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ABSTRACT

In an attempt to provide a model of language intervention tailored to toddler needs, this poster session gives an overview of a playgroup program implemented by a speech-language pathologist and an early intervention specialist. The program's aim is to improve communicative abilities while maintaining the integrity of the child-caregiver interaction. Caregivers are active participants in therapy, and children are never separated from the caregivers and expected to interact with the therapist. The speech-language pathologist and behavior/family specialist act as facilitators, targeting intervention strategies and modelling techniques. The program is designed to avoid directive intervention that often leads to nonverbal behavior or fewer communicative attempts. Another element of the program that is designed to enable improved interactions is structure--the same set of toys is used during each session, the same set of rules is followed, and responses to behaviors are consistent. Four case histories of toddlers with developmental delays are provided, including target language goals and frequency of parents' use of specific language intervention techniques over the course of the playgroup intervention. (JDD)

POSTER SESSION

American Speech/Language/Hearing Association Convention
November 22-25, 1991
Atlanta, GA

Title: Toddler-Parent Play Groups: Empowering Parents in Language Intervention

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TODDLER-PARENT PLAY GROUPS:
Empowering Parents in Language Intervention

Issue:

Providing language intervention for toddler-age children requires an understanding of the special needs of toddlers and parents if successful communicative interactions are to be fostered. Increasing numbers of speech/language pathologists who have not received specialized training in working with toddlers are now beginning to provide direct service to this population and their families. Because service providers do not always understand toddler development, programs often mirror intervention for preschool or school-age children. In an attempt to provide a model of language intervention tailored to toddler needs, the poster session will give an overview of a program implemented by a speech/language pathologist and a family specialist.

Objective: To illustrate the purpose and structure of an innovative toddler-parent playgroup as a model demonstration for language intervention.

Program Philosophy:

The premise of the program is to improve communicative abilities while maintaining the integrity of the child-caregiver interaction. Three essential components include:

1) The caregiver remains the child's primary communicative partner.

2) The speech/language pathologist and family specialist act as participant observers.

3) Intervention techniques include incidental teaching modeled by therapists.

Objectives of the Toddler-Parent Play Group:

1) To provide a nonthreatening child-parent centered versus adult-directed form of intervention.

2) To enable primary caregivers as experts in their child's development.

3) To provide transdisciplinary intervention from a family specialist and speech/language pathologist.

4) To increase child's frequency of nonverbal and verbal communicative behaviors through the use of incidental teaching methods.

Procedures:

Participants include 2-5 parent-toddler dyads and two early intervention specialists. Parents are active participants in therapy, not observers. The child is never separated from the caregiver and expected to interact with the therapist. The primary caregiver-child dyad remains the most valuable and central focus. The speech/language pathologist and family specialist act as facilitators, targeting intervention strategies and modeling techniques. The therapists do not tell the parent how to interact unless the parent outwardly asks, but rather model an interaction and encourage parents to analyze their own interactions. Incidental language techniques modeled by the therapist will be outlined in the poster session.

Programs which use more adult-directed intervention often seem to increase "terrible two" behavior such as excessive tantruming, crying, or other behaviors evident in a power struggle between the adult and toddler. It has been the experience of the authors that directive intervention often leads to nonverbal behavior or less communicative attempts. Toddlers are particularly perceptive of adult expectations placed on them and feel that pressure. A child needs to feel safe, knowing and trusting the adult before he/she will venture to interact. Reluctance in interacting can be a by-product when a child does not feel secure.

Another element of this program that enables improved interactions is structure. Toddles respond and interact when they can know what to expect. For this reason the same basic set of toys are used each session, the same set of rules are followed, and behavior are consistently responded to in the same manner. The poster session will include a typical schedule for an hour session.

In summary, this poster session includes a child-parent centered method of language intervention which allows parents to equally participate in programming. Examples of four parent-toddler dyads will be presented. Although long term data has not yet been collected, this intervention approach provides possibility for further research.

