frequent interactions between parents and their children while teaching families a language style characterized by responsiveness and adjustment to the child’s communicative level through the use of language facilitation techniques.

The ITTT[®] program is delivered by a speech-language pathologist certified by the Hanen Centre. It comprises eight group sessions and three individual visits where parents are filmed interacting with their children while they apply the strategies taught during the program. Each group session lasts approximately 2.5 hours, and it includes a combination of interactive presentations, discussions, video analysis, and opportunities for practice. A more exhaustive description of the program is provided by Girolametto and Weitzman (2007).

Research on the Social Validity of ITTT[®]

Social validity (Wolf, 1978) is a three-dimensional construct that encompasses (a) the social importance of the

intervention goals, (b) the acceptability and adequacy of the treatment procedures, and (c) the satisfaction with the results and their significance for the participants. The assessment of social validity helps to identify aspects that may require modification to better adapt interventions to the demands and needs of the individuals receiving them. Based on these considerations, a thorough and comprehensive assessment of the social validity of parent-implemented interventions such as the Hanen program is warranted.

Although still scarce, a few studies have been carried out on this topic. In the first study, by Girolametto et al. (1993), the parents considered that the program changed their interaction style with their children through the integration of the techniques taught. In addition, a high percentage (88%) of parents noticed advances in their children’s communication abilities. They positively valued the group format of the sessions and the individualized feedback provided by the speech-language therapists about the video-recordings made during the individual home visits. By contrast, the

¹Catholic University of Valencia San Vicente Mártir, Valencia, Spain

²University of Valencia, Spain

Corresponding Author:

Nuria Senent-Capuz, Director of Occupational Sciences, Speech Language Pathology and Developmental and Educational Psychology Department, Faculty of Psychology, Catholic University of Valencia San Vicente Mártir, Av. de la Ilustración, 2, 46100 Burjassot, Valencia, Spain.

Email: nuria.senent@ucv.es

small-group activities and the home assignments received the lowest ratings.

Subsequently, Baxendale et al. (2001) explored parents' opinions about the Hanen program in the United Kingdom. Parents expressed their initial apprehension about the indirect nature of the Hanen philosophy, which contrasted with their previous concepts about language speech therapy, but this idea evolved as the intervention progressed.

Regarding the techniques taught, parents highlighted the strategies that promote interaction, particularly, staying at the child's level or waiting and following his or her lead. The parents also positively valued the group experience and the use of videos as a learning tool, both their own video-recordings and those shared by other participants. Role-playing received the worst ratings: parents reported that they felt anxious when they had to role-play with people they did not know. Likewise, the videos included in the program to illustrate the strategies had a less favorable response, probably due to different interaction patterns across cultures.

In the same way, Pennington and Thomson (2007) tried to capture the speech-therapists' views through four focus groups about the Hanen program. As in previous studies, the therapists perceived that the main result of the program was the positive change in parents' communication patterns. They also highlighted that parents seemed to become more empowered and confident. The group format was assessed, with pros and cons noted. On one hand, parents learned from each other through peer questioning, constructive criticism, praise, and sharing experiences. On the other hand, some families, particularly those that declined to enroll in the program, were reluctant to participate in a group format, perhaps due to having a more reserved nature and feeling uncomfortable when discussing family issues with other people.

Later, Pennington and Noble (2009) analyzed the acceptability and usefulness of ITTT[®] delivered to parents of pre-school children with motor disorders. As in the study by Baxendale et al. (2001), the parents expressed concerns about the methodology used and about being exposed to strangers. Likewise, they highlighted the need to be emotionally and mentally prepared for the intensive training involved in ITTT[®]. Regarding the group format, the parents found the group sessions to be useful because they were able to meet people in similar situations, learn tips about different issues, and gain confidence from sharing experiences. With regard to the teaching methods, the parents positively valued the videos that the therapists filmed with their children and the feedback provided. Nevertheless, parents were not comfortable with showing their videos to the whole group, even though they found the comments made by other parents useful. Mixed opinions were expressed about the illustrative videos included in the program because some

parents were put off by cultural differences in interaction styles. In addition, as in Baxendale et al. (2001), some parents did not enjoy the role-play and felt that it had a limited impact.

In summary, most of the research to date that has addressed the social validity of the ITTT[®] program has provided valuable insights about its acceptability. However, some of these studies were published a long time ago and in English-speaking settings. For these reasons, it is necessary to update and extend the knowledge about parent-implemented programs, in this case ITTT[®], to other contexts, such as other countries and cultures. Thus, this study aims to analyze the social validity of the ITTT[®] program delivered to families of children with language delays in Valencia, Spain. Specifically, it focuses on two dimensions of this construct: the adequacy of the intervention procedures (acceptability) and the social significance of the results for the parents and children.

