

PARENT TRAINING: A MEANS OF IMPLEMENTING PRAGMATICS IN EARLY LANGUAGE REMEDIATION

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ABSTRACT

Problems in the delivery of intervention programs to young language delayed children are discussed. It is suggested that the role of speech and language pathologists is evolving to meet the challenge of early language remediation, through parent training. A model of a group training program for parents of language delayed children is described.

The speech pathologist's training in remedial procedures for the preschool language delayed child has undergone profound changes in the last few decades. In the 50's, speech pathologists were discouraged from active intervention in the language development of children slow to talk. The child's intellectual development and his ability to communicate were supposed to follow a built-in timetable, responsive to a warm and loving mother (Gesell, 1955). The speech pathologist was trained to improve errors in articulation, after allowing time for normal maturation. Therapy seldom began with children under five years of age.

In the mid 60's, it became apparent that something more was needed to help a child at risk realize his potential. Scientific research focused on phonology and syntax, providing few guidelines for the remediation of the language delayed. Concerned parents were encouraged to talk and read to their child, not to pressure him and were asked to return for a 6 month follow-up. If problems persisted after age five, speech pathologists taught either syntax structures, sentence forms or articulation.

The role of the speech pathologist evolved dramatically in the 70's with the study of pragmatics and child language. Current research findings in these areas have indeed been helpful in initiating guidelines for alternative approaches in remedial programs (Miller, 1978; Prutting, 1979).

Developmental data has given rise to a new perspective of language learning. Rather than viewing language as a constrained one-sided transaction we have become aware that language acquisition requires joint problem solving by parent and infant. Their response to each other is closely tuned in a way that can be specified. Jerome Bruner (1978) states:

"The child's entry into language is an entry into dialogue, and the dialogue is at first nonverbal and requires both members of the pair to interpret the communication and its intent. Their relationship is in the form of roles and each 'speech' is determined by a move of either partner. Initial control of the dialogue depends on parents' interpretation, which is guided by a continually updated understanding of their child's competence." (Page 42)

But what of the child who does not develop normally and presents confusing cues and reduced responsiveness to his parents? The child's failure to enter into dialogue results in the parent becoming less responsive, asking more questions and giving more directives than parents of normally developing children (Kaczmarek, 1975; Laskey and Allen, 1977).

What can be done to change the vicious cycle of an unresponsive child resulting in nonstimulating parents who in turn reduce the child's opportunities for dialogue and learning?

It has become increasingly apparent to educators that the two critical elements in effective remediation of the handicapped child are early intervention and parent participation (Baker, 1976; Bronfenbrenner, 1974; Tjossem, 1976). Although the past few years have been productive in establishing parent programs to stimulate physical abilities and teach self help skills, they have generally overlooked the feature most central to the child's eventual achievement in life, that of communication skills. This includes paying attention, listening, understanding, speaking and gesturing. Richardson (1976) states that human thought cannot grow without language. The child must have names for things and actions and relationships before he can begin to process his world.

There are several problems with the delivery of services to the language delayed child. First, there exists confusion among the helping professions as to who is responsible. Is it the pediatrician, the neurologist, the psychologist, the early childhood educator or is it the speech pathologist? Teaching communication skills has always been the training and domain of speech pathology. It seems evident that responsibility for intervention lies here. Speech pathologists must rise to the challenge of finding effective ways to implement current research findings into remedial programs and must take the initiative to provide service to the language delayed child.

The second problem is early intervention. Early identification of infants and young children suspected of having a communication handicap is complicated by the limitations of diagnostic methods. The result all too often is that conditions that cause or contribute to the language delay go untreated pending diagnosis (Tjossem, 1976). Regardless of the initial cause, the language delay is maintained by a lack of appropriate stimulation (MacDonald, 1974). Siegal and Spradlin (1978), propose that successful therapy can be built without consideration for specific diagnosis. They reason that it is not the biological or neurological aspects but rather the behavioural aspect of the condition that requires the modification of the language training procedures. The best predictions concerning the child's developmental potential can be derived by analyzing the child's previous accomplishments and his response to therapy.

