



first  
words  
premiers  
mots

# **The Chat Room Program**

Appendix I – Facilitator Resources





# Toddler Property Law

1. If I like it, it's mine.
2. If it's in my hand, it's mine.
3. If I can take it from you, it's mine.
4. If I had it a little while ago, it's mine.
5. If it's mine, it must never appear to be yours in any way.
6. If I'm doing or building something, all the pieces are mine.
7. If it looks like mine, it's mine.
8. If I saw it first, it's mine.
9. If you are playing with something and you put it down, it automatically becomes mine.
10. If it's broken, it's yours.

Author unknown

## Ten Tips for Trainers

An effective trainer never “wings it” but focuses on key tasks that will ensure success in the training environment.

1. Stick to an agenda with times for each section.
  - ❖ Refer periodically to where you are in the agenda.
2. Focus on the learning objectives.
  - ❖ Do not allow the training to stray too far, you may disappoint participants.
3. Train adults as adults.
  - ❖ Provide a safe learning environment.
  - ❖ Challenge, respect, listen, and allow participants to influence the content and process.
  - ❖ Provide feedback professionally.
4. Ensure equal participation.
  - ❖ Do not allow a few participants to dominate discussions. Limit eye contact with dominant participants.
  - ❖ Use a round robin approach.
  - ❖ Ask quieter participants directly for their thoughts.
5. Deal with dysfunctional behavior especially when it is affecting other participants.
  - ❖ Approach the individual and inform him/her of your concerns.
  - ❖ Focus on the behavior not the person.
  - ❖ Allow the person to share his/her concerns.
6. Give your best. Participants have high expectations for delivery of training.
  - ❖ Give 100% of your enthusiasm and knowledge.
  - ❖ Do not apologize for shortfalls or challenges which may erode participants' confidence in you or the training.
7. Review the agenda at the end of each day or the beginning of the next day.
  - ❖ Provide a brief summary.
  - ❖ Ask participants to share what was most useful or helpful.
8. Listen to participants.
  - ❖ Listen to what participants say or don't say.
  - ❖ Observe all body language (rolling eyes, avoiding eye contact, crossing arms and legs, leaving the room frequently, etc.) and respond and adjust accordingly.

9. Provide a safe environment.
  - ❖ Use humor and self-deprecation.
  - ❖ Stress the importance of supporting each other and learning from each other.
10. Have fun. People learn best when the environment is relaxed and participants are enjoying themselves.
  - ❖ Tell appropriate jokes.
  - ❖ Laugh at yourself.
  - ❖ Tell funny stories.
  - ❖ Use fun, short activities.
  - ❖ Keep the tempo upbeat.
  - ❖ Plan to enjoy and have fun yourself!

Adapted from: Charney, C. & Conway, K. (2005). *The trainer's tool kit*. NYC, NY: AMACOM.

# Six Strategies for Setting Up the Environment

Here are some tips from the Ottawa Children's Treatment Centre Speech Pathology department.

Mealtimes are a great time to work on communication skills.

## 1. Have Interesting Materials and Favourite Foods

Favourite materials and food should be in the environment. Young children are most likely to “talk” about the things that they most enjoy.

## 2. Put Objects Out of Reach

Placing a favourite item out of reach but within view of your child will encourage him/her to “ask” for it. Objects can be placed up high or across a table to encourage your child to ask for them any way that he/she can.

## 3. Give a Little Bit of Something / Break the Activity into Parts

Give your child practice “asking for more” during activities. For example, during snack give your child a piece of the cookie, slice of banana, one potato chip, one goldfish cracker, etc. This will give your child many chances to “ask for more” during snack. During playtime, give him/her one blow of bubbles, one block, one tiny “listen” of music or one puzzle piece. This will give your child many chances to “ask for more” during play.

## 4. Make it Difficult for Your Child to do Something on his/her Own

Set up the situation so that your child needs to “ask” for help. For example, start a wind-up toy, let it run, and then hand it to your child to start, or put a favourite toy inside a jar and hand it to your child to open.

## 5. Leave Something Out of an Activity

By leaving something out of a familiar activity, your child will have to ask for the item. For example provide your child with a bowl of cereal and no spoon or a toothbrush without toothpaste.

## 6. Silly Situations

Create silly situations by doing things your child would not expect. For example, put your child in a bathtub without water or try to put your child's coat on. These are chances for your child to comment or react to unusual situations.



1. Adapted from Ostrosky, Nfichaeline M. (1991). *Preschool Classroom Environments That Promote Communication*. *Teaching Exceptional Children*, pp.6-10  
August 2012

# Six stratégies d'un bon environnement

Voici quelques conseils du Centre de traitement pour enfants d'Ottawa, du département d'orthophonie

**Le temps de repas est un moment idéal pour travailler sur les habiletés de communication.**

## 1. Ayez des objets intéressants et des aliments préférés

Les objets préférés et les aliments devraient être dans l'environnement de l'enfant. Les jeunes enfants sont plus susceptibles de « parler » à propos des choses qu'ils préfèrent et qu'ils voient.

## 2. Mettez les objets hors portée

Placer l'objet favori hors de leur portée, mais à la vue de l'enfant, ceci encouragera lui/elle à « demander » pour l'objet désiré. Les objets peuvent être placés dans des lieux en hauteur ou de l'autre côté de la table afin de l'encourager à demander pour les objets de la façon dont lui/elle sera capable de le faire.