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TODDLER - PARENT PLAYGROUPS: EMPOWERING PARENTS IN LANGUAGE INTERVENTION

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SESSION # SU06 - PS05d

Statement of Purpose:
To illustrate the purpose and structure of a toddler-parent playgroup as a model for language intervention

Children's Hour of Incidental Language and Developing Self Esteem

Planned Environment
Language Stimulation
Adult Support
Young Child

The Dr. Gertrude A. Barber Center is a nonprofit educational, residential and rehabilitation facility serving children and adults with disabilities from birth to adult.

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PHILOSOPHY

OBJECTIVES

1. To provide a nonthreatening child-parent vs adult directed form of intervention.
2. To increase parents' frequency of using incidental language techniques.
3. To enable parents to see themselves as experts in their child's development.
4. To provide a transdisciplinary model implemented by a family counselor and SLP.

PHILOSOPHY

1. Therapists should have an understanding of child psychosocial development in order to foster successful communicative interactions.
2. Use of incidental language techniques supports theories of psychosocial development.
3. The toddler-parent dyad is the most important relationship to foster communication.
4. Progress in therapy is facilitated when toddlers feel secure.

STAGES OF PSYCHOSOCIAL DEVELOPMENT ACCORDING TO ERIKSON

BIRTH to 1 YEAR
Trust vs. Mistrust
Consistency, continuity and sameness of experience lead to trust. Inadequate,inconsistent or negative care may arouse mistrust.

2 to 3 YEARS
Autonomy vs. Doubt
Opportunities to try out skills at a child's own pace and in his/her own way lead to autonomy. Overprotection or lack of support may lead to doubt about ability to control self or environment.

PARTICIPANTS

- 2-5 toddler-caregiver/parent dyads
- 1 toddler with developmentally age appropriate abilities (non-delayed peer)
- Targeted toddlers exhibit a range of communication-language-speech delays.
- Toddlers exhibit a range of social emotional developmental needs (behavioral issues, parent-child attachment issues.)

MATERIALS

2 x 5' wall mirror, Toddler table and child chairs, Child-size book shelf, Child-size toy self, water table

TOYS

6 puppets
2 phones
doctor kit
Toddler books
2 sets of multi-cultural family dolls
2 baby dolls and bottles/blankets
Fisher Price School/Discovery Cottage
Basket of farm/zoo animals
Purse set
Puzzles
Crayons, paper, playdough

PROCEDURES

CONSTRUCT A CONSISTENT ROUTINE WHICH FOSTERS A SENSE OF TRUST

Play Time

Snack

Story-Music

Table Top

CONSTRUCT A PHYSICAL ENVIRONMENT WHICH FOSTERS A SENSE OF SUCCESS

1. Provide a predictable environment (continuity of people-toys).
2. Provide opportunities for child choice.
3. Provide toys which permit exploration and foster communication.

CONSTRUCT AN EMOTIONAL ENVIRONMENT WHICH FOSTERS A SENSE OF AUTONOMY

1. Therapist models positive, accepting emotional tones.
2. Therapist respects the parent as the "home-base" for the child's emotional refueling.
3. Therapist uses words to acknowledge child's feelings.
4. Therapist assists the parent in establishing limits and rules.
5. Therapist models empathic responses.
6. Therapist assists child in age appropriate negotiation skills.

CONSTRUCT A COMMUNICATIVE-LANGUAGE BASED ENVIRONMENT WHICH FOSTERS A SENSE OF SELF (USE OF INCIDENTAL LANGUAGE TECHNIQUES)

1. Therapist comments on child's behaviors or vocalizations as communicative.
2. Therapist models use of expansion.
3. Therapist models use of parallel talk.
4. Therapist waits for child responses.
5. Therapist acts as participant observer.

CASE HISTORY: Sara

D.O.B.: 3/3/89

C.A.: 2 years, 7 months

Diagnosis: Developmental Delay
(Genetic testing being completed)

Early Intervention Services

Sara attends the playgroup with her mother and also attends individual physical therapy.

