Modification of the communicative environment of young language-delayed children through parent-child interaction patterns: Some procedures and possibilities.

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MODIFICATION OF THE COMMUNICATIVE ENVIRONMENT
OF YOUNG LANGUAGE-DELAYED CHILDREN THROUGH
PARENT-CHILD INTERACTION PATTERNS:
SOME PROCEDURES AND POSSIBILITIES

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Chairman, Board of Examiners
Dean, Graduate School

Date 5-6-80
ACKNOWLEDGMENTS

To those in Montana and Oregon who

live the verb: to teach
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Chapter 1

INTRODUCTION

When a child is brought to a speech-language pathologist for assessment of language delay, it can be assumed that the child and his/her parents are experiencing some degree of anxiety surrounding communication and, by extension, their relationships with one another. Parents are frequently concerned that their child has not yet begun to use speech or language in an expected way. They may be concerned that speech and language development have been slow in onset or rate or both (Bloom and Lahey, 1978). Whatever the reason, these parents are aware that their child needs help. Few are aware that, to help their child, they may first need help themselves.

Webster (1966) writes that many parents of speech-language handicapped children experience guilt. They wonder if they have caused their child's problem, how they may have contributed to it, or what they have done wrong. Some are concerned that, through a lack of awareness, they are a maintaining factor in their child's problem. Bloom and Lahey (1978), following a review of parent-child interaction factors in language learning suggest that some of these fears may be well-founded.

Although a cause-effect relationship cannot be assumed, these findings suggest careful attention to caregiven-child interactions in planning intervention. The interactional patterns should include not just the linguistic input, but the general pattern of communication. Nonverbal aspects may be equally, if not more,
important for language learning. Whether caregiver interactional patterns are a cause or result of the child's behaviors, certain of these behaviors could interfere with the child's future language learning. Aberrant speech or language behaviors, lack of clarity in communicating, and lack of responsiveness to the child's attempts to communicate are certainly not factors that can be considered conducive to language learning and are patterns that may be amenable to change through counseling and instruction (Bloom and Lahey, 1978, p. 555).

With their predictably concise and well-phrased statement, Bloom and Lahey have represented the field of communication disorders well. The field has continuously admonished working clinicians for neglecting the critical factor of parent involvement in the remediation process with little more than a hint at how.

How do we best address, advise, and involve the parents in our waiting rooms whose characteristics are so predictable that they can almost be arranged into recurring sets: parents so anxious about their child's delay that they demand a formula for teaching language at home, parents whose interactions with their child have become so obviously negative and nonreinforcing that neither seems to care much about interacting with the other anymore, or parents of developmentally delayed children who, frustrated by their child's lack of responsiveness, are unable to find a level on which to relate? Surely these parents want—and deserve—more than words of clinical advice following a diagnostic evaluation or a xeroxed handout listing language stimulation techniques.

McLean and Snyder-McLean (1978) conclude that language learning occurs as a product of dynamic reciprocal partnership established between the child and the mature speakers in his (her) environment. Further, this partnership demands contribution from both members. Most basically, the partnership demands mutual responsiveness between parent and child. Thus, it seems to
be critical for the adult to be sensitive to and respond to the child's specific efforts at communication, as well as to the child's general level of communicative/linguistic functioning. For his (her) part, the child must attend, process, and respond to the linguistic/communicative models provided by the adults (McLean and Snyder-McLean, 1978, p. 68).

Parents like those described earlier may well need to modify the communication development environment that they provide for their child. Speech-language pathologists must learn how to help them do this. If there are problems with parent-child interaction patterns, it may be that our efforts should begin there. Experience suggests that even the best phrased recommendations to parents for facilitating speech and language development are a waste of effort if parent-child interaction patterns are negative in general.

It is the intention of this paper to describe a format borrowed from an allied discipline, psychology, that was experimentally adapted to help parents understand that "human interaction is the cornerstone of language development" (Hubbell, 1977, p. 230 citing Mahoney, 1975) and that interacting with others in a positive way is critical to the development of speech and language skills.
Chapter 2

CHANGING VIEW OF LANGUAGE DEVELOPMENT
AND INTERVENTION

Most children learn language in a relatively short period of
time without benefit of formal instruction. How, exactly, is still a
question. Traditionally, language was viewed in terms of linguistic
forms--parts of speech, structural diagrams of sentences, and correct
grammatical standards. Muma (1978) describes traditionalists as inter­
ested in the "products of grammar." Those of the generative view,
according to the same author, were taken with the theory of grammar;
they attempted to explain human capacities in producing utterances of
language. More recently, generative emphasis on structure has given
way to emphasis on cognitive and communicative function.

Bloom and Lahey (1978) write that the longstanding argument
between those who held that language is innate and accounts for
acquisition through maturation and those who believe that language is
learned and shaped primarily through forces in the environment may be
laid to rest at last. These writers suggest that neither of the
extreme positions can be entirely correct. They add that both factors
come together in a child's interaction with the context and as the
child matures as an active seeker of new information.

Language development occurs in the process of contact between
linguistic categories (language form) and nonlinguistic categories
(content and use) . . . . there is a mutual influence between
children's conceptual development (nonlinguistic object concepts
and relational concepts) and the linguistic categories (linguistic
concepts and structures) of the language they hear (Bloom and Lahey,
Miller (forthcoming) adds that certain environmental features are necessary to "trigger" the capacity to communicate and to develop language, namely social interaction with adult language users. She feels a child needs to hear adults using a variety of language forms in order to communicate a variety of intentions, and that a child must have an opportunity to practice using language as a means for getting his or her own needs met. From an interactionist's point of view, both the genetic capacity to develop language and the presence of a stimulating environment are required for the development of viable communication skills.

Recent research in the areas of normal and disordered language has affected pervasive changes in the theoretical bases for intervention with young language-delayed children. Speech-language pathologists are being forced to reexamine their traditional approaches to remediation in the light of new data. Bloom and Lahey (1978) state that language intervention with this population involves modifying a child's environment in such a way that he/she will be able to induce the interactions among language content, form, and use. They have stated unequivocally that "one cannot be isolated in a room apart from the child's life, see children one or two hours a week, and expect them to learn early language skills" (Bloom and Lahey, 1978, p. 55). Muma echoes this sentiment with his statement that

Clinicians should realize that the more an individual is removed from natural contexts, the more power is lost in intervention. Language intervention should occur in natural contexts in natural ways about natural things. Under those circumstances the probability is high that what will happen is not only directly relevant but will generalize to other natural events. Such intervention is ecologically valid (Muma, 1979, p. 237).
Language intervention in a highly structured setting (isolated from real life experiences) is recommended only if a child is unable to focus on any stimuli without the reduction of all competing stimuli. Bloom and Lahey (1978) advise that even if isolated therapy situations appear necessary, intervention must eventually include situations representative of the child's life so that use (emphasis in the original) of language can also be learned. All of this means that a public school speech-language pathologist current with the field's intervention views will find himself or herself spending a good part of the day on the playground, in a lunch room, or working in a classroom to facilitate language learning directly or indirectly through consultation to others important in a child's life. Speech-language professionals in a clinical setting will find themselves moving from their offices into a child's communicative environment.