## 3. Donner un « petit quelque chose »/séparer les activités en séquences

Permettez à l'enfant de s'exercer à « demander encore » au cours des activités. Par exemple, durant la période de collation donnez à l'enfant un morceau de biscuit, une tranche de banane, une croustille, un craquelin, etc. Pendant la période du jeu, donner lui/elle un tour de souffler des bulles, un tour de jouer avec des blocs, un tour pour écouter de la musique ou un tour pour jouer aux casse-tête. Cela donnera à l'enfant, la chance d'en « redemander encore » durant la période de la collation.

## 4. Choisir des occasions propices (qui pourraient être difficile) pour encourager l'enfant à faire quelque chose par lui/elle-même

Mettre en place une situation afin que l'enfant veuille « demander » de l'aide. Par exemple, commencez par un jouet à réaction, laissez-le fonctionner, puis remettez-le à l'enfant afin qu'il commence à le faire fonctionner, ou mettez un jouet favori à l'intérieur d'un pot et remettez le pot à l'enfant pour qu'il puisse le faire sortir.

## 5. Oubliez quelque chose d'une activité

En omettant un objet d'une activité familière, l'enfant aura à demander pour l'élément manquant. Par exemple fournir à l'enfant un bol de céréales sans la cuillère ou une brosse à dents sans dentifrice.

## 6. Situations drôles

Créer des situations drôles en faisant des choses auxquelles l'enfant ne s'attendrait pas de votre part. Par exemple, mettre l'enfant dans une baignoire sans eau ou essayer de porter son manteau. Ce genre d'exemple de situations amènerait l'enfant à commenter ou à réagir comme étant des situations inhabituelles.

Version traduite en français par les Services d'intégration pour jeunes enfants (Andrew Fleck)

1 Adaptation d'Ostrosky, Nfichaene M (1991). *Preschool Classroom Environments That Promote Communication. Teaching Exceptional Children*, pp.6-10  
août 2012

The assessment and intervention tool described in this paper was developed, in part, by funding from the U.S. Department of Education, Office of Special Education Programs (Grant # H326M0700011). The opinions expressed, however, are those of the authors and do not necessarily reflect those of the Department or Office.

## Checklist and Guidelines for Identifying Young Children's Interests

Carl J. Dunst  
Melinda Raab

Young children are more likely to “stick with” activities and learn new things while involved in activities they find fun and enjoyable. Two types of things that get young children involved in different kinds of activities are children’s personal interests and the people, objects, and events that children find interesting.

Children’s personal interests include the things they like to do and prefer or choose to do, things that make them smile and laugh, things that excite them, and things that keep children engrossed in play. A child who likes to play lap games such as peek-a-boo and who smiles, laughs, and giggles the more a parent plays the game is an example of a personal interest.

The different things people do, the features of objects (e.g., movement), and the characteristics of events young children experience as part of everyday living which get and maintain their attention and involve them in interactions with people, objects, or events, are what we mean by situational interests. A child who comes upon a puddle of water while on a walk with a parent, and who pounces her feet up-and-down in the puddle to splash the water, is an example of a situationally interesting activity.

We now know that children’s word learning, and the use of those words when “talking” to parents and other persons, happen when children are involved in things that interest them (e.g., Nelson, 1999; Silven, 2001). Nelson (1999) found, for example, that language learning was “related easily to a child’s *life activities and interests*” (p. 2, emphasis added).

### Interests Checklist

Taking advantage of children’s interests as part of their communication and language learning starts with identifying a child’s interests. The Appendix includes a checklist that can be used to accomplish this goal. The checklist can be completed by a parent, or a practitioner can use the checklist together with a parent, to facilitate the identification of a child’s interests.

The checklist includes more than 80 activities. A person completing the checklist simply marks or checks whether an activity *Is My Child’s Interest* (personal interest) or an activity *Would Be Interesting To My Child* (situational interest). The last page of the checklist includes space for recording *Some of My Child’s Other Interests* (not included in the list of 80+ activities) and *Special Things About My Child* that are or might be important for a child’s learning new things.

### Implications for Practice

Once all of the above information is recorded on the checklist, the next step is to pick from all of a child’s interests, the particular activities that are likely to occur most often, can easily fit into your family’s schedule, and which provide the best opportunities for interest-based child learning. It is a good idea to also pick 3 or 4 activities that are “special treats” for a child; things that may not happen often but which are activities that are “to die for” (things that a child gets most excited about).

Now that you have the best activities identified for your child, you are ready to provide your child interest-

based learning opportunities. Use the interest-based activities you came up with on the last page of the checklist as a kind of “reminder list” to increase your child’s participation in the activities. You will be surprised at how much your child does more of what he or she already can do and how much your child begins to learn new things.

## References

- Nelson, K. (1999, Winter). Making sense: Language and thought in development. *Developmental Psychologist*, 1-10.
- Silven, M. (2001). Attention in very young infants predicts learning of first words. *Infant Behavior and Development*, 24, 229-237.