Method

Participants

Families were contacted through Early Care Centers in Valencia, Spain. Sixteen families attended an informative session where they were offered the possibility of participating in a study on the effectiveness of the Hanen ITTT[®] program (Senent, 2017). Thirteen families decided to take part in the study, but one family did not finish the program. The final sample was composed of 12 families, 14 participants in all because in two cases both the father and the mother attended the course. Because the program requires that, for each child, one parent has to regularly attend all the sessions, the unit of analysis in this study was the "family." Although in two cases both parents regularly attended the course, 12 respondents have been considered. The participants' characteristics are presented in Table 1. The respondents were homogeneous in terms of socioeconomic and cultural level.

With regard to the children, there were 13 in all (including a pair of twins), and they had different kinds of language impairments: 10 were late talking toddlers, one child had language development problems due to hydrocephaly, and two children had a global developmental delay. There were six boys and seven girls, with ages ranging from 18 to 40 months and a mean age of 29 months (standard deviation = 7.09).

Procedure

Social Validity Assessment

To assess the social validity of the ITTT[®] program, a multi-method approach was adopted at different times through the use of the following instruments:

Table 1. Participants' Characteristics.

Sociodemographic variables		Questionnaires		Focus group	
		N = 12	%	N = 6	%
Gender	Men	5	41.67	2	33.33
	Women	7	58.33	4	66.67
Type of family	Single-parent	1	8.33	1	16.67
	Two-parent	11	91.67	5	83.33
Family size (mean number of children)	One	4	33.3	2	33.33
	Two	7	58.33	3	50
	Three	1	8.33	1	16.67
Language	Spanish	11	91.67	5	83.33
	Bilingual	1	8.33	1	16.67
Highest educational level	Postsecondary	5	41.66	2	33.33
	College/University	7	58.33	4	66.6
Age		M	Range	M	Range
		34.9	32–42	35.8	32–42

Note. Bilingual (Spanish-Valencian).

1. Session questionnaires and a final evaluation form: After each session, each parent filled out a questionnaire provided by the program. They had to rate how they felt about the session on a Likert-type scale ranging from 1 (*not very useful*) to 5 (*very useful*). They also had to finish open-ended statements such as “What I liked the most was:”; “I was surprised by . . .”; “The most important thing I learned was:”; “This session would have been better if:” and “I would also like to say:.” At the end of the course, parents filled out a final evaluation form provided by the program, which included some questions adapted from Girolametto et al. (1993). This questionnaire contains nine open-ended questions and 11 items rated on a Likert-type scale, which assess aspects related to the resources, organization, learning dynamics, and strategies used in the program (from 1 = *not very useful* to 5 = *very useful*).
2. Focus group: A focus group was held 6 months after the program ended. This technique is a qualitative research method that involves engaging a small number of people in a group discussion about a particular topic (Wilkinson, 2004). As mentioned above, all the families that took part in the program were contacted to attend the discussion group. Finally, six families participated in the focus group, in addition to the moderator, the research coordinator, and a methodology expert. The session was held in the University Gesell room and was recorded on video and transcribed verbatim. To implement the technique, a summary of the most relevant information gathered from the questionnaires was

elaborated and shared with the participants. The session lasted 90 min.

Data Analysis

Session Questionnaires and Final Evaluation Form

To analyze the information provided by these instruments, a quantitative analysis was carried out through the use of descriptive statistics. These data were enriched with references to the comments included in the open-ended questions from the questionnaires and the final evaluation form.

Focus Group

A precise verbatim transcript of the focus group session was carried out and, afterward, it was translated and transcribed into English by a certified professional transcription service. Qualitative data were organized into codes (assigned to each participant), categories (previously identified from the questionnaires), and themes and subthemes integrated in each category (Braun & Clarke, 2006). Descriptive sentences related to the participants' perceptions about the program were extracted, and a list of themes was created. The final themes were determined by considering the interrelation between the contents and the study objective.

