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Article

Attitudes of Graduate Students in Speech and Language Therapy toward Individuals with Special Needs

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Abstract: Understanding the attitudes of healthcare professionals and students is crucial for enhancing the quality and accessibility of services provided to individuals with special needs (IWSN). Speech and Language Therapy (SLT) professionals play a central role in the multidisciplinary support of these individuals, making it essential to explore the perspectives of future practitioners. This study investigates the attitudes of graduate SLT students toward IWSN, with the goal of informing educational practices and contributing to professional development. A qualitative research design was adopted, involving semi-structured interviews with 8 graduate-level SLT students enrolled in master's and doctoral programs. Thematic analysis was conducted using MAXQDA software to identify patterns and insights within the data. The findings revealed that participants generally held positive attitudes toward IWSN, regardless of their level of study. Four overarching themes emerged from the analysis: (a) family relations, (b) academic, social, and public issues, (c) emotional responses of graduate students, and (d) perceived professional needs. Although some students initially expressed hesitation, they reported a shift in attitudes over time, attributing this change largely to experiential learning opportunities. The study highlights the importance of integrating real-life experiences into SLT training programs and promoting broader awareness among students, families, and the wider community to enhance support for IWSN.

Keywords: Individuals with Special Needs; Individuals with Disabilities; Graduate Speech and Language Therapy Students; Qualitative Design; Attitudes

1. Introduction

The term "individuals with special needs" encompasses individuals across various age groups who may require external assistance in specific skills or deviate from typical developmental trajectories [1]. This designation has been interchangeably used in literature with terms such as "disabled individuals," "persons with disabilities," "handicapped individuals," or "individuals with special needs" [2–5]. Drawing from contemporary literature, the term "special needs" has been advocated over "disability" to endorse person-first language principles [6] and acknowledge the individualized nature of skills [1]. Accordingly, the term "Individuals with Special Needs" (IWSN) is

employed throughout this paper. IWSN encounter various challenges within society, spanning familial, communal, and academic domains. Predominant among these challenges are adverse reactions from others and instances of bullying or social exclusion attributed to their unique needs [7,8]. It is estimated that 6.9% of individuals with special needs (aged 3 years and older) reside in Türkiye, corresponding to approximately 4.9 million individuals based on population statistics [9,10].

One setting where IWSN frequently encounter negative attitudes and reactions is within the realm of healthcare services, particularly from the professionals responsible for their care. These attitudes often take root during the formative years of professional education. Extensive research has been conducted exploring the attitudes of students enrolled in healthcare programs [11–13]. Findings from these studies indicate that students across various healthcare disciplines may exhibit either positive or negative attitudes towards IWSN. Notably, occupational therapy students have been observed to demonstrate more favorable attitudes compared to physiotherapy students [12]. Moreover, as individuals with special needs often require assessment and therapy for language and communication skills, speech and language therapists (SLTs) play a pivotal role in providing these services [14]. The initial point of contact for SLTs and SLT students with IWSN typically occurs during internships or practicum experiences within their undergraduate education; however, to our knowledge, there is limited study exploring the attitudes of SLT students towards IWSN [15,16]. Understanding attitudes and approaches is paramount as they significantly influence the quality of service provision. Attitudes, characterized by individuals' ongoing and distinct evaluations of others, are intricately linked to thoughts, feelings, and behaviors [17,18]. Healthcare settings often reveal variable—and at times negative—attitudes toward individuals with special needs that commonly form during professional training, with studies showing discipline-specific differences (e.g., more positive attitudes among occupational therapy than physiotherapy students) and evidence of generally poor attitudes in some cohorts [12,13,19]. Therefore, the present study aims to investigate the attitudes of graduate SLT students, who possess both practical experience in the field and are still engaged in the learning process, towards IWSN.