## Appendix

### Child Interests Activity Checklist

# Child Interests Activity Checklist

Carl J. Dunst   Melinda Raab   Carol M. Trivette

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Name(s) of Person(s) Completing Checklist: \_\_\_\_\_

Relationship(s) to Child: \_\_\_\_\_ Date Checklist Completed: \_\_\_\_\_

**Young children are interested in many different things. Studies have shown that children's participation in activities that are interesting to them is filled with powerful learning opportunities, including opportunities to build language and communication skills.**

**This checklist includes a list of activities that may be of interest to your child or that your child may find interesting. Please read through the list of activities and make a check mark in the boxes to indicate whether an activity is an interest of your child (first column) or is something that you think your child might find interesting (second column). The last page of the checklist includes space for recording interests not listed on this form.**

**After you have identified activities that are or would be interesting to your child, pick those activities that are most likely to help your child communicate and talk more. There is space for recording up to 12 different activities. This can be used as a reminder list to remember to promote your child's participation in the activities.**

Dunst, C. J., Raab, M., & Trivette, C. M. (2013). Child interests activity checklist. In C. J. Dunst & M. Raab (2013). Checklist and guidelines for identifying young children's interests. *Everyday Child Language Learning Tools*, Number 3.

# Interests Activity Checklist

| This activity . . .   | Is my child's interest   | Would be interesting to my child |
|---|--------------------------|----------------------------------|
| Being part of feeding/caring for pets                               | <input type="checkbox"/> | <input type="checkbox"/>         |
| Being part of mealtime conversations                                | <input type="checkbox"/> | <input type="checkbox"/>         |
| Picking up and "naming" toys  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to songs or nursery rhymes during bath time               | <input type="checkbox"/> | <input type="checkbox"/>         |
| Talking about colors, body parts, and clothes while dressing        | <input type="checkbox"/> | <input type="checkbox"/>         |
| Looking at picture books  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to bedtime stories  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing parent/child vocal games                                    | <input type="checkbox"/> | <input type="checkbox"/>         |
| Looking at photo albums   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Snuggling with a parent   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Looking at alphabet books   | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Typing" letters or words on a computer keyboard                    | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to e-mails, letters, or greeting cards sent to your child | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing lap games like "Peek-a-Boo" or "So Big"                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing naming games like "Where Is Your Nose?"                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with toys like See 'n Say                                   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Riding in a wagon   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing in water  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with balls/balloons/bubbles                                 | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with dolls/stuffed animals                                  | <input type="checkbox"/> | <input type="checkbox"/>         |

| This activity . . .                                 | Is my child's interest   | Would be interesting to my child |
|---|--------------------------|----------------------------------|
| Scribbling on paper                                 | <input type="checkbox"/> | <input type="checkbox"/>         |
| Having pretend phone conversations                  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with alphabet blocks or letter magnets      | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Coloring" pictures                                 | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Drawing" in sand or dirt                           | <input type="checkbox"/> | <input type="checkbox"/>         |
| Finger painting                                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Using crayons, markers, pens, and pencils           | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Acting out" stories                                | <input type="checkbox"/> | <input type="checkbox"/>         |
| Singing songs, nursery rhymes                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to music/songs                            | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing lap games/finger games                      | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing rhyming or naming games                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Dancing with mom or dad                             | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with brother or sister                      | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to TV phrases/jingles                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Playing with musical instruments                    | <input type="checkbox"/> | <input type="checkbox"/>         |
| Cutting/tearing pictures from a magazine or catalog | <input type="checkbox"/> | <input type="checkbox"/>         |
| Using play dough, Silly Putty, etc.                 | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Saying" grace at meals                             | <input type="checkbox"/> | <input type="checkbox"/>         |
| Being part of family meetings                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to family talks                           | <input type="checkbox"/> | <input type="checkbox"/>         |

# Interests Activity Checklist

| This activity . . .   | Is my child's interest   | Would be interesting to my child | This activity . . .                                 | Is my child's interest   | Would be interesting to my child |
|---|--------------------------|----------------------------------|---|--------------------------|----------------------------------|
| Listening to family prayers/spiritual meetings                      | <input type="checkbox"/> | <input type="checkbox"/>         | Looking at pictures on a restaurant menu            | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to or saying prayers                                      | <input type="checkbox"/> | <input type="checkbox"/>         | Visiting grandparents/relatives                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| Singing at a family birthday  | <input type="checkbox"/> | <input type="checkbox"/>         | Playing with or visiting a friend                   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Listening to holiday conversations                                  | <input type="checkbox"/> | <input type="checkbox"/>         | Playing at an indoor play land                      | <input type="checkbox"/> | <input type="checkbox"/>         |
| Having friends over to play   | <input type="checkbox"/> | <input type="checkbox"/>         | Playing on park/playground equipment with others    | <input type="checkbox"/> | <input type="checkbox"/>         |
| Having family gatherings  | <input type="checkbox"/> | <input type="checkbox"/>         | Listening to/singing songs at a children's festival | <input type="checkbox"/> | <input type="checkbox"/>         |
| Talking on the phone  | <input type="checkbox"/> | <input type="checkbox"/>         | Going on a hike/nature walk                         | <input type="checkbox"/> | <input type="checkbox"/>         |
| Talking with relatives  | <input type="checkbox"/> | <input type="checkbox"/>         | Playing in a stream/creek with others               | <input type="checkbox"/> | <input type="checkbox"/>         |
| Helping plant flowers   | <input type="checkbox"/> | <input type="checkbox"/>         | Helping family at community garden                  | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Helping" adult with gardening, yard work, or taking care of plants | <input type="checkbox"/> | <input type="checkbox"/>         | Going on a neighborhood walk                        | <input type="checkbox"/> | <input type="checkbox"/>         |
| Going on family car/bus rides                                       | <input type="checkbox"/> | <input type="checkbox"/>         | Visiting animals at a pet store/zoo                 | <input type="checkbox"/> | <input type="checkbox"/>         |
| Going on errands with a parent                                      | <input type="checkbox"/> | <input type="checkbox"/>         | Feeding ducks at a pond                             | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Picking out" foods at the grocery store                            | <input type="checkbox"/> | <input type="checkbox"/>         | Listening to storytellers                           | <input type="checkbox"/> | <input type="checkbox"/>         |
| Picking up siblings from school                                     | <input type="checkbox"/> | <input type="checkbox"/>         | "Choosing" books at a library                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Eating out  | <input type="checkbox"/> | <input type="checkbox"/>         | Going to children's concerts                        | <input type="checkbox"/> | <input type="checkbox"/>         |
| Visiting friends and neighbors                                      | <input type="checkbox"/> | <input type="checkbox"/>         | Listening to hymns at church                        | <input type="checkbox"/> | <input type="checkbox"/>         |
| Going on picnics with family  | <input type="checkbox"/> | <input type="checkbox"/>         | "Saying" prayers at church/temple                   | <input type="checkbox"/> | <input type="checkbox"/>         |
| Shopping at the mall  | <input type="checkbox"/> | <input type="checkbox"/>         | Going along to parents' community chorus practice   | <input type="checkbox"/> | <input type="checkbox"/>         |
| "Naming" signs/symbols in the community                             | <input type="checkbox"/> | <input type="checkbox"/>         | Going to sister's/brother's club meeting            | <input type="checkbox"/> | <input type="checkbox"/>         |
| Pointing out symbols  | <input type="checkbox"/> | <input type="checkbox"/>         | Going to sister's/brother's ball game               | <input type="checkbox"/> | <input type="checkbox"/>         |
| Saying hellos/good-byes   | <input type="checkbox"/> | <input type="checkbox"/>         |   |                          |                                  |