The validity was considered in the quantitative phase and in the focus group. As evidence of the validity of the questionnaire analysis, the participants were provided with a synthesis of the qualitative data gathered through the open-ended questions from the questionnaires. They had access to a first classification based on their original statements. During the

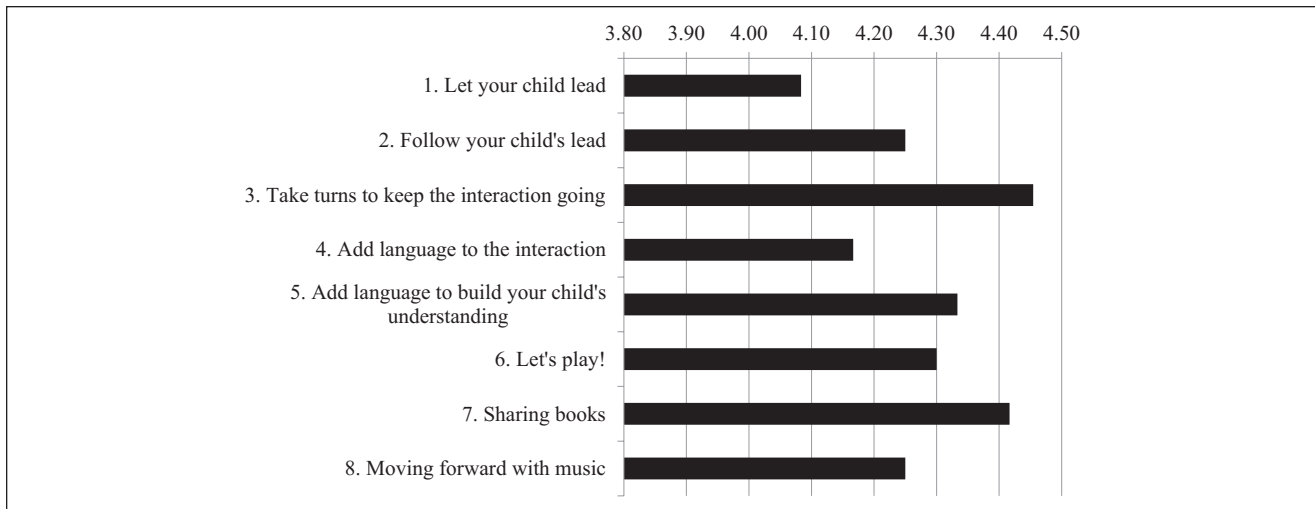


Figure 1. Average ratings of the sessions.

focus group, the participants commented on, qualified, and extended this information. In this way, member checking was used to show the veracity of the qualitative data (Creswell, 2008).

In addition, all the researchers reviewed the established categories obtained from the focus group analysis, reaching an agreement about the final classification. This intersubjective agreement provides evidence of the validity of the categorization. Finally, given the mixed methodology used, and to avoid bias, the analysis procedure was equated, balancing the qualitative and quantitative perspectives.

All the procedures carried out in this study followed the ethical norms stated in the Declaration of Helsinki in the European Council Agreement, 1964 (World Medical Association, 1996). All the participants gave their written informed consent before starting the research.

Results

Results of the Session Questionnaires and Final Evaluation Form

Both the questionnaires employed at the end of each session and the final evaluation form show that the involved families rated the program very positively. The overall average rating of the sessions was 4.28, and the median for the item "Overall Impression," which corresponded to the question "what score would you give to this program?" was 5. On the question about recommending the program to other parents, the answer was unanimously "yes." Likewise, the answers to the open-ended questions showed the same positive assessment:

Things I liked: it is also useful for other ages, the examples with the videos and the reflection on them are very didactic; I liked to see that other children have the same problems as my daughter.

I liked learning that I have to imitate and interpret him; an apparently simple change in the adult may change the child's initiative.

The analysis of the evolution of the session ratings provides relevant information about the contents and the strategies used. A general view is presented in Figure 1.

The evolution of the ratings shows an increase in the first three sessions, a clear decrease in the fourth, another increase from the fifth to seventh sessions, and finally a decline in the eighth session. The parallel analysis of the qualitative comments may explain the positive evaluation, in crescendo, of the first sessions, related to greater perceived competence. An alignment was observed between the increased difficulty of the techniques taught in the fourth session and the decrease in the scores. Then, the ratings increase again, possibly because the following session reinforces what has been learned, and the practice carried out during the week shows the feasibility of the strategies. The relative drop in the last session assessment may be accounted for by fatigue or even by the perspective of finishing the program. In some cases, the proposals in the last session were considered a bit distant from our cultural context, that is, from the social norms, beliefs, values, and characteristic behaviors of the Spanish culture, as will be explained later.