The field of speech-language therapy in Türkiye is still in its early stages and is undergoing continual development. Presently, around 25 universities across the country offer undergraduate programs in speech-language therapy [20]. Additionally, some of these universities extend their offerings to include master's and doctoral programs in the same field. In the Turkish higher education system, completion of a bachelor's degree program qualifies individuals to practice as clinicians. Within the framework of undergraduate, master's, and doctoral curricula, SLT students engage with IWSN through clinical practice, often under the supervision of experienced professionals or through one-on-one interactions. Despite the central role that SLT plays in assessing and supporting communication for IWSN, there is limited empirical knowledge about how graduate SLT students perceive and are prepared to work with this population in Türkiye. Such perceptions are formed during training and can shape clinical decision-making, interpersonal behaviors, and ultimately the accessibility and quality of services offered to IWSN. The lack of focused research on SLT students' attitudes therefore creates a critical blind spot: educators and policymakers lack evidence to inform curriculum design, supervised practice, and targeted interventions that would ensure equitable, person-centered care. This study addresses that gap by qualitatively exploring the attitudes of graduate SLT students toward IWSN, aiming to identify specific knowledge gaps, sources of bias, and educational opportunities that could improve future practice and service delivery.

2. Method

2.1. Research Design

This study was ethically approved by the Hacettepe University Non-Interventional Research Ethics Committee (GO22/392). Informed consent was obtained from all participants and the study was completed in accordance with the 1983 Declaration of Helsinki. Employing semi-structured interviews to explore participants' experiences and perspectives, a phenomenological design was performed. The present study adhered to the Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines to ensure transparent and comprehensive reporting of the qualitative findings [21] (**Supplementary File S1**).

2.2. Participants

Graduate (master's or doctoral) students in speech-language pathology programs in Türkiye were enrolled. Inclusion criteria necessitated that participants: a) were actively enrolled in a master's or doctoral program in speech-language therapy, b) possessed prior experience working with IWSN, and c) did not have a first-degree relative diagnosed with special needs. The participants were selected by purposive sampling procedures according to the inclusion criteria and encompassing diverse institutional affiliations and professional experiences. The research team extended invitations to potential participants via phone calls and/or email correspondence. Given the recommendation that qualitative studies typically involve 5 to 10 participants [22], a total of 8 participants (aged 25–29) were included in the study, with consideration given to data saturation. Data saturation, indicative of sufficient exploration of themes and concepts, was determined when no new codes emerged during the coding process [23]. Further details regarding participant demographics are presented in **Table 1**.

Table 1. Demographic Characteristics of the Participants.

No.	Gender	Age	Educational Level	Years of Experience	Workplace
P1	F	25	Master	4	SERC
P2	F	26	Doctorate	4	SERC
P3	F	27	Doctorate	3	University
P4	M	25	Master	2	Private Clinic
P5	F	29	Doctorate	5	University
P6	F	27	Doctorate	5	University
P7	M	25	Master	2	University
P8	F	27	Doctorate	5	University

Note: SERC: Special Education and Rehabilitation Centre.

2.3. Researcher Role

The researcher responsible for conducting the interviews (HTU, male) is an SLT with experience in qualitative research methodologies. Currently serving as a research assistant at a university, he has previously undertaken qualitative studies and acquired substantial expertise in this domain. His professional background includes practical experience working with IWSN in diverse settings such as special education and rehabilitation centers, clinics, and university hospitals. This firsthand experience has equipped him with valuable insights into the potential challenges and attitudes encountered by participants. Recognizing the importance of non-directive and empathetic communication skills in qualitative research, the researcher approached the interviews with a tolerant and effective communication style. To minimize potential biases in data collection, the researcher ensured that he had not previously met the participants or had only interacted with them in a professional capacity. Prior to their inclusion in the study, participants were provided with information about the research study and the interviewer. The structure of the semi-structured interviews commenced with an introductory speech followed by the interview questions. Detailed field notes were taken throughout the interviews, and a comprehensive code system was developed during the subsequent coding phase by analyzing the collected field notes.

2.4. Data Collection Processes

Semi-structured interviews with participants were conducted via Zoom, with only the interviewer and the participant present. The interview questions were initially drafted by the authors of the study. Subsequently, expert consultation was sought from an experienced speech-language therapist and a researcher proficient in qualitative methodologies. Following this consultation, one question was removed from the list due to perceived overlap with another question, and an additional question was added based on expert input. Moreover, participants were asked the concluding question, "Is there anything else you would like to add?" at the end of each interview. The final version of the interview questions utilized in the study can be found in **Supplementary File S2**. Before proceeding with the analysis of the primary data, a pretest was conducted with two individuals not included in the study sample. This pretest aimed to assess the appropriateness of the questions and the feasibility of transcribing and coding the interview data. The duration of interviews with included participants ranged from 41 to 57 min, with a mean duration of 46.2 min.