The most useful therapy setting for a young language-delayed child generally revolves around his/her everyday activities. Sessions might take place in group play situations (nursery school/classroom) or in a one-to-one situation when the child plays, eats, or dresses. Ideally, it is a child's interests or daily routine that determine topics and activities. It is the role of the language facilitator to provide relevant linguistic input that codes these ongoing activities which may, at times, encourage relevant verbalizations from a child (Bloom and Lahey, 1978).

Muma's (1978) paraphrasing of the 10 McCaffrey (1976) principles to consider in conceptualizing/implementing a communication based intervention program serves as a yardstick for clinicians to measure
the appropriateness of their remediation efforts. The McCaffrey principles are reproduced below.

1. Organic. The communicative process must be intact in intervention. Even though communication may be artificially segmented into components, intervention should not be on each component level. Intervention should deal with various components as they are naturally integrated in a functional communicative system, thereby maintaining organic integrity.

2. Human. Because spoken language is a uniquely human form of social interaction, language intervention should be with individuals actively engaged with others. Human involvement affords opportunities to learn various functions of human communication.

3. Modeling. As an individual witnesses others' use of language in the same contexts in which he intends to communicate, he is provided timely and probably appropriate models.

4. Practice. The more an individual uses language in purposeful ways, the more adept he becomes with language. This is not imitative practice or drill, but using language in a variety of communicative functions. Language is like any other cognitive system such as perception and memory; the more it is used in purposeful ways, the more it becomes available for use.

5. Integrating "talking" and "listening." Intervention should provide opportunities in which an individual functions as both an encoder and a decoder in actual communicative exchanges where these functions naturally shift between participants.

6. Match-up. The intervention materials and activities must match the needs of each participant. This usually means that activities should be sufficiently flexible so that adjustments can be made to match the needs of participants more closely.

7. External feedback. Feedback is spontaneously available in natural communication. As an individual becomes aware of the effect of his messages on others, he learns to alter his utterances to obtain more desirable effects. Feedback can be explicit (someone may say, "I don't understand") or it may be deduced from the actions of others.

8. Acceptance. A major premise is that each utterance in a natural communicative context is made for a purpose. The principles above will operate to modify utterances. Accordingly, utterances should be accepted rather than monitored by a clinician.

9. Principles, processes, ideas. An intervention program
should be oriented on principles, processes, and ideas rather than on specific products. Rather than parts of speech and basic sentence frames, intervention should be about functions of language in a variety of natural contexts. Rather than reach colors, per se, intervention should teach colors as static attributes of a variety of things.

10. Child-task orientation. One major goal of intervention is to help a child become an independent learner. One means of achieving this is to create learning situations that are flexible and child oriented (Muma, 1978, pp. 299-300).

While the speech-language pathologist is ultimately responsible for planning ongoing assessments and changes in therapy approaches, Bloom and Lahey (1978) advise that parents or other caregivers of young language-delayed children be included as language facilitators and that the context of learning resemble the natural environment as much as possible.
Chapter 3

PARENT INVOLVEMENT IN THE THERAPY PROCESS

Much of the recent literature describing language intervention with young children (Bloom and Lahey, 1978; Clezy, 1979; Lahey, 1978; McLean and Snyder-McLean, 1978; Muma, 1978) insists that parent involvement with this population has moved out of the category of "nice to have" into the "need to have" realm.

In normal language learning Bloom and Lahey (1978), Bruner (1975), and Snow (1972) list certain behaviors as precursors to the development of language. Bloom and Lahey (1978) feel that some behaviors are related to use of language: reciprocal gazing, regulating the behavior of others, and calling attention to objects and events. Other precursors appear related to development of content—behaviors demonstrating an increased ability to represent symbolically. Still other behaviors may be precursory to the development of language form—the ability to initiate movement and vocalizations that are related to the form of linguistic signals.

Bloom and Lahey (1978) suggest that these behaviors as early goals of language learning should precede or be concurrent with goals to encourage deducing content, form, and use relationships at the single word utterance stage. Mahoney (1975) supports the importance of the development of the extralinguistic modes as a means to communicate with his statement that "Language acquisition, therefore, begins
when children initiate non-verbal communication rather than when they utter their first word" (Mahoney, 1975, p. 140). Adler (1973), Broen (1972), and Wulbert et al. (1978) indicate that an essential quality of the verbal environment of normal children is a "dynamic verbal interchange" where the mother gives positive responses to her child's attempts to use verbal communication and modifies her own verbal behavior to meet the child's ability to respond. Bloom and Lahey (1978) quote Nelson (1973) in her landmark study as concluding that

Parent's speech to children provides an ideal model to children for language learning. In its simplicity and redundancy, the speech that is spoken to children is an admirable presentation of form in a relation to content; in its flexibility, speech to children is well-tuned to the child's needs in different contexts, and it is progressively modulated to the child's developing capacities (Nelson, 1973).

In general, Nelson (1973) found that patterns of interaction between mother and child served as indicators of an effective communication system. She noted that mother-child communication systems in which each member operated in synchrony with the other resulted in optimal rates of language acquisition.

McLean and Snyder-McLean (1978) argue that a young child's interactions with the primary caregivers in his/her environment are critical to language acquisition. These researchers noted three broad functions of such interactions.

(1) the child becomes "socialized" and learns to play the communication game through established patterns of mutual responsiveness, (2) the child learns to mark the semantic segments of the dynamic events and relationships in his (her) world, and (3) the child masters the linguistic code through facilitating interaction with mature language users (McLean and Snyder-McLean, 1978, p. 244).

Studies of linguistic input to normally developing children
have documented overwhelmingly that parents talk to their children about their immediate needs and about what they may be seeing and doing in the "here and now" (Bloom and Lahey, 1978; McLean and Snyder-McLean, 1978; Nelson, 1973). Bloom and Lahey (1978) suggest that parents' comments referring to that which a child is already attending or that which directs a child's attention to something in the context, appears to be the sine qua non of language learning.

A final note on normal language learning from Moerk (1975) indicates that parents rarely correct their children, except for errors of fact and much less often for grammatical or phonological errors. Parents of children developing language normally appear most aware of the content of their children's speech; they provide their children with a model of how the content of language interacts with its form.

Seitz and Marcus (1976) are concise in their explanation of some of the differences seen in the interactions developing between parents and children who are delayed/impaired in development.

Interaction between the normally developing child and his parents is characterized by mutual responsiveness: each initiates and reciprocates communications. When children's language development is delayed or impaired, this communication process may also become impaired with parents unable to respond appropriately to confusing or reduced messages from the child (Seitz and Marcus, 1976, p. 444).

Seitz and Riedell (1974) agree that it is the parent-child interactions that constitute a child's language environment and that it is the quality of this environment that is most likely to affect the verbal behavior of a slowly developing child. These authors (Seitz and Riedell, 1974) reported some positive immediate and long-term results from an experimental language therapy program with a
severely retarded child and her parents that treated the parent-child interaction as the "treatment target." In this therapy graduate speech-language clinicians modeled the use of short, simple, complete sentences to the child as she played. They provided praise and positive comments about the child's activities. They repeated and expanded any child utterances. The therapists allowed the child to initiate an activity and then used that activity for interaction. The child was never required to speak. Seitz and Reidell (1974) noted that the effectiveness of this type of indirect therapy added support to Winitz's (1973) argument that language therapy need not begin with speech production—it might best begin with speech comprehension.