# Interests Activity Checklist

Young children develop early language and communication abilities during *many other* interesting activities they engage in on their own or with family members. Please write below additional everyday learning activities of interest to your child:

## SOME OF MY CHILD'S OTHER INTERESTS

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## SPECIAL THINGS ABOUT MY CHILD

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## INCREASING MY CHILD'S PARTICIPATION IN INTEREST-BASED ACTIVITIES

Activity 1: \_\_\_\_\_

Activity 2: \_\_\_\_\_

Activity 3: \_\_\_\_\_

Activity 4: \_\_\_\_\_

Activity 5: \_\_\_\_\_

Activity 6: \_\_\_\_\_

Activity 7: \_\_\_\_\_

Activity 8: \_\_\_\_\_

Activity 9: \_\_\_\_\_

Activity 10: \_\_\_\_\_

Activity 11: \_\_\_\_\_

Activity 12: \_\_\_\_\_

# ENCOURAGING Everyday Child Language Learning

Melinda Raab   Carl J. Dunst   Carol M. Trivette



Raab, M., Dunst, C.J., & Trivette, C. M. (2013). Encouraging everyday child language learning. In C. J. Dunst, M. Raab, & C. M. Trivette, Step-by-step guide for providing young children everyday language learning opportunities. *Everyday Child Language Learning Tools*, 2013, Number 1.

# Enhancing Children's Language Development in Preschool Classrooms

## Using Literacy to Target Verbal Language Goals

Reading the same book each day for a week provides children the chance to become truly familiar with a story because of the multiple readings and extended learning opportunities. Children who might be absent, distracted during story time, or have language learning difficulties are more likely to grasp story lines and key concepts enabling them to be active participants during story time. As children become familiar with stories, they learn and practice important language skills. These include being able to predict, understand causal and temporal sequences (i.e., learn story elements), retell stories, recall details, use vocabulary words in various contexts, answer more complex questions about stories, and learn new dialogue or social scripts.

**Sample Week:** Add different dimensions to expand the story experience and learning each day.

**Day 1: Read the book.** Introduce parts of book (author, title, illustrator); ask children to guess what the book might be about based on title and cover illustrations; introduce key concepts and vocabulary; read the book. Plan a hands-on art experience reinforcing basic book theme following story reading.

**Day 2: Read the book with props.** Ask children if they remember what the book was about. Restate title, author and illustrator. Review key concepts and vocabulary before and during book reading. Support the characters' roles and/or the sequence of events in the story in the story through the use of props (puppets, actual objects, flannel story board). Make story props available for children to reenact during free choice play or add props in drama area to extend a theme from the story.

**Day 3: Read the book with children predicting simple events.** Minimal support should be necessary in order for children to understand story; instead, encourage children to help tell story with simple probing questions or by using the cloze strategy. That is, when reading a predictable, familiar text, teachers provide first words in a recurring story line and encourage children to "fill in the blank" or respond to complete the line in the story. From *The Three Little Pigs*, a teacher reads and cues children with "and the Big Bad Wolf said 'I'll huff and I'll puff.....'" or "but the Little Pig said, 'Not .....'". Plan hands-on, extension activities following story reading time (e.g., a science experiment, written literacy activity, craft/art project).

**Day 4: Children take turns reading book.** Allow several children an opportunity to be "teacher" and read the story to their classmates and teacher. Minimally support children in their efforts; this should be a very fun time being "teacher." Encourage fellow classmates to help facilitate at story time.

**Day 5: Children reenact book, making up own version of the story.** Add movement to the story. Assign roles and provide props to make a "play" of the story.