2.5. Data Analysis

During the interviews with the participants, video and audio recordings were taken and then the data were manually transcribed by the researchers (HTU, KM). Transcriptions, codes and findings were confirmed by presenting them to the participants. Codes, categories and themes were identified using thematic analysis in MAXQDA software [24]. The analysis followed a transparent, multi-stage workflow: (1) two researchers (Coder A and Coder B) independently performed line-by-line open coding on the first three transcripts to generate an initial pool of codes; (2) the team met to compare codes, discuss discrepancies, and iteratively construct a shared codebook with definitions, inclusion/exclusion criteria and exemplar quotes; (3) the finalized codebook was pilot-tested on two additional transcripts and refined where necessary; (4) all transcripts were then coded using the agreed codebook, with coders blinded to each other's final coding during initial application; (5) coding comparison was performed in MAXQDA using the "Coding Comparison" tool to quantify agreement (reported as percentage agreement) between coders; 6) related codes were clustered into categories and then into higher-order themes using constant comparison and iterative discussion until thematic saturation was reached (operationalised as no new codes emerging across consecutive transcripts). Coding examples are included in **Table 2**.

Table 2. Sample Quotes and Coding Examples.

Quote	Code
I think that the mother or father understands the child's language better and organises the communication environment accordingly, since they spend a long time with them at home and spend more time together.	Fulfilment of the communicative needs of the IWSN by the family
Plus, for those with physical disabilities, yes, recently we care about their accessibility but when I see someone (with IWSN) in daily life, the question of "how far people can go (about physical obstacles)?" comes to my mind. I think public awareness is low in this sense.	Witnessing that public awareness is low
Before starting this profession, it was not very positive. However, with our profession, I started to learn what I could do for them instead of feeling sad.	Being upset when encountering an IWSN
I had already overcome that fear when I started my career. I felt more used to it.	Being more desensitized with experience

2.6. Credibility and Ethics

In this study, the following ways suggested by Guba and Lincoln [25] were followed to ensure the trustworthiness of qualitative data: Credibility, Dependability and Confirmability. The transcripts and codes from the interviews were verified by each participant separately. The coding was triangulated and two different researchers experienced in qualitative research refined the coding and discussions continued throughout the coding. There was 87% agreement between the coding researcher and the other two researchers. Transferability; to support the replicability of the study, detailed information about the interviews, setting, and procedure is given in the method section. After the analyses were completed, two experienced researchers checked and edited all analyses.

3. Findings

Four themes and 12 categories were identified (**Figure 1**). First, codes were determined and categories were established accordingly, and then the categories were transferred to the most compatible theme.

3.1. Theme 1: Family Relations

This theme captures how family-level knowledge, resources, emotions and interaction styles shape both the lived experience of IWSN and clinicians' assessment and intervention practices. It comprises the following interrelated categories: (1) Societal and parental awareness, (2) Socioeconomic resources & access barriers, (3) Family–child communication patterns, (4) Emotional climate and coping (acceptance/denial, grief, hope), (5) Parental engagement and therapeutic alliance, and (6) Sibling and extended family reactions. Participants frequently described a pervasive lack of awareness in the community that often extends to parents, which in turn affects how families respond to diagnosis and therapy. As one participant observed,

> "...they are not aware of the situation and do the wrong things to help them, all of this is due to lack of knowledge..." (P3).