Lahey (1978) cited a study by Wulbert, et al. (1978) as one of the few and most complete published studies of the interaction between mothers and children with language disorders. Wulbert, et al. (1978) insist that it is necessary to understand how a child's home environment interacts with language development in order to successfully facilitate language learning. To summarize the Wulbert, et al. data, it seemed that, on the whole, mothers of normal children enjoyed them, encouraged their development actively, and took pride in their accomplishments. Language-delayed children, on the other hand, appeared to frustrate their mothers. It appeared obvious to the researchers that mutual interaction was not pleasurable for either mother or child. Wulbert, et al. (1978) reported that mothers of language-delayed children interacted less with their children and talked less positively about their children. They more often used threats, spankings, or shouting as a means to punish their children than did mothers.
with normally developing language. Mothers of language-delayed children showed fewer positive behaviors toward them, tended to talk about their children in critical terms, and seldom praised or openly caressed them in the presence of observers (Lahey, 1978).

Difficulties in language acquisition appear to be caused or aggravated by some difficulty with the caregiver-child interaction. This failure may be due to some situational or personal problem of a parent (i.e., stress, anxiety) or it may be the understandable response to a handicapping condition of a child. In any case, it appears that the caregiver-child interchange is the proper focus of intervention in many cases.

Clezy (1979) laments that traditional methods of speech therapy do not allow for the inclusion of the mother in the "clinical regime" although the mother's interactive strategies frequently need remediation along with the child's. Clezy, an Australian speech pathologist with considerable experience modifying the "mother-child interchange," insists that the mother or substitute caregiver must be made an integral part of an intervention program, hopefully the "agent of therapy" (Clezy, 1979).

Bloom and Lahey (1978) also propose that caregivers be utilized as facilitators as much as possible. They suggest that observations of a child's attentional patterns in different contexts will provide the best means of deciding the degree of structure needed. The authors recommend teachers, teacher's aides, institution houseparents, and nurses or nurse's aides as potential language facilitators following in-service training.
For more than 10 years the psychology staff at the Child Development and Rehabilitation Center (CDRC), Crippled Children's Division, University of Oregon Health Sciences Center has been involved in the development of a treatment model for intervention in the psychological problems of young children thought to be maintained by the interactions between the child and his/her parents. In 1969 Hanf (Eyberg, 1979) introduced a two-stage training program for modifying maternal controlling behavior during mother-child interactions. Since that time the subsequent intervention model (Hanf and Kling, 1974) labeled Child's Game and Parent's Game (or, in other settings, Child Directed Interactions and Parent Directed Interactions), has been widely used in the treatment of noncompliant children.

The Child's Game is described as essentially a play interaction in which an adult is taught to follow a child's lead, to resist directing that child's play or conversation, to reflect the child's statements, to describe and praise the child's appropriate behavior, to answer his/her questions, and to ignore inappropriate behaviors. Over time this type of interaction is said to create or strengthen a mutually reinforcing parent-child relationship. Briefly, the situation appears to maximize the potential for positive parent-child exchanges as it minimizes the likelihood of negative ones (Eyberg, 1979).
In the second component of the model, *Parent's Game*, the parent becomes the leader in the play setting; he/she learns to initiate change in a child's negative or deviant behaviors. The parent learns to manipulate given situations so that the child finds compliance more pleasant and enjoyable than noncompliance, even when a pattern of noncompliance has been firmly established (Eyberg, 1979).

The programs used to teach these new parent-child interaction patterns (at CDRC and the outpatient medical psychology clinic at the University Hospital of the University of Oregon Health Sciences Center) depend on careful behavioral assessment to designate the problems to be addressed, to guide individual treatment sessions, and to evaluate outcome. Those procedures are not detailed here. Instead, focus is given to a phenomenon mentioned by psychologists working with these parent-child dyads to treat behavioral disorders as an interesting side effect. Children involved in the *Child's Game* component of the treatment process are reported to increase their verbal output (Eyberg, 1970; Jones, 1978).

This writer was assuredly not the first to wonder about the clinical applications of this observation. The steady influx and subsequent outpouring of trainee clinicians into a university affiliated center for interdisciplinary training has a way of spawning pockets of clinical experimentation throughout the United States. McGrath (1979) reported hearing of the treatment model through former psychology interns at CDRC who were ultimately employed in his setting at the Children's Orthopedic Hospital and Medical Center in Seattle, Washington. Although he is unable to document the impact of the use of his adaptation of the
model (particularly with parents of young dyxpraxic and hearing impaired patients), his clinical judgment about its effectiveness finds him now using the approach for the ninth year (McGrath, 1979).

Seitz, a former intern with the psychology group at CDRC, now in private practice in Madison, Wisconsin, has published a number of articles (Seitz and Hoekenga, 1974; Seitz and Marcus, 1976; Seitz and Riedell, 1974) outlining her training program which uses a number of student clinicians to model various behaviors to facilitate verbal expressions between mentally retarded youngsters and their parents. The behavior modeled for parents includes following a child's lead in play, avoiding excessive commands and questions, and commenting on the child's activities (Hubbell, 1977).

The Seitz studies (Seitz and Hoekenga, 1974; Seitz and Marcus, 1976; Seitz and Riedell, 1974) are pointedly not explicit in telling parents which behaviors to use and avoid using in communicating with their offspring. Instead, Seitz argues and Hubbell (1979) concurs that clinicians modeling facilitative communication interactions for parents of mentally retarded children are not teaching parents anything new. These researchers believe that the behaviors that facilitate language development are already in the repertoires of parents and that demonstrating the effect of these behaviors on the communication patterns of their children simply encourages parents to use them more frequently. Seitz also reports extensive video tape use in teaching and recording mother-child interaction changes over time (Seitz and Marcus, 1976).

Hubbell's (1979) description of a basic three-session training
program he developed to teach parents to facilitate language use in their children is similar to the approach Seitz uses. He, like Seitz (Hubbell, 1977), uses a variety of clinicians as models in the belief that a parent observer might identify and feel more comfortable "trying on" one clinician's style of interacting over another and that choices are important. Hubbell (1979) adds a component of teaching parents to switch back and forth between facilitation (following a child's lead and describing his/her action) and constraint (a high rate of questions and commands) to his program so that parents clearly contrast the two modes of interacting.

Seitz's general findings are that, following extensive training (one hour per day, four days a week, for 20 weeks or more, either as a single parent-child dyad or with two to five other parent-child pairs), mothers tend to decrease their rates of questions and commands and increase their use of comments as they follow a child's lead in play. Changes in a mother's communicative behavior are generally accompanied by increased in a child's mean length of response and number of utterances (Hubbell, 1977).

Yet another former CDRC trainee, Weybright, now a speech-language pathologist at the Portland Center for Hearing and Speech in Portland, Oregon has joined forces with another speech-language pathologist, Rosenthal (Rosenthal and Weybright, 1980) in experimenting with a concept in language intervention which these writers have termed Indirect Language Stimulation (ILS). The focus of intervention is on training parents in five one-half hour sessions (one session a week),
and two months of practice at home with their children so as to give the young language developing child (under three) "words for the objects or actions with which he interacts and to expand his short verbal utterances without demanding an immediate response" (Rosenthal and Weybright, 1980, p. 4).