With regard to the *learning dynamics* proposed by the program, some parents mentioned their lack of usefulness. They stated that it was easier to connect with them through the examples of situations reflecting the strategies being applied:

For me, the small-group activities were not very useful, I would prefer to do activities with X (name of her daughter).

The dynamics are not adapted to our way of being.

Table 2. Parents' Ratings of the Intervention.

	<i>M</i>	<i>Mdn</i>	<i>SD</i>
Group sessions	4.67	5	0.49
Individual home visits	5.00	5	0.00
Assessment of the video-recordings of the parent-child interaction in group sessions	4.58	5	0.67
Observing and analyzing the videos reflecting the interaction between you and your child	5.00	5	0.00
Sharing ideas and trying to solve problems with other parents	4.83	5	0.39
Sharing the responsibility of fostering the communicative abilities with other family members	4.25	4	0.75
Reading the manual	4.25	4	0.75
General impression	4.83	5	0.39

Regarding the *materials* provided, there were different opinions:

I liked the examples with the videos and the reflection about them.

The videos were a bit heavy.

In addition, parents' ratings of the *intervention procedures*, reported in the Final Evaluation Form, show an overall positive assessment.

Other topics addressed were related to the *format* (group sessions and individual visits). The ratings in both cases were positive (as Table 2 shows, with a median of 5), but the mean shows that the individual home visits obtained a slightly higher score. Both items had a median of 5, with no variability, which was confirmed by the following parent comments:

The video-recordings at home, we think they are the best. They give you a point of view about the mistakes made that is impossible to obtain any other way.

The worst elements rated were "Sharing the responsibility of fostering the communicative abilities with other family members" and "Reading the manual." Finally, the references about the *perceived changes* should be highlighted, due to their relationship with social validity, confirming the overall positive assessment of the program.

Qualitative Focus Group Analysis

The content analysis of the three initial categories (Overall assessment, Design, and Group) revealed different themes and subthemes.

Category 1: Overall Assessment

The session began with two open questions: What is your overall assessment of the ITTT® program? and Did it meet your expectations?

Assessment. The overall assessment is clearly positive, as the parents' comments reveal:

... Well, like everybody, I think that it has been very positive for X and for us, as a family structure, because it has completely changed our behavior, trying to apply all this stuff that we learned here to be closer to my child. Then ... eh ... for us Hanen has meant a before and after. (Participant (P), 5)

Expectations. The opinions expressed show that the parents had different knowledge, attitudes, and beliefs about the Hanen program. Therefore, they had different expectations, which influenced their appraisals:

Let's see, I had read books about Hanen, etc. ... then, more or less, I had an idea ... (P2)

... Well, we, unlike X (P2), had no idea what this was about; and, in fact, we were asking about it, what it was, if it was worthwhile ... and the truth is that everybody spoke very well about it, without explaining exactly what it was. And well, the proof is that I have bought the book. I am very happy ... (P4)

Parents' responsibility for their child's difficulty. Because families play an active role in the intervention, they may feel guilty or think they are not being effective if the outcomes are not what they desired. Furthermore, the parents may be susceptible to the comments made by the speech-language therapists regarding their interaction style. Parents made some comments about this topic:

I think that I am not doing it wrong. The situation is different, and I have to accept it. I have never seen it as my fault, but as a problem that they have and that I have to deal with in another way. You have to adapt to their problem. (P2)

Knowledge about their communication style. The increase in knowledge may involve being more aware of the children's difficulties or of the parents' role in their children's communicative development:

Learning all those techniques has made us closer and understand that communication is not only about speaking. I think that this has allowed us to know our son better and to know our environment a bit more . . . (P5)

Category 2: Design

The second category focused on the assessment of the design of the program. One of the characteristic aspects of the ITTT program is its high degree of structure: very defined materials, learning dynamics, resources, and temporal sequence.

Temporal sequence of the program. Several participants' comments were related to the duration, timetable, and number of sessions:

. . . I would say that sometimes it falls short, but it falls short because I think we liked it so much that we would like to keep on learning much more about this. But it is fantastic. (P5)

If there are more techniques to apply, yes . . . (Laughs) . . . I am referring to the fact that enough techniques and enough things have been presented, and I do not know if there will be more to make the program longer . . . (P1)

Adjustment of the content to time. The parents also commented on the distribution of the contents of the program. In this regard, they suggested that the distribution of the time devoted to the contents might be improved, mainly because of the density of the initial sessions:

. . . Maybe, in the first sessions we were a bit more nervous and a bit more anxious, wanting to know everything and more . . . So I think that we asked more, we were more eager to know. Then, maybe if those sessions had been less dense and had given the participants the opportunity to express their ideas and to say . . . I think that it would help a lot because it all would not be so concentrated. (P5)