A third major area of concern involves scrutiny of current clinical procedures and their effectiveness. There are two general strategies for interaction in a clinical setting — directing the child's attention and behaviour, and informing him as to its acceptability. Unfortunately these are negatively correlated with the rate of language acquisition (Nelson, 1973; Newport, Gleitman and Gleitman, 1977). In addition, few of the recently developed systematic approaches to language learning give directives for stimulating nonverbal prelanguage skills. Nor do these programs involve the parents as primary change agents. Both of these difficulties preclude the possibility of early intervention (Gray and Ryan, 1973; Guess Sailer and Baer, 1976; Miller and Yoder, 1974; and Stremel and Waryas, 1974). An important exception is the Environmental Language Intervention Strategy devised by MacDonald (1974).

Finally, with growing awareness of the importance of pragmatics in language learning, clinicians are being instructed to establish trusting and meaningful relationships within which the children desire to communicate (Miller, 1978). They are encouraged to simulate natural situations that are repetitive, salient, and extraordinarily focused on the child's language level (Johnson, 1979). The child indeed requires a meaningful relationship and a natural environment to maximize his learning opportunities. However the procedures suggested by Miller and Johnson would require considerable professional time and once established, the opportunities for interaction are limited. This time would seem more sensibly spent in training parents to understand and facilitate the language development of their own children. Recent successes in establishing parents as primary language teachers have demonstrated that parents comprise a strikingly untapped resource of assisting and extending professional services (Horton, 1971; MacDonald, 1974; Manolson, 1977; Seitz, 1974).

In response to the need for early intervention and parent participation in the remediation of language delayed children, the speech pathologist's role in the 80's will include that of consultant and facilitator to parents and teachers of language delayed children.

Regardless of the cause of the child's deficiency the professional's role will be to guide, support and extend the parent's role as primary language teacher by: (1) assessing the child's ability to communicate, (2) assisting the parents in selecting goals and lesson content, (3) providing specific training in methods of stimulating and reinforcing communication skills, and (4) assisting the parents to individualize the training for their child's needs.

In an effort to develop, implement and research the effectiveness of parent training programs in language intervention, the Hanen Early Language Parent Program (HELPP) was established at McGill University. The aim of this program is to guide, support and extend the parents' role as primary language teachers. Parents are trained to teach and stimulate language in the natural environment. The success of this program is contingent upon the ability of the parent to adapt and individualize these techniques to meet the needs of their own child. The final section describes a model for group parent training offered jointly by McGill University and community based Adult Education Services.

Group Training Program for Parents of Language Delayed Children

The Hanen Early Language Parent Program has been designed to meet three objectives, (1) to cooperate with local school boards in providing training for parents of language delayed children, (2) to provide supervised clinical training for speech-language pathology students enrolled in clinical practicum, and (3) to incorporate current research findings in early language development into ongoing programs and evaluate their effectiveness.

Staff

The programs are given by a staff of three. These are a speech and language clinician, who has extensive background in parent training and language development, a parent assistant who has successfully completed a language training program, and either a master's student in speech and language pathology or a qualified speech and language pathologist wishing inservice training.

Clients

Families are referred from a variety of sources and invited to an orientation meeting where information on the program's content and the extent of the parents' commitment is specified. Parents interested in this approach are invited to apply for training. Each program is offered to a maximum of eight couples who meet the following criteria; (1) Their child's communication ability shows a developmental lag of at least a year, and (2) They agree to attend all testing and training sessions. Preference is given to parents of preschool children.

Training Schedule

Each group training program is preceded and followed by an individual assessment of the child's communication ability. Prior to the initial assessment parents are asked to complete the OLIVER, a preprofessional home assessment (MacDonald, 1978). The training program runs twelve consecutive weeks. With the exception of two individual video-taping consultations, the sessions are given in the evening for three hours. The training program is followed by two individual follow-up consultations.

The first five sessions of the course concentrate on teaching parents how to facilitate language learning in an informal way. Video tapes are used to help parents focus on verbal and nonverbal techniques of positively interacting with their child. After three weeks of practise, parents and child are videotaped in their home and the parents' effectiveness in using these

techniques is evaluated. In the remaining sessions parents are taught to design, teach and score structured lessons individualized to their child's level, interest and need. A videotape of the parent-child teaching session is used again for evaluative feedback.