### Best Type of Book:

- Strong story plot
- Simple text
- Novel concepts
- Recurring lines
- Innovative presentation
- Imaginative illustrations
- Classic fables and stories

Wilcox, M.J., Murphy, K.M., Bacon, C.K., and Thomas, S. (2001). *Improving language teaching practices in preschool classrooms*. Infant Child Research Programs, Arizona State University, Tempe Arizona.  
<http://icrp.asu.edu>



# Enhancing Children's Language Development in Preschool Classrooms

## Developing Personal Narrative Skills

Teachers and other adults use mealtimes to "socialize" and "catch up" on the children's news of the day. During children's early skill development, adults introduce narrative skills through modeling or telling a simple, personal narrative about a special event that occurred to them during the school day (or during a previous day). Good, clear models are essential in order to introduce children to the basic story elements and terms that help to provide structure and temporal sequence (e.g., "first," "next," "last") in stories.

Adults then ask children to tell them about events during the day. The adults may have witnessed the event, but did not participate along with the child. This will provide the adults with some context in which to guide and support a child's story attempts. For better child narratives, adults can help to provide children a focus or theme in their narrative attempts through comments about specific events or items. For example, "It seemed like you and Michael were having so much fun in block area. You were laughing so loud. Tell us what was so funny." Or, "I saw Teacher Maria put a band-aid on your elbow. What happened on the playground?"

### Goal: Develop personal narrative skills

- Children relate events with a beginning, middle and end.
- Children relate events with explicit causal and temporal sequence among events.

**When:** Mealtime, daily basis

**How:** Through being an interested, supportive communication partner during regular conversations and providing opportunities for children to practice skills during interactions

### Strategies:

**Model personal stories** (e.g., Tell a 4-5 sentence story about what happened on the way to school or other interesting story that happened during the school day. "Guess what?! When you were on the playground, I answered the phone. It was the one of the firefighters that visited our class last week. He called to tell us that the cat that lives at their station had her kittens. She had four kittens yesterday."

**Scaffold children's attempts** by restating utterances, expanding ideas, and providing words to describe a child's gestures (e.g., "Oh, it hurt right there!" "Your doctor gave you a shot?").

**Ask questions and make comments** that continue conversations (e.g., "What happened next?" "That sounds scary!").

**Use prompts** for more information (e.g., "Tell me more.").

Teachers and adults can help children in their narrative skill development, most significantly, by first being a truly interested conversational partner. Teachers need to talk with the children at the children's eye level and seem interested in what the children are saying. Several strategies, many of which are described previously, further improve and help scaffold the quality of children's narratives. Again, these include restating and expanding children's utterances and making comments and asking probing questions to prompt children to add to their stories and continue providing details.



Wilcox, M.J., Murphy, K.M., Bacon, C.K., and Thomas, S. (2001). *Improving language teaching practices in preschool classrooms*. Infant Child Research Programs, Arizona State University, Tempe Arizona.  
<http://icrp.asu.edu>



# Enhancing Children's Language Development in Preschool Classrooms

## Promoting Second Language Acquisition

Teaching young children whose first language is not English can be very challenging, especially if a teacher does not speak or understand a child's native language. In addition to considering the general communication process, teachers need to be supportive of cultural differences, children's emotional needs, and educational guidelines.

Learning language is most successful and efficient when learning occurs in a meaningful context with teachers conscientiously providing appropriate labels and language models to describe children's ongoing actions and experiences.

**Goal:** Promote second language acquisition

- Children improve their understanding of English
- Children begin to communicate in English
- Children learn popular American English social routines.

**When:** During classroom conversations; during those classroom activities that include many visual and gestural props; and during activities highly routine in nature.

**How:** Teacher facilitates children's learning English during typical classroom activities.

**Strategies:**

- Talk to children in English about ongoing events.
- Incorporate gestures to support word use (e.g., demonstrate "under vs. over" when using these terms).
- Reduce rate of speech (i.e., speak more slowly, especially when introducing new concepts and language forms).
- Rephrase questions/comments to simplify language when message is unclear.
- Incorporate redundancy of key phrases and words in order to improve message clarity (e.g., "The first thing to do is *fold the paper* when you make your Mother's Day card. Okay, *fold your paper*.")
- Translate into first language when several attempts to communicate in English fail.
- Provide positive feedback for children's attempts to use English. (e.g., "Wow! I'm so proud of you. You used your English to ask for help!")
- Encourage children's use of English and provide opportunities.
- Repeat, expand and/or correctly restate children's attempts to use English; respond with direct contrastive models immediately following a child's utterance to help teach proper language forms (e.g., "My turn. It's *my* turn. Yes, it is *your* turn.")
- Limit children's verbal choices when ESL-speaking children are expected to respond in English (e.g., "Did you see a *big black bug* or a *blue butterfly*?" )
- Target some highly repetitive, prop-laden classroom routines and activities to be conducted only in English (e.g., opening circle and toothbrushing).
- Introduce favorite English songs with instructional, functional actions and fingerplays at music (e.g., "Heads, Shoulders, Knees and Toes" to teach body parts, "The Wheels on the Bus" to teach directional movements and common nouns).



Wilcox, M.J., Murphy, K.M., Bacon, C.K., and Thomas, S. (2001). *Improving language teaching practices in preschool classrooms*. Infant Child Research Programs, Arizona State University, Tempe Arizona. <http://icrp.asu.edu>

# Enhancing Children's Language Development in Preschool Classrooms

## Developing Personal Narrative Skills

Teachers and other adults use mealtimes to "socialize" and "catch up" on the children's news of the day. During children's early skill development, adults introduce narrative skills through modeling or telling a simple, personal narrative about a special event that occurred to them during the school day (or during a previous day). Good, clear models are essential in order to introduce children to the basic story elements and terms that help to provide structure and temporal sequence (e.g., "first," "next," "last") in stories.