There were so many things to do and to realize, waiting . . . things to do were piling up. (P1)

Structure, content, and teaching resources of the sessions

Individual home visits. Home visits were one of the most highly rated issues on the assessments made through the questionnaires from a qualitative and quantitative perspective:

The individual visits are made for that, where, apart from the video-recording, there has been an effort, in my case, to go to the specific point and how we could work by applying the techniques. (P2)

(Talking about usefulness) I think that yes, you present the theory for all in general, and then you filmed us at home; so we saw ourselves applying the strategies. (P1)

Group learning dynamics. Regarding the different tools, it was evident that some of the Hanen program strategies were quite linked to sociodemographic aspects of the North American context. Therefore, they were considered differentiating elements that sometimes did not fit our cultural profile:

There is one that . . . the birthday dynamics worked very well because it was entertaining and so on, but there were others that you say, well, you have to get into the role a lot. (P2)

. . . I saw it more clearly when you brought all the toys and said "I do this with my child." Then I visualize that, but playing with him (*pointing to another participating parent*) is not the same, is it? (P2)

Videos provided by the program. Some of the participating families mentioned that they did not feel identified much with the illustrative videos provided by Hanen because the videos showed North American families and the language was different. Although the program was delivered in Spanish and the parents had access to resources like the translated manual, to our knowledge, there is not an official translated version of the slides and the videos included in it:

I think that, apart from translating them, Canadian and American families' behavior is not similar at all to that of Spanish families. They make gestures, the way they speak . . . They behave in a completely different way compared to us. (P5)

If you can speak English, it is not a problem, because you understand it, but if it is a course that is going to be carried out here, that you are going to do here, I think the language should be adapted because not everything is understood . . . (P1)

Some videos we saw, we said: well, this has nothing to do with me. (P2)

These comments reinforce the idea that parents did not see themselves represented on the videos, which may impact the strategies learning process and, consequently, the purpose of the program.

Videos provided by the parents. The interventions grouped under this theme show that the work carried out with the video-recordings they made, analyzed in the group sessions, was highly valued by the parents. In addition to better cultural identification, the participants very positively rated the work with videos of people they know because it increased the closeness among them and made learning easier:

For the next courses, it would be very interesting to take some of our videos and show them because they are more similar to our society's behavior . . . (P5)

Yes, because usually you do things, but you don't see yourself. When they show the video, you realize: It is true, I have done this. (P1)

Group format. The group format is one of the hallmarks of the ITTT program. Although this might be a reason for initial reticence by families, the final assessment was very positive:

I think that part of it works well because you not only see yourself, how you are acting, how the child is reacting; but you also see how the other parents are reacting in other situations that may happen to you, and also how it is done. (P3)

Different communication stages inside the group. The diversity in the group composition implies significant heterogeneity among the children's developmental stages. Regarding this topic, different points of view were expressed:

... I think it is very enriching ... I was very happy. I liked it a lot, and I think that it was not bad to be all together. ... for me it was really good because I think that there was a common topic that was applied to everybody ... (P6)

... Well, when talking about all of the stages, yes, maybe some people may say: "no, my child does not do that anymore"; thus, for that person maybe the session is a bit boring. And parents whose children still don't do a lot because they are lagging behind or for other reasons ... (P1)

Category 3: Group

Third, the final category analyzed was the evolution of the group, which was related to both the results obtained by the adults and the changes observed in the children's communicative development.

Strategies learned. In general, when parents are referring to the results, they highlight the many strategies they learned and the change in their perspective about communicative interactions with their children:

Changes in my behavior towards her have had clear consequences. (P2)

Changes in parents' communication style. The parents who received the Hanen course focused their strategies on improving the interaction, putting themselves in their child's position, adjusting the language complexity, and improving their waiting times, among others. They applied these strategies to daily situations. The contributions of the focus group indicate that the most frequently used strategies were Observe, Wait, and Listen and Sitting face to face, to improve eye contact and joint attention during the interactions:

... The basis was observing and waiting, I think that it is the basis ... (P1)

... Face to face, the Wheel ... I remember the Wheel, I liked it a lot. It is a way of sharing with the child, to be closer to him. (P6)

... When someone sings to him, I always say "do it slower, he knows the last word, let him say it" (P4)

Changes in children's language development. Finally, the parents reported the most significant changes they noticed in their children after the program:

... X now does not pronounce well, but he does not stop talking, he never shouts. And at school he is like an earthquake, he speaks ... and I told his teacher, I told her about Hanen, and she said: "it is incredible how he has changed." (P6)

She asks, takes you by your hand, puts things on your hand, points, understands songs, that is, I see that change in me, those strategies that I am applying are having consequences for her. (P2)

The parents' comments about the changes in themselves and their children support the social validity of the program in terms of the results obtained. Therefore, the focus groups show the positive assessment of ITTT®, both the overall approach and its development, providing evidence of social validity from the perspective of the family participants.