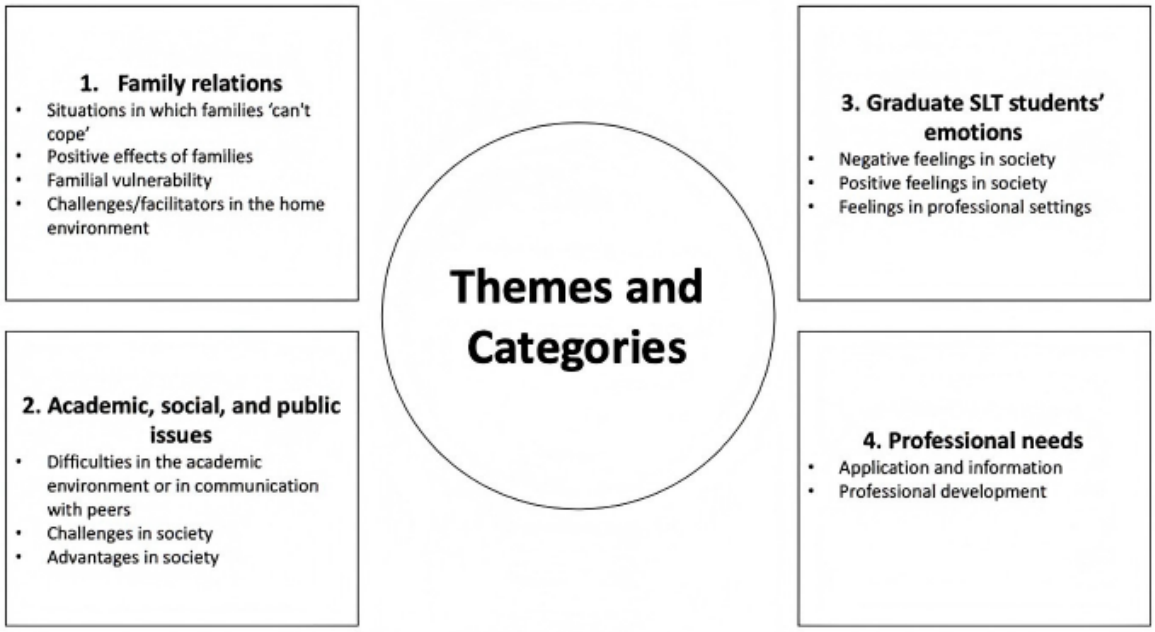

Figure 1. Themes and Examples of the Categories.

Low parental awareness was repeatedly linked to socioeconomic status (SES): "...there is a group that is less aware, I don't know, maybe because of low educational level or socio-economic status." (P7). Several participants explicitly connected SES to practical therapy outcomes: families with greater knowledge or resources were more able to implement home programs and sustain long-term follow-up, whereas families with limited resources often faced barriers that reduced therapy effectiveness:

> "Parents who already know their child's diagnosis…try to provide many things. This is a process that positively affects the therapy." (P2).

Beyond resources and knowledge, clinicians emphasized the quality of intra-family communication as central to progress. Participants reported actively assessing parent-child interaction patterns (e.g., turn-taking, parental responsiveness) and tailoring intervention targets accordingly: when caregivers model communicative strategies consistently, clinicians observed faster generalization of skills. Conversely, overprotectiveness or parental denial translated into unrealistic expectations or resistance to recommended practices. Crucially, participants' own emotional responses to family dynamics shaped their clinical behaviour. Several interviewees described consciously modulating their communication style (tone, pacing, use of non-technical language) to contain families' distress and to build trust:

> "If they are crying... I accept that and focus on the communication between them and their family." (P8).

Emotions such as empathy and frustration influenced session pacing, prioritization of counselling vs. direct therapy, and decisions about referral or multidisciplinary involvement. For example, clinicians reported spending extra time on psychoeducation with anxious or ambivalent caregivers, whereas persistent parental resistance sometimes led clinicians to simplify goals or increase parent-coaching components rather than direct child-focused therapy. While negative family-level factors (low awareness, financial constraints, denial) were common, participants also noted positive family resources: some families acted as knowledgeable allies who created enriched practice opportunities at home. These positive cases highlighted parental engagement as a potentiator of therapeutic gains and suggested concrete leverage points for educational interventions (e.g., targeted parent education modules, SES-sensitive homework design).

The majority of participants reported a pervasive lack of social awareness. This deficiency was observed to pose significant challenges for both IWSN and their families. One of the participants' quotations on this issue is as

follows:

> "...the fact that they are not aware of the situation and do the wrong things to help them, all of this is due to lack of knowledge..." (P3)

Some participants stated that in addition to low level of societal awareness, the awareness of the families of IWSN was also low and associated this with socio-economic status (SES): "...one group consists of parents who are a little more aware. I can say that there is a group that is less aware, I don't know, maybe because of low educational level or socio-economic status." (P7)

3.2. Theme 2: Academic, Social, and Public Issues

This theme describes how institutional, peer, and public environments produce barriers to participation for IWSN and shape clinicians' assessment, intervention priorities, and advocacy work. It comprises the following categories: (1) Peer exclusion, bullying & social labelling, (2) Institutional accessibility & environmental barriers, (3) School participation & curricular constraints, (4) Public attitudes and stigmatizing practices, and (5) Institutional support and policy gaps. Participants repeatedly reported that negative peer behaviours (exclusion, reluctance to play, labelling) limit IWSN's social networks and learning opportunities:

> "…their children were excluded. They complained that other children did not want to be with them, did not want to play with them..." (P7).