The following scores were assessed at 2 years 6 months of age using the Battelle Developmental Inventory, (Newborg 1988) and the Sequenced Inventory of Communication Development, (Hedrick, Prather and Tobin, 1984):

Cognition:	12 months	Receptive Language:	12 months
Self-Help/Adaptive:	10 months	Expressive language:	12 months
Social/Emotion:	14 months	Fine Motor:	9-11 months
Gross Motor:	12 months		

Speech-Language-Communication Abilities

Sara communicates primarily through intentional communication (using reaching-vocalizing in conjunction with eye gaze to request attention or an object). She has begun to use gross gestures in an imitative context to request "eat" and "more". Consonant use is limited to vowel sounds and an occasional /m/.

Case History

Sara was born full term and "small for gestation age". She was a failure to thrive infant and underwent extensive chromosomal testing, specifically for Cornella DeLange Syndrome. Her gross/fine motor, oral motor and cognitive intervention continue to be an important part of her overall programming for communication.

Targeted Communication Goals Within the Playgroup

1. Increase frequency of parent use of child-centered intervention techniques (following child's lead, providing choices to elicit responses).
2. Increase frequency of child's communicative attempts, specifically gross gestures.

Frequency of parent-use of child-centered language techniques.

* recorded for 30 minutes of 1 hour sessions.

SESSION #	FREQUENCY OF PARENT-USE OF TECHNIQUES
Baseline 1	0
Baseline 2	0
Baseline 3	0
Intervention 1	0
Intervention 2	2
Intervention 3	0
Intervention 4	5
Intervention 5	7
Intervention 6	5

CASE HISTORY - Jennifer

D.O.B.: 1/13/90

C.A.: 1 year, 10 months

Diagnosis: Developmental Delay

Early Intervention Services:

Jennifer attends the playgroup with her adoptive mother and attends individual physical/occupational therapy.

The following scores were assessed at 1 year, 9 months of age using the Battelle Developmental Inventory, (Newborg, 1988) and the Sequenced Inventory of Communication Development, (Hedrick, Prather, and Tobin, 1984):

Cognition:	12 months	Receptive Language:	16 months
Social/Emotional	14 months	Expressive Language:	12 months
Fine Motor:	12 months	Self Help/Adaptive:	12 months
Gross Motor:	10 months		

Speech/Language - Communication Abilities:

Jennifer demonstrates use of intentional communication (use of vocalizations in conjuction with eye gaze to gain adult assistance or attention). She frequently uses labeling and greeting, but rarely initiates requests for objects or attention. Sound play has recently increased in frequency and types of sounds used. Increased sound use has developed along with improved oral-motor and feeding skills.

Case History

Jennifer has been in her adoptive home for the last 10 months. She was born with a heart defect and cogenital anomalies of the hands and feet. She has had a history of feeding problems, including esophageal reflex.

Targeted Communication Goals Within the Playgroup

1. Increase frequency of parent use of child-centered intervention techniques (specifically providing choices, use of expansion and commenting on the child's behaviors as communicative).

2. Increase frequency of child's communicative attempts, specifically use of vocalization in a requesting context.

Frequency of parent-use of child -centered language techniques.

* recorded for 30 minutes of 1 hour session.

SESSION #	FREQUENCY OF PARENT-USE OF TECHNIQUES
Baseline 1	10
Baseline 2	12
Baseline 3	18
Baseline 4	12
Intervention 1	25
Intervention 2	32
Intervention 3	41
Intervention 4	25
Intervention 5	23
Intervention 6	26

CASE HISTORY: Alyssa

D.O.B.: 9/14/89

C.A.: 2 years, 2 months (26 months)

Diagnosis:
* Repaired cleft of the soft palate
* Pierre Robin Syndrome (small mandible)
* Delay in expressive language

Early Intervention Services:

Alyssa attends 1/2 hour of individual speech-language therapy and a 1 hour playgroup per week with her mother and a peer with developmentally age appropriate abilities.

Developmental Scores

According to the Battelle Developmental Inventory, (NewbOrg, 1988) administered at 24 months of age:

Cognition:	24-29 months	Personal-Social:	25 months
Gross Motor:	24 months	Receptive Language:	28 months
Fine Motor:	24 months	Expressive Language:	24 months
Adaptive:	24 months		

Speech-Language Scores

According to the Sequenced Inventory of Communication Development (Hedrick, Prather and Tobin, 1984), The Arizona Articulation Proficiency Scale (Fudula and Reynolds, 1986) and a speech language sample at 24 months of age.