While the Hubbell (1977) Rosenthal and Weybright (1980), and Seitz (Seitz and Hoekenga, 1974; Seitz and Marcus, 1976; Seitz and Riedell, 1974) therapy approaches do not directly teach from a Child's Game model as does McGrath (1979), each of these approaches emphasizes the fundamental goals embodied in the model: following a child's lead in a nondirective play setting, reducing the number of adult questions and commands, and commenting on the child's activities and contextual interests. All of the approaches utilize clinicians skilled in nondirective language therapy as models for parents to observe. Parents are thus gradually incorporated into the sessions as facilitators (at points in the therapy process varying with each approach). In general, these practice sessions continue until parents appear capable of judging appropriate linguistic levels for their children, and tailoring their language input to that level.

Parent observation of clinicians modeling language facilitation is, in all cases, behind a one-way mirror with another clinician providing ongoing commentary. The McGrath (1979) and Rosenthal and Weybright (1980) approaches utilize a one-way electronic intercommunication system called "Bug-in-the-Ear" (worn by the receiver like a hearing aid) originally used with the psychology programs of Eyberg (1979) and Hanf and Kling (1974) to provide cueing and immediate feedback to parents.
The Hubbell (1977) and Seitz (1974, 1976) programs do not directly delineate for parents the techniques they are utilizing. McGrath (1979) provides handouts describing the basic processes (see adaptations, Appendix A and Appendix B, pp. 51 and 53). Rosenthal and Weybright (1980) provide handouts and specific practice sessions on each of the facilitative techniques (including self-talk and parallel talk, description and labeling, imitation and expansion) they describe for parent use (see adaptation, Appendix C, p. 55).

Although Rosenthal and Weybright caution that their pilot study is not controlled for the effects of maturation, socioeconomic status, preschool experience, or the influence of peer or sibling stimulus, they are excited that their initial data demonstrate changes in language that mothers address to their children and in children's communication abilities (measured by pretraining and post-training language evaluations utilizing the Sequenced Inventory of Communication Development [SICD], the Vocabulary Comprehension Scale, and measures of mean length of utterance).

Each of five children studied (all boys under the age of three), gained eight months in receptive language and 7.2 months in expressive language skills (measured by SICD scores) with the only form of intervention being the ILS: self-talk, parallel talk, description, expansion, and "alternative mode" (defined as similar to expansion with the inclusion of additional conceptual information) supplied to them by their mothers at home. Logs kept by mothers of children in the study indicated that the boys received an average of 57 minutes of daily ILS from their mothers (Rosenthal and Weybright,
1980). A dampening note is sounded by Hubbell (1980) with a report of some initial data from his experiments with facilitative language techniques that indicates that some parents stop using facilitation practice sessions when the training process and home observations are finished.

This writer wonders if one measure of change might not be a generalization of facilitative behavior to all areas of parental interactions with a child. By way of analogy, the purpose of dieting techniques for the weight conscious is not to keep practicing the techniques of dieting, as if dieting were an end goal in itself--but rather it is a generalized change in eating habits. When this change generalizes, the practice sessions of counting calories or measuring food amounts no longer serve as primary evidence of success. Clearly, these intervention approaches described are in need of more carefully designed longitudinal research efforts to validate claims of success.
Chapter 5

WORKING MODEL ADAPTATION FOR USE WITH
PARENT-CHILD PAIR AND PARENT GROUP

Information and preliminary data gathered from the studies reviewed indicate that it is possible to teach parents to modify the communicative environments of their young language-delayed children. While this clinician is eclectic in approaches to language intervention and eager to adapt for her own use some of the techniques described, she is most of all a pragmatist. She doubts that the electronic Bug-in-the-Ear one-way speaker system used to give parents immediate feedback and the one-way mirror of Eyberg (1979), McGrath (1979), and Weybright and Rosenthal (1980) will be available to her in all clinical settings. She is concerned that Seitz's (1976) video tape equipment, bevy of clinician models, and time to devote 20 or more full hour sessions to a single parent-child pair will not always be there. What follows is a description of this clinician's attempt to adapt in a very basic clinical setting some of the ideas and procedures gleaned from observation and reading so that she can teach individual parents (or parent pairs) and groups of parents how to help facilitate their child's expressive language development.

One of the parental sets mentioned in the introduction of this paper which potentially benefits from training to improve parent-child communicative interaction is that of parents who, exceptionally anxious about their child's delay in expressive language, wish to be taught
speech and language techniques to use at home. Thus, as a speech-language pathologist trainee on an interdisciplinary team, this writer evaluated a 14-month-old girl whose receptive language skills were estimated to be age-appropriate. Although the child demonstrated only a mild delay in expressive language, the child's mother was very concerned that Amy (fictitious name) was slow to talk and described the three-year-old sister as "having trouble talking" as well. Amy's mother and maternal grandmother (also present during the evaluation) remarked that they had never seen Amy vocalize as much as she had in response to the examiner. They wondered aloud what they were doing wrong. It was the recommendation of the evaluation team that Amy's mother be seen to discuss speech and language stimulation. The following section is a description of the therapy sessions resultant from that recommendation.

Adapataion for Use with Individual Parent-Child Pair

Method

Subject. Amy was initially seen at CDRC in a cerebral palsy clinic. For a time her delays in motor and communication development were thought to be secondary to mild cerebral palsy. At the time the experimenter saw Amy (December 5, 1979), the diagnosis of cerebral palsy was ruled out. Mild delays in fine motor and expressive language were the only remaining significant findings. Amy's receptive language was characteristic of a 13-14 month level. Expressive language skills were estimated to be in the 11-12 month range. Amy's
mother was very receptive to meeting in sessions designed to model and discuss language stimulation. The mother was a high school graduate, she had attended college for less than a year, she lived with her husband and two daughters, and she provided child care for one to three preschoolers five afternoons a week.

Experimenter. The experimenter was a master's candidate in speech-language pathology at the University of Montana. At the time of the study she was serving a six-month clinical externship at the Child Development and Rehabilitation Center (CDRC), Crippled Children's Division, University of Oregon Health Sciences Center.

Procedure. Amy and her mother attended an hour long session once a week for four weeks. The father's work schedule prevented his attendance. In the first session the mother was invited to describe Amy and to discuss the difficulties surrounding communication with her. She was encouraged to briefly outline other problem areas (i.e., behavior management, sibling interaction, development questions, family stress) and to be as specific as possible in her accounts. She was also asked if she could recall any instances where interaction was particularly positive or when communicating with Amy was easier. These initial comments were useful in formulating a picture of Amy's communicative environment and discerning the parent's perception of the problem. These details proved critical to tailoring basic information to the particular needs of this family.

The parent-child pair was then observed interacting with each other in a play setting for ten minutes. The parent was reassured
that any apprehension/anxiety she felt regarding the observation was perfectly normal, but that the information was necessary for intervention planning. An assortment of toys and objects was made available to the pair in a small room furnished with a small table and chairs. The instruction given the parent was, "Please play with Amy as you would if you had some free time to spend with her at home."

The interaction was audiotaped. The experimenter, observing the interaction from a distance in a corner of the same room, coded the mother's communicative behaviors via a number of general response categories suggested by Mash, et al. (1976). Prior to this project the experimenter gained experience with the use of this form of event recording in a five-week short course taught by the psychology faculty at CDRC to train students to use the response-class matrix, a procedure for recording parent-child interactions in a laboratory setting.

The mother's communicative behaviors were counted in order to obtain an accurate record of the frequency of occurrence of certain behaviors within a designated time period in an effort to estimate the occurrence rate (Alevizos and Berck, 1974). The functional definitions used to categorize the mother's behaviors follows in the Standard Behavior Categories for the (M)other outline.