These social dynamics were described as producing downstream educational harms (reduced participation, lower practice opportunities, poorer generalisation of communicative skills) and as prompting clinicians to prioritize social communication goals or school-based interventions. Institutional barriers were described at multiple levels. Physical accessibility (e.g., lecture hall access, classroom acoustics) and sensory-environment factors were given as examples that reduce effective participation:

> "…maybe because of the acoustics of the classroom, a hearing impaired person cannot receive what the lecturer says correctly…" (P5).

Participants connected such environmental constraints to concrete changes in practice: they reported adapting assessment settings, recommending environmental modifications, advocating for classroom accommodations, or shifting therapy targets to compensatory strategies (e.g., augmentative systems, teacher coaching) when structural changes were infeasible. Crucially, participants framed these problems as systemic rather than solely familial. Unlike Theme 1 (family-level dynamics), Theme 2 emphasises institutional responsibility and public policy. Where institutional supports were weak, clinicians described additional workload (preparing individualized materials, liaising with schools, conducting extra parent/teacher training), emotional labour (frustration and moral distress), and role expansion (acting as informal advocates or case coordinators). For example, several participants described spending session time on advocacy or interprofessional liaison rather than only on child-focused therapy.

Analytically, we interpret this theme as revealing two linked mechanisms: (a) environmental and social constraints that reduce opportunities for IWSN to practise and generalise skills, and (b) compensatory clinician behaviours that partially mitigate but also increase workload and may dilute direct therapy time. This helps explain why similar clinical techniques yield uneven outcomes across institutional contexts and points toward concrete system-level interventions (e.g., universal design in classrooms, mandatory teacher training modules, structured school–clinic liaison pathways).

3.3. Theme 3: Graduate SLT Students' Emotions

Participants' emotional reactions to IWSN in professional settings (e.g., in assessment or therapy sessions) and everyday settings (e.g., shopping malls, parks) formed this theme. Graduate SLT students frequently express feelings of sadness upon encountering an IWSN. One of the examples they reported feeling sad is as follows:

> "I mean, at the beginning of my professional life, I felt sad for them, to be honest, I felt sad for them because

I think this is a very difficult process. I mean, a delayed speech and the situation of an individual with special needs is really very, very different" (P2).

The fact that their feelings towards IWSN in social environments are not only sad but also conscientious is one of the situations in this theme. Participant 8 described this situation as follows:

"...I mean, I don't even know if they are really individuals with special needs or not, for example, but when I see someone in a wheelchair, I am more tolerant, inevitably this happens, I mean, since I cannot see them as equal to other people in society, I am more tolerant, more helpful, more emotional. I think that maybe it is my conscientious duty rather than feeling sorry for him/her..." (P8)

Most of the participants stated that they approach IWSN in an empathetic manner. Some participants stated that they could also empathize with the family of the IWSN. Similarly, it was stated that sharing the feelings of the IWSN and their family was good for the participants. One of the quotations coded in this direction is as follows:

"...if I were in their shoes, I wonder what I would do because after all, I have to restrict my social life, I cannot enter certain environments, because I don't know how my child will behave there, etc. When I see a child with special needs. Well ... I think I put myself directly in the family's shoes." (P4)

In this theme, the participants emphasized that they feel sad, anxious and empathize with IWSN when they encounter them professionally or informally. Despite feeling negative emotions, it was stated that there was an instinct to help IWSN, to make them feel comfortable with the empathy established, and to do their best as people in the field of SLT.

3.4. Theme 4: Professional Needs

The emotions discussed in the previous theme can also affect the professional development of graduate SLT students. Some of the participants stated that feelings of sadness can also affect their professional approach, as follows:

"...[about IWSN], as I said, it becomes a very limiting thing. When I see the children, instead of approaching them in a professional way, I am on the sad side. I get very sad and I get very depressed." (P7).