Discussion

This exploratory research evaluated the social validity of the Hanen ITTT® program delivered to a group of Spanish families of children with language delays. Through the use of a mixed methodology—questionnaires and a focus group—applied at different times, this study aimed to analyze two of the social validity dimensions of interventions (Wolf, 1978): the acceptability of the procedures used and the social importance or satisfaction with the results of the intervention.

Regarding the first dimension, in general, the parents positively rated some of the procedures employed. Thus, the group format received a favorable evaluation, due to learning from other parents' perspectives and perceived social support. These findings affirm those reported by Girolametto et al. (1993), Baxendale et al. (2001), and Pennington and Noble (2009). However, the composition of the group in terms of children's communication development stages was a controversial topic. In spite of the effective functioning of the group, some parents expressed a preference for greater individualization of the contents based on the communication stage of their children, which agrees with the views provided in Pennington and Thomson's study (2007).

Furthermore, the quantitative analysis revealed that the individual home visits unanimously obtained the maximum rating, which also coincided with the comments that emerged in the focus group. Parents found that these visits facilitated their learning and were applicable to the specific needs of their children. These individual sessions provided a more precise adaptation to the particular characteristics of each family's interaction style. In fact, one of the most highly valued teaching resources was the feedback received from the video-recordings of the parents and children, as in Pennington and Noble (2009). This individualized coaching facilitates a more thorough analysis of the children's difficulties and the strategies that have a greater impact on communication. It also contributes to enhancing parents' awareness of how they interact with their children. For these reasons, the families may feel that their specific needs and their children's needs are better addressed. The opinions expressed led to some suggestions, such as increasing the individual sessions without losing the benefits of the group format (Patterson & Smith, 2011).

In addition, regarding the program structure, two aspects related to the duration of the sessions and the distribution of contents were highlighted. First, a very common opinion was that the program should last longer. This perception matches suggestions for improvement raised in previous studies, particularly the need for follow-up visits to adjust the objectives and strategies to the changes in the children's language development (Girolametto et al., 1993; Patterson & Smith, 2011). The Hanen program proposes intensive training within a limited time frame. However, based on the parents' opinions, it does not seem to empower them enough to cope with the changing needs of children with long-term language delays.

The temporal issue also had an influence on the views expressed in the focus group about the home assignments. Parents were not always able to complete the assignments satisfactorily in the time scheduled, which is similar to the findings reported by Pennington and Noble (2009). In this regard, in other Hanen programs with a comparable structure, the possibility of presenting fewer contents per session has been proposed, thus allowing more time for discussion and for raising questions that may worry parents (Patterson & Smith, 2011).

Another theme highlighted by the families was the density of the contents, especially in the first sessions, which might hinder the processing and application of such a large amount of information within a short time. In the study by McConkey & O'Connor (1982), parents mentioned that they had "too much information to assimilate at the same time." Moreover, a large amount of content taught at a rapid pace may cause parents to feel overwhelmed (Patterson & Smith, 2011). The dosage and timing of the information presented are aspects that might be reviewed in future program updates.

With regard to teaching resources, parents expressed different opinions. Watching and analyzing the video-recordings of parents' interactions with their children in the group sessions received a very favorable assessment. In fact, this question obtained a generalized maximum score on the quantitative ratings. It was considered a valuable learning tool, and parents were not reticent to show the videos to other people. These results coincide with those reported by Baxendale et al. (2001) and Pennington and Noble (2009). It must be pointed out that, as the ITTT® program recommends, the videoclips discussed in the group sessions should show successful applications of the strategies (Conklin et al., 2007). Thus, showing parents' videos of effective interactions becomes positive reinforcement that is enriched by the contributions of other parents in an atmosphere of respect, positivity, and constructive criticism.