I. Command

A. Direct commands or statements which include imperatives

1. "Come . . . ."

2. "Let me . . . ."

3. "Put this . . . ."

4. "I want you . . . ."
a. A direct command may be specific.
   (1) "Write your name."

b. A direct command may be general.
   (1) "Go and play."

c. In either case they are scored as commands.
   (1) Unless there is an accompanying verbalization, a gesture is not scored as a command. Motioning a child to come without saying for him to come is not scored as a command.

II. Command-Question

A. A suggested or implied command which includes an interrogative
   1. "Will you hand me . . . ?"
   2. "Shall we . . . ?"
   3. "Why don't you . . . ?"
   4. "Can you . . . ?"
   5. "Would you like to . . . ?"

   a. As with direct commands, in order for a command-question to be scored, there must be an accompanying verbalization.

III. Question

A. Direct questions not of the command-question type
   1. "What . . . (color is this)?"
   2. "What . . . (would you like to do)?"
   3. "Where is . . . ?"
   4. "Who . . . ?"
   5. "How does . . . ?"
   6. "When did . . . ?"
IV. Praise

A. Verbal statements and nonverbal actions indicating encouragement, acceptance, and/or approval of a child's behavior

1. Verbal statements
   a. "O.K."
   b. "Good . . . ."
   c. "That's fine . . . ."
   d. "I like that . . . ."

2. Nonverbal actions
   a. Pat on back
   b. Hug
   c. Kiss
   d. Clap
   e. Head not
   f. Smile

   (1) Some judgment can be used in interpreting context and tone of voice in scoring praise. A general rule of thumb is that most of the above statements when they follow a specific task or behavior on the part of a child, are scored as praise. For example if, on completion of a task, the mother says, "O.K.," score as praise. If, on the other hand, a child asks if he can play and the mother says, "O.K.," score as an interaction for the mother.

V. Negative
A. Verbal statements and nonverbal actions indicating discouragement, nonacceptance, and/or disapproval of a child's behavior

1. Verbal statements
   a. Direct disapproval or criticism
      (1) "No, don't . . . ."
      (2) "Stop . . . ."
      (3) "Quit . . . ."
      (4) "Bad boy . . . ."
      (5) "That's not right . . . ."
      (6) "That's all wrong . . . ."
      (7) "You can do better than that."
      (8) "Don't do it that way."
      (9) "You make me sick."
      (10) "I don't like that."
   b. Implied criticism or threat
      (1) "You're acting like a two-year-old!"
      (2) "If you don't stop . . . . you'll get it!"
      (3) "You'd better watch it!"
      (4) "One more time and you're in trouble!"
      (5) "Your father won't like that when he hears about it!"

2. Nonverbal actions
   a. Direct
      (1) Spank or hit
      (2) Pinch
(3) Yank
(4) Shove back in chair
(5) Shake head "no"
(6) Frown

b. Threat
(1) Raised hand
(2) Shaking of finger at child
  (a) Negative behavior on the part of a mother
takes precedence over commands or question-
commands, i.e., if the mother says, "You
get over here!" in quite a threatening man-
ner, this is scored as negative behavior on
her part rather than a command.

VI. Interaction

A. An attempt to initiate or maintain some type of mutual con-
tact. Interaction may be verbal or nonverbal.

1. Verbal: comments may be neutral, positive, or descrip-
tive, but they contain no criticisms, commands, or
questions. The mother in some way communicates attention or expresses interest.
  (a) "That's a big bridge you're building."
  (b) "You sure are running fast."
  (c) "There are some toys in the box."
  (d) "We'll be going home when we're finished."
  (e) "Mmmmm hmmm."

2. Nonverbal
(1) Holding parts of the same toy
(2) Handing an object to child
(3) Smiling at child (in this case eye contact with the child must occur; if the child does not look at the mother when she is smiling at him, her response is scored as "no response").
(4) Physical contact other than negative

The experimenter observed an adult-led interaction with the mother using a preponderance of commands, questions, and question-commands to direct the child's activities (i.e., "Open the top, Amy," "What's this, Amy?" "No, push the button," "Let's play with this," "See the duck?" "Say duck," "Say duckie, Amy"). Her interaction categories were largely nonverbal (i.e., smiling and handing objects to the child). The mother used one verbal interaction comment, "You found the duck," and she vocalized "Mmm hmmm" one time. It should be noted that, during the initial interaction, the parent sat on a chair physically distant from the child playing on the floor.

Following the observation (see Table 1, p. 30) the mother was asked to comment on how typical the observed segment was of their interactions at home and to describe in general the kinds of interactions Amy had with her father and sister. The mother noted that the interaction was atypical largely because she seldom had time to play with her children, although she thought she talked to them much like she just had. The father was reported to "roughhouse with the girls" occasionally. The children were described as "always fighting" and continuously wanting "my attention at the same time."
Table 1
Mother’s Communicative Behaviors Directed to Child
During 10-minute Free Play Period

<table>
<thead>
<tr>
<th>Response-class of behaviors</th>
<th>Total number of occurrences</th>
<th>Before training</th>
<th>After training*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command</td>
<td>46</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Command-Question</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>16</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Praise</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>12</td>
<td>62</td>
<td></td>
</tr>
</tbody>
</table>

*Four hours in 6-week time span

The importance of each of us being open and honest in the sessions was stressed before I asked if she enjoyed interacting with her children. This question may have been pivotal with this particular parent. It opened the door for the mother to talk about some of the aspects of child rearing that she did not enjoy--areas wherein she felt uncomfortable--and discuss in particular the pressure she felt to "teach the girls to talk."

The rationale for the parent-child involvement in therapy was introduced in a manner designed to help the mother feel the purpose of the sessions. The mother was asked to describe the kinds of conversations she particularly enjoyed having with other adults. She was asked to be specific in her description of how she knew that the person with
whom she was talking was attending to her. Her responses were those expected: physical proximity, eye contact, careful listening, verbal feedback. Then, guided to describe unpleasant conversational experiences, the mother related instances of being interrupted, criticized, and having the subject inappropriately changed. She was pointedly asked if she liked being given excessive direction or being asked questions when she did not, for some reason, have ready answers. Her response was obviously negative. She next was asked to consider how these factors, trying and unpleasant to an adult who had already developed communication skills, might affect a language-delayed child.

It was explained that children appear to have responses similar to those of adults in regard to communicative interactions. The mother was told that studies (Hubbell, 1977; Seitz and Riedell, 1974) have shown that a high rate of questions and demands is particularly detrimental to a child who is having trouble developing speech and language. It was suggested that the best way to teach a child to speak was, ironically, not to teach him/her at all (Hatten and Hatten, 1975). She was reassured that most parents faced with a language-delayed child tried to help their child by becoming teachers—asking questions, giving instructions, and correcting. This kind of teaching was described as typically ineffective with speech/language-delayed children.

The mother was told that most children seem to learn language automatically in the normal give-and-take of everyday family life. Playing with adults was explained as especially important to language
learning. It was noted that children who were slow to learn language appeared to need frequent and optimal stimulation periods in order to pick up communication skills and that the best place to begin was through play.