Gaining experience had a positive impact on the participants both emotionally and professionally, which was emphasized by all participants. They even emphasized the importance of the practical applications they did during their undergraduate years in IWSN:

"...Because you can only learn these children by practicing or seeing them. I honestly think that the more internships are done during the undergraduate period, the more useful the practical courses will be, rather than theoretical ones. It was like that for me. I was going to do internships whenever I found a gap and I was especially going to observe individuals with special needs a lot..." (P1).

In addition to the training, when they started to work as clinicians in the field, the participants felt more insensitive to the IWSN; in fact, they started to adopt a more professional attitude. P4 reported this situation as follows:

"...I am better able to approach each child's temperament appropriately now than at the beginning. My thinking may have become a little more desensitized..."

Graduate SLT students emphasized the importance of clinical experience, practices and internships related to IWSN. In the current situation, it seems partially possible to obtain this experience. Participants stated that increasing these experiences would create a more suitable ground for IWSN and their own professional development. In support of this, the participants reported that after their first experience, they improved their communication styles over time, were able to manage their positive/negative emotions, and were able to guide themselves regarding professionalism. In addition, participants underlined the need for more comprehensive knowledge and practice on the

speech and language characteristics of IWSN, again referring to the need for increased opportunities for observation and practice.

4. Results and Discussion

The main aim of this study was to examine graduate SLT students' attitudes towards IWSN using a qualitative method. This study contributes to the SLT profession, education, and clinical applications: The results of the study show that graduate SLT students have a multifaceted attitude towards IWSN. This multifaceted attitude was found to be related to the family relationships of IWSN, the level of awareness of the society, the professional development and personal characteristics of Graduate SLT students. In the results of this study, most of the participants stated that the level of awareness of IWSNs was low. Low general awareness may negatively affect the quality of the family's approach to the situation. In this case, the services that individuals with IWSN can access, the reactions they receive from the environment, and the acceptance processes of individuals by the environment and the public progress negatively. Another point emphasized by the participants is the academic, social, and community reactions. In a system with low social awareness, bullying, labeling, and discrimination in academic, social, and community settings are possible. As a matter of fact, participants emphasized this. Expressing a situation where general awareness is low and environmental reactions are negative, SLP students conveyed these points based on their own experiences. Therefore, they stated that they felt negative emotions in the first stage when they practiced for educational and clinical purposes. However, mostly these emotions had less impact on the SLP students over time. Based on this situation, the participants reported that they needed professional support within the scope of communication and counseling with individuals with IWSN.

4.1. Integration of the Previous Studies and Current Findings

In Burnett's [11] study, graduate SLT students' expectations and readiness to work with individuals with autism spectrum disorder, one of the IWSNs, were investigated. The questionnaire study reached 551 participants. The results of the study reported that graduate SLT students wanted to gain more experience and knowledge about autism spectrum disorder in their programs. Balandin and Hines [26], in a focus group interview with SLT undergraduate students and SLTs, focused on the effects of courses taught by an IWSN. The participants stated that taking lessons from an IWSN enabled them to perceive the situation more transparently. In the same study, it was emphasized how important clinical experience is when working with IWSN. Studies conducted on undergraduate and graduate SLT students in the literature show parallelism in similar findings. This point is also supported in our study: In our study, graduate SLT students emphasized that they felt more comfortable as they gained experience, practiced and interned. It can be stated that practicing in the field of SLT with IWSN makes a positive difference.

4.2. Other Health Professions' Perspectives

In previous studies, attitudes towards disability in other health fields such as occupational therapy, physiotherapy, nursing, social work, medicine and dentistry were investigated and variations were found [11,13,27,28]. Stachura and Garven (2007) conducted a survey study with 2299 students from physiotherapy and occupational therapy departments in England. The survey included freshman and senior students from the departments. In this survey study, it was stated that having experience with IWSN did not make a significant difference. However, the qualitative results in our study revealed that, contrary to Stachura and Garven's [12] study, the experiences gained during the undergraduate period had significant effects on attitudes. The reason for this difference may be related to the fact that qualitative studies can reveal more in-depth results or that practices/internships across countries show different patterns. For example, in Türkiye, graduating from a bachelor's degree program is sufficient to conduct assessment and therapy sessions independently, but in certain countries, it is necessary to obtain a master's degree for clinical competence after a bachelor's degree program. This may affect the experience with IWSN in terms of process and content.