Receptive language age: 28 months
Expressive language age: 28 months

Speech Intelligibility: total AAPS scores 48 - severe articulation delay.

Eepressive and receptive language abilities are age appropriate. Speech is characterized by hypernasality and glottal stops. There is no use of bilabials. Speech pattern consists of omissions and /k,g,n/ substitutions.

Communicative attempts are infrequent and almost always directed towards Alyssa's mother.

Case History

Alyssa was born following an uncomplicated, full term pregnancy. She experienced respiratory distress at birth requiring intubation to clear her airways. She had difficulties in nipple feeding for the first few months of life. She received OT/PT services for a period of 6 months (14-20 months) for motor delays.

Target Language Goals Within the Playgroup

1. Frequency and maintenance of parent use of child-center intervention techniques.

2. Frequency of child's communicative attempts.

Frequency of parent-use of child-centered language techniques

* recorded for 30 minutes of 1 hour sessions.

SESSION #	FREQUENCY OF PARENT-USE OF TECHNIQUES
Baseline 1	10
Baseline 2	11
Baseline 3	6
Intervention 1	15
Intervention 2	21
Intervention 3	25
Intervention 4	0
Intervention 5	26
Intervention 6	28

CASE HISTORY - Brandon

D.O.B.: 3/28/89

C.A.: 2 years, 7 months (31 months)

Diagnosis: Repaired bilateral complete cleft of lip and palate. Frequent middle ear infections and fluctuating conductive loss. Has bilateral myringotomy tubes. Developmental Delay with severe deficit in expressive speech and language.

Early Intervention Services:

Brandon attends a 1/2 hour of individual speech-language therapy and a 1 hour playgroup per week with his father.

Developmental Scores

According to the Battelle Developmental Inventory (Newborg, 1984) administered at 31 months of age:

Cognition:	32 months	Personal-Social:	26 months
Gross Motor:	31-34 months	Adaptive:	25 months
Fine Motor:	38 months	Expressive Language:	22 months
Receptive Language:	30-31 months		
Total developmental age:	28 months		

Speech-Language Scores:

According to the Sequenced Inventory of Communication Development, (Hedrick, Prather, and Tobin, 1984) and a speech-language sample at 31 months of age:

Expressive Communication Age: 24 months
Receptive Communication Age: 32 months

Brandon uses 2-4 word phrases that are completely unintelligible to most listeners, even when the referent is known. Most single words are intelligible to primary caregivers. Communicative attempts remain frequent even though his messages are not clearly received. Brandon, however does not frequently demonstrate frustration when his communicative attempts are not understood by the listener. He regularly makes second attempts to be understood, complete with pointing and gestures.

Speech is characterized by hypernasality, several omissions of initial and final consonants, frequent glottal stops, substitutions of /g/ - /d/, /k/ - /t/, /h/ - fricatives, /m/ - /p, b/.

Case History

Brandon was born with a low birth weight after a complicated pregnancy (blood pressure, toxemia, bleeding). Prior to his second birthday he underwent 6 surgeries which included repair of the right and left lip and palate and insertion of myringotomy tubes. He was tube fed for the first four months of life. Nipple feedings remained lengthy and difficult due to his inability to suck. Excessive drooling and poor proprioceptive sensory awareness was observed until age 2 years 4 months.

Targeted Language Goals Within the Playgroup

1. Focus remains on the child's communicative attempts. Increase frequency of parent use of child-centered intervention techniques.

2. Increase frequency and maintenance of child's communicative attempts.

Frequency of parent-use of child-centered language techniques

* recorded for 30 minutes of 1 hour sessions.

SESSION #	FREQUENCY OF PARENT-USE OF TECHNIQUES
Baseline 1	0
Baseline 2	1
Baseline 3	0
Intervention 1	0
Intervention 2	0
Intervention 3	1
Intervention 4	4