The experimenter then modeled the *Child's Game Communication Exercise* (Appendix B, p. 53). In this exercise an adult follows a child's lead in a 10-minute free play situation, and imitates and describes in a nondirective manner the child's activities, vocalizations, or speech. The experimenter commented on the activities that Amy initiated, but she did not attempt to direct Amy's play. Although some of the child's babbling was imitated, no effort was made to elicit vocalization or speech from the child. The comments made to the child were all context-oriented, short, simple, grammatically correct phrases—the experimenter's best efforts at the "motherese" directed by good adult language models to normally developing children at approximately the same cognitive/prelinguistic level. When asked to comment on any differences the mother might have noted in her play time with Amy and that of the examiner, the mother observed, "She really liked playing with you," and "You didn't tell her what to play with."

The mother was told that, in the next three to four sessions, she would be taught *Child's Game*, a tool that had proven helpful to parents building a foundation for their children's language development. It was pointed out that *Child's Game* was only an exercise, that it was not meant to be used all day long, and that she would initially be expected to use it with her child for just 10 minutes a day. It was
explained that she would learn an attitude or an approach important to communicating with her child—not a list of do's and don'ts. She was also told with honest conviction that the exercise was one that anyone could learn to do with practice, that it was fun and, best of all, that it worked!

The mother and experimenter discussed the handout, Objectives of Child's Game--A Communication Exercise (Appendix A, p. 51). The first session closed with the experimenter modeling and helping the mother practice the Child's Game Communication Exercise (Appendix B, p. 53) by simply watching with full interest (without verbal comment) what the child was doing in play. The mother was advised to practice this first step at least once daily until the next session so as to allow her child to experience her mother truly tuned in to her activities. The mother was told that she would be taught the remaining steps in Child's Game in succeeding sessions.

In the second session the first few minutes were taken up with a discussion of questions or problems from the preceding week. The mother acknowledged feeling somewhat silly telling others she was being taught "how to play with her child" in speech therapy. She admitted that she had not expected to be actively involved in the therapy process. She described a problem in separating Amy from her sister to schedule her practice sessions. Brainstorming evolved a plan to have the father entertain the older child while the mother and Amy spent 10 minutes alone.

The clinician modeled the first step (tailgate-ing) of Child's
Game, then added the second step (imitation of behavior/mannerisms). The mother's practice of these steps was excellent. She sat physically near Amy on the floor and added some imitation of Amy's vocal play as modeled for her by the experimenter. The two adults switched back and forth in the interaction role, each commenting openly on the other's efforts. Comments were typically positive, but the mother was amused and enjoyed pointing out a time where the experimenter was overly directive in playing a game of peekaboo.

The examiner used this comment to suggest several things. First, the mother was complimented on being an accurate observer (the interaction had been directive). Second, she was told that parents truly need to be directive or instructive with children much of the time in order to teach them how to cross the street, to keep away from a hot stove, to print their names, etc. While it was explained that it would be impossible to rear a child without some commands and questions, it was noted that there is a difference between teaching and testing. It was explained that asking a child continuous questions was testing, and that children do not appear to learn many new things from a series of questions. It was suggested that children require heavy doses of language input—linking words to action, objects, and communicative functions in which they are interested.

Hubbell's (1979) analogy of language input and a savings account was made: when language is developing, emphasis should be on input or "putting language in." Adult language models need to make a lot of "deposits" before they expect to see any "interest" (verbal response from a child). Parents must trust that if language is put in
in a pleasurable, meaningful manner (to the child), it will come out when the child himself or herself is ready. The third step of the exercise (describe/comment) was then modeled and practiced.

The Child's Game Communication Exercise handout (Appendix B, p. 53) was given to the mother with a suggestion that she practice only the first three steps during the coming week. Certainly, the mother was reminded at each session that there is no particular right or wrong way to do Child's Game; rather, each person has his/her own individual style of modeling the same basic interaction with a child.

In the third session the mother verbalized disappointment at not being able to separate Amy from her sister for daily practices. The plan to have her husband entertain the older daughter had not been successful. The children were competitive for their mother's attention. The mother and the experimenter developed a solution whereby the mother would choose one child at a time as her particular focus for language input and alternate playing Child's Game with both children. The complication of an added attention-seeking child was acknowledged.

The mother volunteered that she had noticed that much of the speech she directed to both children in a variety of settings was "sounding like" Child's Game. She was congratulated by the experimenter for going ahead on her own to incorporate models for language learning into her daily routine. This, she was told, was the final goal of the practice sessions.

Specific attention during this session was given to steps four
and five of *Child's Game*, concentrating on labeling/praise for specific acts (i.e., "Good, Amy, you put the bear in the box.").

Amy and her mother missed the next two successive sessions due to illness and inclement weather. During the fourth and final session, post-training data were taken on the mother's communicative behaviors. A comparison of the simple data is in Table 1 (p. 30).

A second language model (a speech-language pathologist) was incorporated into this session, again reinforcing the idea that each adult language user has his/her own style in providing language input to children. Following turns interacting and observing, the experimenter helped the mother draw up a list in the mother's own words reviewing the guidelines for playing *Child's Game*. The mother's ease in compiling the list with her choice of words reflected a clear understanding of the rationale for the intervention sessions.

It was explained that professionals in speech-language pathology have a variety of names for different types of descriptions and comments (Step 3, *Child's Game*). She was given a third handout, *How to Help Your Child with Speech and Language Development* (Appendix C, p. 55) listing examples of self-talk, parallel talk, labeling, imitation, and expansion phrases. She was told (using examples) that she had already naturally used all of these types of phrases in her interaction with Amy, but that she might be interested in the term names. It was further explained that the first three types of phrases (self-talk, parallel talk, describe/label) were particularly effective with children like Amy in the initial stages of acquiring new words. The final two categories (imitation and expansion) were described as useful
with children already using words and short phrases as was her older
daughter. The experimenter and mother practiced each of the
phrase types and discussed specific times and settings in a typical
day's routine when they might be used--driving the car, setting the
table, on a walk, at the grocery store, etc.

The mother was reminded that many parents had difficulty
working in separate daily practice sessions as time went on. They
found, however, when they used the learned therapy techniques
throughout the whole day, the ordinary routine of their lives pro-
vided an excellent background for language learning.

The mother was told that she would be contacted by telephone
the following week to see if she had any further questions. She was
reminded that Amy would be seen at CDRC for a regular recheck evalua-
tion in the cerebral palsy clinic in three month's time. It was
suggested that any recommendation for further remedial involvement
would be made at that time.

Results and discussion. A comparison of simple numbers of
response-class behaviors in pretraining and post-training sessions
(see Table 1, p. 30) indicate a rather dramatic increase in one of
the communicative behaviors though to facilitate speech-language
acquisition and development (interaction) and a decrease in those
behaviors described by Hubbell (1977) as constraining communication
development (command, question, and command-question).

At the close of the intervention period, Amy's vocalizations
had become increasingly jargonlike and she was regularly interspersing
five to six real words in her inflectional conversations with others in the environment. While these changes may not be attributed to intervention efforts alone, the increase in positive responding by mother and child reflected the mother's ability to relax and enjoy interacting with her child as she increased in her ability to support Amy's efforts to explore, play, and experiment with language.