Kritsotakis et al. [13] reported the attitudes of students from the fields of nursing, social work and medicine towards individuals with physical or cognitive disabilities. Medical students were reported to have better knowledge and a more positive attitude. In this study, past experiences were reported to support positive attitudes and these findings are in line with our study. The results of our study fill a gap in the literature as they include data from

graduate students from the field of SLT as well as other health professionals.

In a systematic review of the group with physical IWSN, it was reported that health professionals had a generally positive attitude compared to other professional groups [19]. There are points of intersection between the points emphasized by this systematic analysis and our study. The findings in the qualitative part of our study report that although there were negative emotions (fear, anxiety, etc.) before the experience, with the experience, positive emotions associated with the IWSN were shown, and even instincts to help could be triggered. Balandin and Hines [26], in a focus group interview with SLT undergraduate students and SLTs, focused on the effects of courses taught by an IWSN. The participants stated that taking lessons from an IWSN enabled them to perceive the situation more transparently. In the same study, it was emphasized how important clinical experience is when working with IWSN. Studies conducted on undergraduate and graduate SLT students in the literature show parallelism in similar findings. This point is also supported in our study: In our study, graduate SLT students emphasized that they felt more comfortable as they gained experience, practiced and interned. It can be stated that practicing in the field of SLT with IWSN makes a positive difference.

4.3. Implications for Curricula and Other Organizations

The results of our study often emphasize the lack of professional needs, awareness raising, and managing communication with individuals with IWSN and their families. Although the participants in our study were graduate students, since they frequently referred to their undergraduate education, similar studies that handled undergraduate SLT students' approach in the literature are mentioned below and suggestions are presented.

In Balandin and Hines's [26] study, it is stated that if the lessons are given by an adult with special needs, if possible, it may show a change in attitude and learning. The findings in our study also frequently mentioned clinical experience and practice opportunities. It may be appropriate for students to create practice opportunities in the practical parts of the courses. For example, including IWSN (with or without speech and language therapy needs) in the courses and explaining their lives may be beneficial for students. Another aspect into this situation was provided by Peiris-John et al. [29], who focused on the teaching styles of university lecturers. In this study, the trainings given to students about IWSN were discussed. In the content of the training, parameters related to reducing stigma, acceptance of IWSN and what IWSN can/cannot do were mentioned. In this study, as in the study of Balandin and Hines [26], the importance of integrating IWSN into the courses was emphasized. From this point of view, informing the instructors about IWSN and raising awareness may also improve the educational curricula.

The findings of our study suggest that participants may experience difficulties in skills such as self-regulation and managing psychosocial situations in the therapeutic relationship with IWSN. Therefore, providing counseling courses specifically related to IWSN may support students' professional development in the future. Counseling courses in speech and language therapy are important both for IWSN and for SLTs who will work with other disorder groups. Studies in the literature have also revealed that SLT students want to take more counseling courses and feel insecure and uncomfortable about providing counseling services to individuals and their families [30,31]. It is thought that the more counseling skills are included in training programs, the more comfortable SLTs will feel during the counseling services they provide in the field of communication disorders [32]. As a matter of fact, based on the results of our study, it may be easier for SLTs to work with IWSN when counseling courses include topics such as managing communicative situations, recognizing, sharing and accepting emotions and states, and providing self-awareness. The present qualitative data suggest that the content and context of experience matter (e.g., supervised, reflective placements vs. brief observations). Cross-national differences in professional pathways — for example, Türkiye's permitting independent clinical practice after a bachelor's degree versus some countries' extended post-graduate clinical requirements—likely modulate when and how students gain sustained, responsibility-laden exposure to IWSN and therefore shape attitude trajectories. This points to cultural and structural mediators: public stigma, family roles, and SES differentially affect both opportunities for practice and expectations of clinicians in Türkiye compared with other settings [11,19,33].

In addition to reporting the positive attitudes of graduate SLT students towards IWSN, the results of our study touched on points that can be improved socially. Some of the points that stand out from these situations are: insufficient institutional support, low awareness of families/society, and the effect of the SES of families on IWSN. This situation points to the need to increase the number of non-governmental organizations and institutions providing

financial support and to create a more comfortable environment for IWSN and their families. Thus, the participation of IWSN in life and their integration with society can be increased through programs. Balandin and Hines [26], in a focus group interview with SLT undergraduate students and SLTs, focused on the effects of courses taught by an IWSN. The participants stated that taking lessons from an IWSN enabled them to perceive the situation more transparently. In the same study, it was emphasized how important clinical experience is when working with IWSN. Studies conducted on undergraduate and graduate SLT students in the literature show parallelism in similar findings. This point is also supported in our study: In our study, graduate SLT students emphasized that they felt more comfortable as they gained experience, practiced and interned. It can be stated that practicing in the field of SLT with IWSN makes a positive difference.