Adults then ask children to tell them about events during the day. The adults may have witnessed the event, but did not participate along with the child. This will provide the adults with some context in which to guide and support a child's story attempts. For better child narratives, adults can help to provide children a focus or theme in their narrative attempts through comments about specific events or items. For example, "It seemed like you and Michael were having so much fun in block area. You were laughing so loud. Tell us what was so funny." Or, "I saw Teacher Maria put a band-aid on your elbow. What happened on the playground?"

### Goal: Develop personal narrative skills

- Children relate events with a beginning, middle and end.
- Children relate events with explicit causal and temporal sequence among events.

**When:** Mealtime, daily basis

**How:** Through being an interested, supportive communication partner during regular conversations and providing opportunities for children to practice skills during interactions

### Strategies:

**Model personal stories** (e.g., Tell a 4-5 sentence story about what happened on the way to school or other interesting story that happened during the school day. "Guess what?! When you were on the playground, I answered the phone. It was the one of the firefighters that visited our class last week. He called to tell us that the cat that lives at their station had her kittens. She had four kittens yesterday."

**Scaffold children's attempts** by restating utterances, expanding ideas, and providing words to describe a child's gestures (e.g., "Oh, it hurt right there!" "Your doctor gave you a shot?").

**Ask questions and make comments** that continue conversations (e.g., "What happened next?" "That sounds scary!").

**Use prompts** for more information (e.g., "Tell me more.").

Teachers and adults can help children in their narrative skill development, most significantly, by first being a truly interested conversational partner. Teachers need to talk with the children at the children's eye level and seem interested in what the children are saying. Several strategies, many of which are described previously, further improve and help scaffold the quality of children's narratives. Again, these include restating and expanding children's utterances and making comments and asking probing questions to prompt children to add to their stories and continue providing details.



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# Enhancing Children's Language Development in Preschool Classrooms

## Facilitating Peer Interaction

The preschool years are important for the development of many skills used later in life, but some of the most valuable lifelong skills children acquire during this time are social interaction skills. No longer is the preschool child satisfied with playing quietly alongside other children or with an engaging adult. Instead he or she becomes more socially motivated and begins to reach out to other children for more involved, cooperative play.

Children do many things during their play with peers. Children practice developing language skills during peer interactions, and they are socially reinforced for their efforts.

### **Goal:** Facilitating peer interaction

- Children increase the time they spend talking and interacting with each other.
- Children share and learn information from other children.
- Peer interactions provide children with recurring opportunities and meaningful contexts to practice newly acquired language skills.
- Strong social communication skills are critical for later school success.
- Peer models facilitate the language learning process.

**When:** During meal time and free play

**How:** Through encouraging conversation during mealtimes and recognizing opportunities to expand social interactions and include more children in ongoing play and discussions.

### **Strategies:**

- Be sensitive to children's nonverbal and verbal attempts to join ongoing interactions.
- Direct children to communicate and interact with peers; prompt children to ask other children for assistance or directions instead of adult meeting child's needs.
- Encourage group discussion by asking questions, soliciting opinions, and sharing common personal experiences.
- Assign roles or characters during pretend play if children seem unable or too shy to join ongoing play.
- Provide opportunities and specially select activities for children to be "teachers", i.e. teach each other simple skills, "read" books to small groups, or lead a group during a cooking or science lesson by "reading" icon directions.
- Draw attention to other children in a group by making comments and overtly including them in ongoing discussions and play.
- Comment and praise children's attempts at peer interaction.
- Facilitate children's abilities to use words instead of actions when emotionally upset with other children; teach the proper vocabulary by commenting on one's own feelings and emotions of self and others.



Children serve as peer models for each other, providing relevant examples and meaningful feedback. Effective communication skills are important for children to interact with their peers and build friendships. By facilitating children's abilities to be successful in their interactions with other children, adults lay the foundation for the development of important social skills that enable children to build secure relationships with others.

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# Enhancing Children's Language Development in Preschool Classrooms

## Increase The Use Of Decontextualized Language

The dramatic play area is the best center in the classroom for children to practice newly acquired language skills as well as further develop children's abilities to talk about remote events. The key to creating a dramatic play area that continually appeals to a wide range of children is very simple; the center needs to receive a "make-over" on a regular basis, becoming a different "place" with new props. Most dramatic play areas center around a familiar housekeeping theme. With minimal support, most children are able to easily assume pretend roles, use appropriate dialogue, and successfully reenact life routines (i.e., the children know how to pretend to be the mother or the sister). However, if a dramatic play area always retains a housekeeping theme, the dialogues and play routines become fairly predictable and fewer children find it appealing.



### **Goal: Increase the use of decontextualized language**

- Children talk about objects/events beyond here and now
- Children experience extended conversations
- Children learn perspective-taking through basic social scripts for different individuals in various settings

**When:** In the dramatic area during free choice play

**How:** Teacher becomes the ultimate playmate and adopts a role during play

### **Strategies:**

- Create interesting settings in the drama area with corresponding props and clothing.
- Develop and use scripted dialogue to model appropriate language forms and social interaction for selected scenarios.
- Model stories that provide rich detail for children so they can learn more about typical experiences in this dramatic scenario.
- Introduce vocabulary words and concepts related to play theme.
- Make ties between immediate experience and past events.
- Facilitate dialogue among *several* children, possibly indirectly assigning pretend roles for children joining ongoing play.
- Praise and comment children's language use.