**Adaptation for Single-session Use with a Parent Group of Multiply-handicapped Children**

As a trainee in the parent education component of TOTS/INSIDE (a four-day interdisciplinary assessment program for multiply-handicapped children at CDRC), the experimenter designed a two-hour presentation to introduce parents to the concept of *Child's Game* as a tool to facilitate improved parent-child communication skills. The following section describes the format of the presentation and subsequent comments made by parents responding to a follow-up questionnaire.

**Method**

**Subjects.** Three mothers of children being evaluated in a CDRC TOTS/INSIDE program participated in a session designed to introduce them to concepts which fostered improved parent-child communication skills. The children were ages 5 1/2 and younger. One child was thought to demonstrate a generalized developmental delay. Two others exhibited symptoms of emotional disturbance. Although expressive language delay was not seen as the primary handicapping condition of these children, problems with communication (including difficulties with articulation)
were listed as concerns by the referring preschools and mothers of these three youngsters. All of the mothers were Caucasians under the age of 40. One of the mothers worked outside the home, two were single parents, and two had completed a high school education. None of the mothers had attended college.

Procedure. The session described herein was the last of a series of four two-hour meetings devoted to parent education. The preceding session subjects included feelings and attributes surrounding parenting a handicapped child, approaches to helping build a child's self-esteem, and behavioral management principles, respectively.

The introduction of Child's Game was linked to the importance of building a trust level of positive interaction between parent and child (described in an earlier presentation as critical to building a child's self-esteem). The importance of the quality of interaction time spent with children was emphasized, with the implication that parents are frequently unaware of how critical they are of their children. The presenter was careful to include herself as a parent who failed to recognize how much of the time she directed, questioned, and corrected her child. It was acknowledged that, in the midst of busy lives, parents often make unreasonable demands and generally tell their children what to do much of the time--even in their play.

It was explained that a number of studies showed that a high rate of questions, commands, and corrections (Hubbell, 1977) served to inhibit the positive communication patterns necessary to foster the development of speech and language skills in children. The presenter
then facilitated a group discussion of the factors prompting good communication between adults and other adults, as well as adults and children. This presentation of the rationale undergirding Child's Game was comparable to the individual adaptation session described earlier. The response of parents in the group session was strikingly similar to that of the solitary mother in the individual session previously described.

Following a verbal explanation of the steps involved in playing Child's Game, the presenter and another trainee used role play to demonstrate the communication exercise. The handout describing the format (Appendix B, p. ) was made available to the parents. Group participants then practiced the exercise with each other, taking turns as parent and child. The practice session was informal; parents felt free to ask questions, to stop the action, or to respond to feedback throughout the period.

The final activity was a group analysis of video tapes made of previous mother-child pairs before and after they had been taught the Child's Game exercise. This segment of the training was exceptionally helpful to the mothers because they were able to identify behaviors of the video taped mothers with those they used. One mother observing a tape remarked, "See what she's doing? All she does is ask questions and tell him what to do. The poor little boy doesn't have a chance!" A mother sitting beside her nodded emphatically, saying, "And she thinks she's teaching him. She thinks that's what she's supposed to do." This same mother commented at the session's end, "Nobody ever told me what to do before."
Results and discussion. An evaluation form (Appendix D, p. 57) was devised and sent to the parents one month following their involvement in the parent program in an effort to assess their evaluations of the effectiveness of the presentation and usefulness of the Child's Game concept. Two of the three questionnaires were returned. The useful information gathered from this instrument was limited, but it is summarized herein.

Both respondents indicated that they had made use of Child's Game. One mother commented, "I have only done Child's Game a few times, unfortunately, but during those times Eric and I seemed to be on the same communication level, were more on a one-to-one basis." This mother recommended the use of more video tapes and an opportunity to practice Child's Game with one's own child while in the program.

The second mother indicated that she and her daughter "try to play [Child's Game] every chance we get." She noted, "We've learned from each other how to be playmates and friends as well as mommie and daughter." This mother wrote in a Comments section (regarding noted changes in parent/child communication behaviors), "Cathy and I are still learning and I'm beginning to find out how bossy I really can be, but we are working at it together as a team."

It is not possible to chart the data gathered from this clinical experiment on a tidy statistical graph, but the impressions gained compare favorably with results reported in the more carefully designed studies previously discussed. Based on my subjective clinical judgment, the approach described is sound.
Chapter 6

SUMMARY AND CONCLUSIONS

Summary

Research describing children with language delays presents evidence that the linguistic environment of at least some language-delayed children is different than that of their nondelayed peers (Mahoney, 1975; Wulbert, et al., 1978). Other research indicates that the rate of language development may increase when the linguistic interaction between language-delayed children and their parents is improved (Hubbell, 1977; McDonald, et al., 1974).

If children who are not developing normally present confusing cues or reduced responsiveness to their parents, it may be difficult for the parents to know when they have provided their child with language that is appropriate in its complexity and content (Seitz and Marcus, 1975). Other studies report that parents of delayed children (especially the mentally retarded) become atypically controlling of their children's behavior. They use more commands and questions than other types of utterances and frequently express perceptions of the child as highly dependent and in need of structure (Seitz and Riedell, 1974). These parents subsequently have a tendency to overstructure their children, even in play. Overstructuring and continuous corrective interruptions have the effect of reducing a
child's opportunities to explore and practice emerging skills so critical to his/her skill development.

Mahoney (1975) states that an ethological approach to this problem would entail designing a language-intervention program in the child's own social environment and would focus on the communication system between the children and their primary language models. The basic strategy would involve training the models to synchronize their communication strategies with those of the children so that there would be a relatively efficient preverbal or nonverbal communication with the children, then the role of the models would be to stretch this communication network by gradually enriching and developing the children's preverbal system into a linguistic system (Mahoney, 1975, p. 145).

Miller (forthcoming) writes that the manner in which adults typically fulfill their role as language model with young children is through the establishment of play, routine/ritualized (i.e., peekaboo) and spontaneous forms of play (i.e., tickling with a child's cuddly stuffed animal). She further states that mutual play, a framework within which parent and child share joint focus and attention on linguistic markers (usually words and short phrases), is one of the primary ways in which a child acquires a language system.

Not all parents are able to assume the critical role as language model for their children without guidance. For a variety of reasons, these parents have difficulty interacting with their children in a positive manner. Some do not describe involvement with their children as enjoyable. Others report that they seldom play with their children.

In her efforts to find a clinical tool via which to teach parents to become language models for their children, this writer
discovered a format used successfully by psychologists to intervene in the psychological problems of young children thought to be maintained by negative parent-child interaction patterns. Modified to heighten emphasis on communicative interaction, it was adapted from written and verbal reports of clinicians using a similar format in a variety of settings. The writer's modification excluded the use of any equipment unavailable in even the simplest clinical setting.

The strategy evolved was to teach parents to become appropriate language models by instructing them to direct their communication to a child's activities and interests, just as parents of normally developing children do. The clinician's role in this strategy is to give the parent feedback regarding his/her interaction with his/her child until the child's own responses can serve this function. In summary, the experimenter/writer designed an intervention program based on the belief that a positive parent-child interaction is instrumental to laying a solid foundation for language acquisition and development (Seitz and Marcus, 1976).

Conclusions

My efforts to help parents with a modification of the environment they provide for their children wherein the children acquire and develop language, my readings in normal and disordered language acquisition and parent-child interaction patterns, my conversations with working clinicians in our own and allied fields of psychology, medical psychology, and social work have coalesced into a growing conviction that parent-child interaction patterns are of valid concern to
speech-language pathologists in assessment and intervention. Although the data I gathered regarding the value of the clinical experiments are far from convincing and are, at best, primitive, the trends indicated were consistent with the data reported by others as well as my subjective clinical judgment.