By contrast, and always within the framework of the acceptability of the program, the illustrative videos included in ITTT® received worse ratings. Although some parents considered them an example of theory, the majority expressed difficulties in connecting with the communicative interactions shown in the videos. The language barrier and differences in communication patterns may explain this finding. These opinions, which agree with those reported by Baxendale et al. (2001) and Pennington and Noble (2009), are related to the issue of the cultural adaptation of the program. In fact, this question also emerged when group dynamics were addressed (such as role-playing or small group activities). Interactive communication patterns and even learning styles are highly susceptible to cultural and linguistic variation (Tripp, 2017; van Kleeck, 1992). Culture shapes the beliefs, values, norms, activities, and interaction styles that parents provide to their children, which has been demonstrated in studies dealing with child-directed talk (Johnston & Wong, 2002). Therefore, practices more harmonious with a particular cultural context are recommended. In fact, a lack of cultural fit with target populations might lead to failure to follow evidence-based interventions (Parra et al., 2012).

The second dimension related to the social validity of ITTT® was satisfaction with the outcomes. Data obtained from quantitative and qualitative ratings reflect high overall satisfaction with the results, related to both changes in the parents' communication style and progress noted in the children. This finding coincides with the results obtained in all the previous research on this topic. The parents reported learning strategies and generalizing them to other contexts and people. They especially highlighted strategies oriented toward the child that promote initiating the interaction (Observe, Wait, and Listen, for example). Moreover, they were able to link the application of the strategies to changes in their children's communication behavior. Certainly, learning strategies promote parents' empowerment by making them capable of gaining practical skills that foster their

children's language development, which in turn bolsters their sense of self-efficacy and competence (Dempsey & Dunst, 2004). The parents referred to the smooth integration of these strategies into their communication style, and they noticed these changes in relation to their children's communication advances. It is likely that for this reason, they did not express feelings of guilt or responsibility for their children's language problems, one of the criticisms made of parent education programs (Mahoney et al., 1999).

In summary, the ratings of the acceptability of the procedures and the overall satisfaction with the results were generally very positive, although the characteristics of this study limit the implications of these findings. In any case, this study extends previous research addressing the high social validity of the Hanen program ITTT® and other parent-intervention programs that use naturalistic strategies (Akemoglu et al., 2019; Justice et al., 2011). In addition, these ratings were consistent over time and with different assessment procedures.

Limitations

This study presents some limitations that must be mentioned. First, the sample size is small, and the participating families come from middle socioeconomic and sociocultural backgrounds. This is a shortcoming common to research on parent-implemented language interventions (Akemoglu & Meadan, 2018; DeVeney et al., 2017; Roberts & Kaiser, 2011) that should be overcome in future investigations. Second, the parents were intrinsically motivated to participate in the intervention, and only the appraisals of the participants who finished the program were obtained, as often occurs in studies on social validity (Foster & Mash, 1999).

Other shortcomings are related to the assessment instruments employed. Although a mixed methodology was used, empirically validated scales were not applied, and the psychometric properties of the questionnaires were not measured. Furthermore, parental judgments of the program may be influenced by social desirability bias: parents may provide favorable ratings because positive change is desired (Girolametto et al., 1993).

Finally, our study did not assess the entire construct of social validity, and it focused on the acceptability of the procedures and the social importance and satisfaction with the outcomes. However, the consideration of the social significance of the goals was indirectly addressed. All the parents recognized the need to improve their children's linguistic abilities, and they were very motivated to play an essential role in this process. Moreover, the initial assessment of the children carefully considered the information provided by the families about their children's language and communicative development. In addition, goals were established jointly with each family, based on their usefulness in daily activities and routines and the child's ability.

Acknowledgments

Our thanks to all the Spanish families who participated in the study and to the therapists who recruited the families. Special thanks to Mercedes de Carlos for her participation in the development of the *It Takes Two to Talk* program.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Nuria Senent-Capuz  <https://orcid.org/0000-0003-1623-4998>