Teachers can retain the magic and appeal with a regular infusion of new props, costumes, and furniture arrangements. Children find the novelty inviting and their curiosity will lead them to visit the center. Although children should initially be able to guess what "place" the dramatic play area resembles by considering the props, signs, and arrangement, their limited world experience and knowledge may not be sufficient to know how to use the props or what dialogue people might use in this setting. A teacher's responsibility extends beyond designing a fun play area. By assuming a pretend role in this setting and modeling the appropriate language through active dialogue, a teacher indirectly facilitates the correct use of the props, expands children's knowledge about this real world place, models appropriate social dialogue, and introduces new vocabulary and language forms. Teachers need to *become* the nurse in the doctor's office, the customer in the beauty shop, the owner of the flower shop, the kindergarten in the classroom, or the pet's caretaker in the veterinarian's office. There are countless possible scenarios that are appropriate for a dramatic play area. Teachers should base selections on children's interests, seasonal themes, field trips or classroom visitor experiences.



# Enhancing Children's Language Development in Preschool Classrooms

## Encouraging Complex Verbal Reasoning

Teachers should provide children with frequent, hands-on opportunities to answer questions by using the scientific method. The scientific method teaches children first to make a guess or predict what might happen based on what they do know, then to perform an experiment following an ordered set of steps, and, finally, to talk about what happened and how it relates to the world they know. The most successful learning opportunities are related to a current class topic in which children have already acquired some basic concepts.



### Goal: Practice complex verbal reasoning

- Children provide explanations, "How does that work?" "What is happening?"
- Children make predictions, "What do you think will happen?"
- Children make interpretations and judgments, "What do you think of this?" "Why did it happen?"
- Children relate and compare experiences with remote events to increase understanding, (e.g., "That's like I saw during the storm," "My mommy sometimes uses this when she cleans our house.")

**When:** At least one time per week either in a small group or as a choice during free play

**How:** Through facilitating discussions during science experiments and hands-on demonstrations

### Strategies:

- Ask open-ended questions
- Comment on problems and problem solving opportunities
- Describe actions as performed
- Add written language and numeracy to activity to more easily make comparisons
- Tie experience to remote events and experiences



Charting is helpful to track individual children's predictions, outcomes, and responses. Charts provide children a visual reference to compare results, teach the significance of print, and encourage pre-reading skills when icons are used. An experiment as simple as children predicting which of three types of apples they think they will like best, tasting the three types of apples, and comparing the charted responses can be very fun and successful. The typical language children use during this type of experience is not only more complex, but significantly lengthened in average number of sentences. A teacher's job as a language facilitator is not to do all the questioning or directing, but to encourage discussions and sharing of ideas.

# Enhancing Children's Language Development in Preschool Classrooms

## Using Literacy to Target Verbal Language Goals

Reading the same book each day for a week provides children the chance to become truly familiar with a story because of the multiple readings and extended learning opportunities. Children who might be absent, distracted during story time, or have language learning difficulties are more likely to grasp story lines and key concepts enabling them to be active participants during story time. As children become familiar with stories, they learn and practice important language skills. These include being able to predict, understand causal and temporal sequences (i.e., learn story elements), retell stories, recall details, use vocabulary words in various contexts, answer more complex questions about stories, and learn new dialogue or social scripts.

**Sample Week:** Add different dimensions to expand the story experience and learning each day.

**Day 1: Read the book.** Introduce parts of book (author, title, illustrator); ask children to guess what the book might be about based on title and cover illustrations; introduce key concepts and vocabulary; read the book. Plan a hands-on art experience reinforcing basic book theme following story reading.

**Day 2: Read the book with props.** Ask children if they remember what the book was about. Restate title, author and illustrator. Review key concepts and vocabulary before and during book reading. Support the characters' roles and/or the sequence of events in the story in the story through the use of props (puppets, actual objects, flannel story board). Make story props available for children to reenact during free choice play or add props in drama area to extend a theme from the story.

**Day 3: Read the book with children predicting simple events.** Minimal support should be necessary in order for children to understand story; instead, encourage children to help tell story with simple probing questions or by using the cloze strategy. That is, when reading a predictable, familiar text, teachers provide first words in a recurring story line and encourage children to "fill in the blank" or respond to complete the line in the story. From *The Three Little Pigs*, a teacher reads and cues children with "and the Big Bad Wolf said 'I'll huff and I'll puff.....'" or "but the Little Pig said, 'Not .....'". Plan hands-on, extension activities following story reading time (e.g., a science experiment, written literacy activity, craft/art project).

**Day 4: Children take turns reading book.** Allow several children an opportunity to be "teacher" and read the story to their classmates and teacher. Minimally support children in their efforts; this should be a very fun time being "teacher." Encourage fellow classmates to help facilitate at story time.

**Day 5: Children reenact book, making up own version of the story.** Add movement to the story. Assign roles and provide props to make a "play" of the story.