I worked with parents to understand where they were as a family unit—not their child in isolation—in the hope of planning an intervention approach that would address the complexities involved in communicative interaction. I attempted to remove the academic coating from some very complex psycholinguistic concepts so the parents could have the benefit of knowing what speech-language pathologists currently believe will help a child develop better communication skills.

The modifications I would make in therapy with the next parent-child pair might include a midweek phone call between sessions or an experiment that would telescope training into four or more one-hour sessions on consecutive days. I would attempt to incorporate additional language models earlier and would consider doing at least one session in the home environment with the entire family present.

I would modify the group experience by adding an additional two-hour session on a second consecutive day. This change would allow parents to return to their homes to practice with their own child and come back the next day with questions. If the additional session was not feasible, I would make every effort to provide practice time for parents with real children even if the children were not their own.

I was pleased with the clinical experiments that afforded me
opportunities to recognize the value of working with parents in a joint effort. It was productive for me to lay aside the hierarchical therapeutic expert role long enough to understand the power of working with parents on an equal basis to affect change in their children's ability to communicate. With Muma (1978), I believe that parents and clinicians must work together to discover the most productive approaches to use with language-delayed children. In a well-designed therapy approach, parents become so involved that toward the end the process reverts to them. Subsequent visits are made, but in the long run they become viable intervention agents not simply doing exercises but productively carrying out, analyzing, and modifying interventive approaches. This is not a paraprofessional strategy to increase the manpower of a clinician. It is the result of intervention when the intervention process takes its natural course (Muma, 1978, p. 237).
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OBJECTIVES OF CHILD'S GAME--A COMMUNICATION EXERCISE

Child's Game is a communication game that can involve your child in important communicative experience whether he/she says anything or not.

The objectives of Child's Game are

1. To create a short period of continuous communication (not necessarily talking).
2. To expose your child to language rich in meaning for him/her.
3. To give your child opportunities to do and say things you can respond to.
4. To help show your child that it's fun to communicate even when he/she is not perfect at it.
5. To help you identify important ways you can help your child with speech and language development.

Practicing these things encourages your child to continue the experimental process so important to acquiring and developing speech and language skills. Working with these objectives helps your child progress at his/her own pace.

Adapted from C. O. McGrath, January, 1976.
CHILD'S GAME COMMUNICATION EXERCISE

Communicate interest in YOUR CHILD'S activity or conversation for 10 minutes of undivided attention. INTRODUCE NOTHING NEW--YOUR CHILD CHANGES THE ACTIVITY OR TOPIC.

How parents play:
1. TAILGATE. WATCH with full interest what he/she is doing.
2. IMITATE BEHAVIORS, mannerisms of your child (you don't always have to talk).
3. DESCRIBE OR COMMENT on what he/she is DOING (avoid other comments, questions, requests).
4. PRAISE for specific things he/she is doing (do what he/she asks you to do, answer his/her questions).
5. IGNORE problem behaviors (immediately praise and pay attention when he/she stops misbehaving).

Try not to
1. Ask questions that expect your child to do or say something.
2. Give commands.
3. Show your child something he/she hasn't noticed by himself/herself.
4. Start any new activity or try to change what interests him/her.
5. Scold, correct, contradict, or punish.

CHILD'S GAME is an exercise--IT'S NOT MEANT TO BE USED AT ALL TIMES! MOST OF ALL, HAVE FUN!

APPENDIX C
HOW TO HELP YOUR CHILD WITH SPEECH AND LANGUAGE DEVELOPMENT

1. TALK TO YOURSELF (self-talk). Describe out loud to your child what you are seeing, hearing, doing as you do it, e.g., "I wash the plate," "I dry the spoon," "I put the bowl away." Use short, simple sentences, and let your child know there are words to describe all sorts of activities and feelings. Give him/her words for what he/she sees you doing.

2. TALK FOR YOUR CHILD (parallel talk). Describe out loud to your child what he/she is seeing, thinking, hearing, and doing as he/she does it, e.g., "You're throwing the ball," "In goes the car," "Jenny has a hat," "Push the bike," "Mike's pushing the wagon." Give him/her the words to describe the action he/she does or the thing he/she sees.

3. DESCRIBE LABEL. Use a labeling or explaining phrase or statement, e.g., "That's a big ball," "There's daddy," "That dog is a poodle," "It's hot," "The pillow is soft," "That water is cold," "There's a fire truck."

4. REPEAT YOUR CHILD'S WORDS (imitation). Repeat exactly what your child says, but use correct articulation (pronunciation), e.g., when the child says, "widdle wed wabbit," you say, "little red rabbit" without a demand for him/her to say it your way.

5. EXPAND YOUR CHILD'S WORDS (expansion). Repeat your child's baby sentences the way an adult would have said them—without a demand to repeat your words. Doing this shows him/her that your understand and, at the same time, it gives your child a good model, e.g., if your child says "doggy run," you say, "Yes, the doggy is running."

Adapted from Indirect Language Stimulation Techniques, Portland Center for Hearing and Speech
APPENDIX D
The exercise *Child's Game* was introduced to you during the parent education component of the TOTS program as a tool that might be used to facilitate improved parent-child communication skills. This questionnaire invites your responses to how *Child's Game* was presented to you and whether or not the idea/concept has proven useful in communicating with your child. The information you provide will be important in planning future parent presentations. Please be as thorough and as candid as you can.

1. How effective and involving were the activities used to explain/teach *Child's Game*?

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Did not attend</th>
<th>Comments</th>
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<tbody>
<tr>
<td>a. Group discussion of factors promoting good communication between adults.</td>
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<td>b. Group discussion of factors promoting good communication between children and adults.</td>
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<td>c. Role play demonstration of <em>Child's Game</em> by presenter.</td>
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<td>d. Practicing <em>Child's Game</em> with other parents.</td>
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<td>e. Group analysis of before and after video tapes.</td>
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2. Have you made use of Child's Game in interacting with your child?

__________Yes ____________No

If yes, please describe some of your reactions (and those of your child) to playing the game. Please indicate how frequently you have used Child's Game.

If no, what stopped you from using this concept?
3. Some parents have noted changes in their children's behaviors as well as in their own while using *Child's Game* as an exercise in communication. Did you note any of the following changes?

<table>
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<tr>
<th>Changes</th>
<th>A great deal</th>
<th>Somewhat</th>
<th>Very little</th>
<th>Not applicable</th>
<th>Comments</th>
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<tbody>
<tr>
<td>a. Increase in parent's ability to follow child's lead in play (allowing child to change topic or activity).</td>
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<tr>
<td>b. Increase in parent's ability to imitate what child does or says.</td>
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<td>c. Increase in parent's ability to describe what child is doing or saying.</td>
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<td>d. Increase in parent's praise of child's positive behaviors.</td>
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<td>e. Increase in parent's ignoring child's negative behaviors.</td>
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<td>f. Increase in child's attempts to communicate with parent (using sounds, words, or gestures).</td>
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<td>g. Reduction in number of parent commands to child.</td>
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<td>h. Reduction in number of parent questions to child.</td>
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</table>

4. What recommendations would you make for future presentations of *Child's Game*?