References

- Akamoglu, Y., & Meadan, H. (2018). Parent-implemented language and communication interventions for children with developmental delays and disabilities: A scoping review. *Review Journal of Autism and Developmental Disorders*, 5(3), 294–309.
- Akemoglu, Y., García-Grau, P., & Meadan, H. (2019). Using masked raters to evaluate social validity of a parent-implemented communication intervention. *Topics in Early Childhood Special Education*, 39(3), 144–155.
- American Speech-Language-Hearing Association. (2008). *Roles and responsibilities of speech-language pathologists in early intervention: Position statement*. <https://www.asha.org/policy/>
- Baxendale, J., Frankham, J., & Hesketh, A. (2001). The Hanen Parent Programme: A parent's perspective. *International Journal of Language and Communication Disorders*, 36(Suppl. 1), 511–516.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Conklin, C., Pepper, J., Weitzman, E., & McDade, A. (2007). *Making Hanen Happen leaders guide for It Takes Two to Talk®—The Hanen Program® for parents*. The Hanen Centre.
- Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Pearson Education.
- Dempsey, I., & Dunst, C. J. (2004). Help-giving styles as a function of parent empowerment in families with a young child with a disability. *Journal of Intellectual and Developmental Disability*, 29, 50–61.
- DeVeney, S., Hagaman, J., & Bjornsen, A. (2017). Parent-implemented versus clinician-directed interventions for late-talking toddlers: A systematic review of the literature. *Communication Disorders Quarterly*, 39(1), 293–302.
- Foster, S. L., & Mash, E. J. (1999). Assessing social validity in clinical treatment research: Issues and procedures. *Journal of Consulting and Clinical Psychology*, 67(3), 308–319.

- Girolametto, L., Tannock, R., & Siegel, L. (1993). Consumer-oriented evaluation of interactive language intervention. *American Journal of Speech-Language Pathology*, 2(3), 41–51.
- Girolametto, L., & Weitzman, E. (2007). It takes two to talk-The Hanen Program for parents: Early language intervention through caregiver training. In R. McCauley & M. Fey (Eds.), *Treatment of language disorders in children* (pp. 77–104). Brookes Publishing.
- Johnston, J. R., & Wong, M. Y. A. (2002). Cultural differences in beliefs and practices concerning talk to children. *Journal of Speech, Language, and Hearing Research*, 45(5), 916–926.
- Justice, L., Skibbe, L., McGinty, A., Piasta, S., & Petrill, S. (2011). Feasibility, efficacy, and social validity of home-based storybook reading intervention for children with language impairment. *Journal of Speech, Language, and Hearing Research*, 54(2), 523–538.
- Mahoney, G., Kaiser, A., Girolametto, L., MacDonald, J., Robinson, C., Safford, P., & Spiker, D. (1999). Parent education in early intervention: A call for a renewed focus. *Topics in Early Childhood Special Education*, 19(3), 131–140.
- McConkey, R., & O'Connor, M. (1982). A new approach to parental involvement in language intervention programs. *Child: Care, Health and Development*, 8(3), 163–176.
- Parra, J. R., Doménech, M., Forgatch, M., Sullivan, C., Bybee, D., Holtrop, K., Escobar, A. R., Tams, L., Dates, B., & Bernal, G. (2012). Culturally adapting an evidence-based parenting intervention for Latino immigrants: The need to integrate fidelity and cultural relevance. *Family Process*, 51, 56–72.
- Patterson, S. Y., & Smith, V. (2011). The experience of parents of toddlers diagnosed with autism spectrum disorder in the more than Words Parent Education Program. *Infants and Young Children*, 24(4), 329–343.
- Pennington, L., & Noble, E. (2009). Acceptability and usefulness of the group interaction training program It Takes Two to Talk to parents of pre-school children with motor disorders. *Child Care Health and Development*, 36(2), 285–296.
- Pennington, L., & Thomson, K. (2007). It Takes Two to Talk-The Hanen Program and families of children with motor disorders: A UK perspective. *Child Care Health and Development*, 33(6), 691–702.
- Pepper, J., & Weitzman, E. (2004). *It Takes Two to Talk®: A practical guide for parents of children with language delays* (2nd ed.). The Hanen Centre.
- Roberts, M. Y., & Kaiser, A. P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. *American Journal of Speech-Language Pathology*, 20(3), 180–199.
- Senent, N. (2017). *Valoración de la eficacia de un programa de intervención logopédica dirigido a padres en el ámbito de la atención temprana* [Unpublished Doctoral dissertation]. Universidad Católica de Valencia San Vicente Mártir.
- Tripp, R. (2017). Cultural differentiation in learning style: A review of the research. *Institute for Learning Styles Journal*, 1, 1–7.
- van Kleeck, A. (1992). Future trends in language intervention: Addressing cultural bias in service delivery. *South African Journal of Communication Disorders*, 39, 3–12.
- Wilkinson, S. (2004). Focus group research. In D. Silverman (Ed.), *Qualitative research: Theory, method, and practice* (pp. 177–199). SAGE.
- Wolf, M. M. (1978). Social validity: The case for subjective measurement or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis*, 11(2), 203–214.
- World Medical Association (WMA). (1996). Human Experimental. Code of ethics of the World Medical Association. Declaration of Helsinki. *British Medical Journal*, 2(5402): 177.