4.4. Author Reflexivity and Trustworthiness

As SLT researchers and clinicians, we acknowledge our positionality: prior clinical experience with IWSN informed our interpretation of emotional labour, family dynamics and pragmatic clinical adaptations. To mitigate bias, we used reflexive memos, independent coding by two researchers (with coding comparison and third-party adjudication where needed), member-checking of transcripts and findings, and an audit trail of coding decisions. We report these steps transparently to increase confidence that our analytic inferences are grounded in participants' accounts rather than solely in authors' expectations.

5. Conclusions

In this study, the attitudes of graduate students in speech and language therapy (SLT) toward individuals with special needs (IWSN) were examined using a qualitative method, and it was determined that the participants generally exhibited positive attitudes. The findings, grouped under four main themes—family relations, academic/social/public issues, students' emotional responses, and professional needs—indicate that students' initial hesitations change positively with experience and practice, but societal awareness deficiencies, socioeconomic barriers, and institutional inadequacies limit the participation of IWSN. The research emphasizes the importance of integrating real-life experiences into SLT training programs, strengthening counseling skills, and conducting awareness activities; thereby supporting both students' professional development and improving the quality and accessibility of services provided to IWSN.

5.1. Limitations and Future Directions

All participants in this study completed their education in Türkiye, and therefore their experiences reflect the conditions and professional context of this country. The field of speech and language therapy is still relatively new in Türkiye, so awareness of SLT among IWSN may be limited—a factor that could have affected graduate SLT students' reported experiences. Several methodological limitations should also be acknowledged. First, the researcher shares a professional background with the participants (the researcher is from the field of speech and language therapy), which may have introduced bias through shared assumptions or social desirability in responses. Second, all interviews were conducted online; remote interviewing may reduce rapport and limit access to nonverbal cues and contextual information, potentially affecting the depth and nature of the data collected. Third, the sample size was small, which limits the transferability of the results and the ability to detect variation across subgroups.

Future research could address these limitations by replicating the study in other countries or cultural contexts, increasing sample size and diversity, and using in-person interviews where feasible to capture richer nonverbal and contextual data. Additionally, studies could focus on specific disorder groups (e.g., physical disability, intellectual disability, Down Syndrome), compare undergraduate, master's and doctoral SLT students, or experimentally examine the effect of different syllabi (for example, presence/absence of an IWSN individual in class) on student attitudes and learning.

5.2. Recommendations

To enhance students' preparedness and attitudes toward IWSN, curricula should integrate structured experiential learning—supervised clinical placements, simulated scenarios, and guided reflective debriefs—alongside

targeted modules on attitudes, cultural competence, and inclusive practice; prioritize in-person sessions for skills that depend on nonverbal cues while using hybrid/online formats for theory and follow-up; strengthen supervision and mentorship to support students' emotional responses and professional development; establish long-term partnerships with disability organizations and community services to secure placements and involve IWSN in teaching; systematically evaluate any curricular changes with pre/post measures or quasi-experimental designs; and encourage accreditation bodies to require demonstrable supervised experience with IWSN.

Supplementary Materials

The supporting information can be downloaded at https://ojs.ukscip.com/files/JQRE-2244-Supplementary-Materials.zip. File S1: Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist; File S2: Semi-structured interview questions.

Author Contributions

Concept—H.T.U.; Design—H.T.U.; Supervision—M.C.K.; Resources—A.K.; Materials—H.T.U., K.M.; Data Collection and/or Processing—H.T.U., K.M.; Analysis and/or Interpretation—H.T.U., K.M.; Literature Search—M.C.K.; Writing Manuscript—H.T.U., K.M.; Critical Review—A.K., M.C.K., K.M. All authors have read and agreed to the published version of the manuscript.

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Informed Consent Statement

Informed consent was obtained from all of the participants.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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Conflicts of Interest

The authors have no conflict of interest to disclose.

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