Course Outline

I INFORMAL TEACHING

Session 1 Language Facilitation — Verbal Techniques

Parents are made aware of conversational styles that facilitate language use. The emphasis is on increasing the verbal techniques of imitating, expanding, modeling, parallel talk, self talk and reducing the number of yes/no questions and commands. The homework assignment is to apply these techniques during three selected daily activities and to note any changes in the child's responses during the week.

Session 2 Nonverbal Behaviours That Encourage Interaction

The previous week's homework assignment is discussed by the group. The importance of the following nonverbal behaviours is discussed: (1) following the child's lead, (2) getting down to the child's level, (3) encouraging the child to participate, (4) pausing to allow the child to talk, and (5) tuning into the child's body language. Play and music activities to stimulate language development are demonstrated and role played. The homework assignment is to use these nonverbal behaviours in addition to the verbal facilitation techniques during three daily activities with the child and to note any changes in the child's responses during the week.

Session 3 Incidental Teaching

The previous week's homework assignment is discussed by the group. Parents are shown how to effectively use their child's initiated requests as a nonstressful opportunity to improve his ability to talk. They practise this by role-playing. The homework is to record three instances each day of incidental teaching.

Session 4 Home Visit

A home visit is made to observe and videotape the use of language facilitation and incidental teaching techniques. This provides an opportunity for individual evaluation and recommendations.

Session 5 Shared Viewing

The parent-child videotapes which were filmed during the home visits are viewed and critically evaluated by the group. Recommendations are made.

II STRUCTURED LESSONS

Session 6 Teaching Strategies

Basic teaching strategies are discussed. Parents are taught to (1) specify the goal, (2) ensure child's attention, (3) present simple, clear instructions, (4) prompt, (5) reward, and (6) shape and chain. Participants pre-program videotapes are viewed to demonstrate and evaluate their use of these strategies.

Session 7 Lesson Design

Parents are given guidelines to design a lesson appropriate to their child's language level.

These are (1) to use appropriate goals, materials and instructions, (2) to include success items, (3) to arrange items in a logical sequence and (4) where possible items taught should be intrinsically rewarding. They are asked to role-play an "ideal" teaching session which is videotaped for immediate evaluative feedback. The homework assignment is to complete and practise the language lesson with their spouse. It is not recommended that they teach their child at this point.

Session 8 Scoring

Scoring procedures are explained and demonstrated. Parents present their role-played teaching sessions. Teaching strategies, lesson design and scoring are critically evaluated by the group. Homework consists of teaching and scoring a daily language lesson with their child.

Session 9 Individual Consultation

This is an individual parent-child videotaping session. The teaching strategies, lesson design and scoring procedures are evaluated and the parents are counselled.

Session 10 Shared Viewing

The parent-child teaching tapes which were filmed during the individual consultation are viewed and critically evaluated by the group. Recommendations are made.

Session 11 Play, Music and Environmental Rules

Previous week's lesson plan and score sheets are discussed by the group. Play and music activities designed to strengthen individual language goals and enhance the structured lesson are demonstrated. Instruction in implementing environmental rules is given, i.e. consistently requiring the child to use his newly learned ability to communicate in selected real life situations. The homework is to add a play or music activity to the daily lesson, and to use environmental rules were indicated.

Session 12 Wrap Up

Review of program goals. Program evaluation. Discussion of future needs.

During the past three years the cooperative effort of the University and School Boards has provided group training programs in language intervention to over 150 families with language delayed children. These service programs have made it possible for the Hanen program to incorporate current research findings in early language development into ongoing programs, to develop teaching materials, and to evaluate and improve these programs. The results of a research project (Manolson, 1977) comparing data before and after training revealed an improvement in the communication skills of all the trainees' children, and a significant positive group change in the teaching skills and attitudes of the parent trainees; thus demonstrating the potential value of this approach.

Summary Statement

The speech and language pathologist's role has evolved in the last decade to respond to research findings in early language development. The importance of involving parents in early intervention programs has become evident. This approach permits remediation to begin early and in addition affords the child maximum opportunities for language learning. The intimate relationship between parent and child and the natural interactions that take place in the home setting ensure that the pragmatics of the language learning process are respected. Our knowledge concerning training parents and the salient features of language facilitation is still in its infancy. It is hoped that further research will provide speech and language pathologists with increasingly effective ways of fulfilling their role.

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