### Best Type of Book:

- Strong story plot
- Simple text
- Novel concepts
- Recurring lines
- Innovative presentation
- Imaginative illustrations
- Classic fables and stories

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<http://icrp.asu.edu>

## **Facilitator Resource Links:**

### ***Attachment, Routines and Transition Rituals***

My Child and I: Attachment for Life

[http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/parent\\_attachment\\_eng.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/parent_attachment_eng.pdf)

Healthy Baby, Healthy Brain

<http://www.healthybabyhealthybrain.ca/>

Comfort, Play, and Teach: Infant Mental Health Promotion

<http://www.imhpromotion.ca/Resources/CPT-ParentingMomentsInfoSheets.aspx>

Parents Matter – (resources in multiple languages)

(topics include: Familiar Routines and Rituals, Making Transition Time Easier)

<http://www.parentsmatter.ca>

### ***Communication Section:***

16 Gestures by 16 Months

<http://firstwordsproject.com/about-16by16/>

Handbook of Language and Literacy Development: A Roadmap from 0-60 months

<http://www.theroadmap.ualberta.ca/home>

# Communicating about Speech and Language with Parents: How to share concerns successfully

By Janice Mervyn  
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Reg. CASLPO  
Outreach Speech  
Language Pathologist

You have a 3-year-old boy in your daycare who is very quiet. Although he appears to enjoy the activities, you observe that he does not initiate communication with you or other children. You are worried about his communication level but his parents do not mention any concern. Should you discuss this with his parents? Where should you start?

A 4-year-old girl in your preschool is very talkative but you notice that she is often very difficult to understand. Her parents speak a language that you are not familiar with and they interact with her in their native language. You wonder if this child has an articulation delay. What should you do about your concerns?



A 2-½ year old child in your program appears to have a hard time following the routine. You notice that he watches the other children closely and seems to follow their actions. When you call his name he doesn't seem to respond. You are worried about hearing ability and comprehension. What is the best next step?

Identifying developmental concerns with parents can be a difficult and, at times, challenging task. For many reasons parents may not be ready or open to feedback that they perceive as negative about their child. However it is vitally important if children in your program show signs of communication difficulty or delay that you make every effort to inform families of your concerns and make them aware of the services that are available.

The benefits of early identification and early intervention are widely established. While you cannot force a parent to seek professional advice about a concern that you identify, you can approach these types of situations in a manner that will offer the best opportunity for success.

**Set a positive tone:** Parents should feel welcome and comfortable in your setting. Your body language: a smile, eye contact and a friendly wave can help achieve a message of welcome. Greet parents regularly and try to share one good thing the child has done every day with a parent such as: "Max was a really great listener at story time today..."; "Rita had great ideas about how to make snowman faces... she had us all laughing"; "Caleb made some amazing structures with blocks today" ... If parents know that you like and understand their child it will be much easier for you to approach a difficult situation later on.

**Inform:** Display important speech and language development information in your centre. Speech and language milestone brochures and information to take away will increase the knowledge of all families. Consider posting a "Fact of the Week" message about communication for example: *Did you know that 10% of all preschool children have a speech and/or language delay. This is the biggest category of delay for the preschool age range.* Inform parents of the preschool speech and language resources available, for example the First Words website: [www.firstwords.ca](http://www.firstwords.ca), the list of Free Speech and Language Screening Clinics or the Ottawa Public Health Information Line.



**Observe and document your concerns:** It is important to observe a child that has communication concerns in many different activities and situations. You have a great opportunity to do this in your group setting with a variety of activities and routines. Write your observations down (e.g, what a child says). Be specific in your notes so that you can provide examples to parents in your discussion. Compare your observations with known speech and language milestones.



**Choose the right time and place to share information:** Try not to discuss your concerns in front of the child or other parents. Find a time when you are not rushed. Have an area of your centre set up for private, comfortable sharing and discussion.



**Make sure your communication is two-way:** When meeting with parents always start with positive information that identifies the child's strengths. Ask parents for their opinions through open-ended questions. How are things going at home? How does your child participate in family activities and events? What do you observe? Encourage parents to observe at home and become partners in the information-gathering phase. Sometimes parents may be relieved that someone else confirms their concerns.

**Use language that parents can understand:** Be aware of cultural and language differences that can make it difficult for staff members and parents to understand each other. For families who speak a different language, encourage them to bring a relative or friend who can interpret your message or ask their permission to bring in an interpreter. The new speech and language milestone brochure is available in 16 languages so you can contact First Words for a copy. If an interpreter would be helpful during a screening clinic visit this can also be arranged by contacting First Words in advance.

Always follow up a verbal conversation with something concrete for parents to take home such as: a language stimulation handout, a copy of the speech and language milestone brochure or the screening clinic schedule. This will allow the parent to share with other family members and helps them feel supported by the resources available.



**Share your concerns with sensitivity:** For some parents the mere mention of a potential delay may trigger anxious feelings. We know that children with a family history of speech, language or learning difficulty are at higher risk of having a speech and/or language delay. Your concerns may evoke feelings of inadequacy or guilt. The perceived loss of a "normal" child can create a watershed of emotion and grief. It is important to be aware of the known stages of grief to understand some parent's reactions:

Stages of Grief (Kubler-Ross, 1969)

- |             |   |
|-------------|---|
| Denial      | - "There is nothing wrong with my child"  |
| Anger       | - "It is the teacher's fault"   |
| Bargaining- | - "It will go away if I do more therapy/spend more \$"                          |
| Depression  | - "Friendships dissolve / isolation begins"                                     |
| Acceptance  | - "Parent feels comfortable/positive about who they are and who their child is" |

**Do not pass judgment:** You may interpret a parent's indifference or lack of action as lack of caring, when in fact that parent may be consumed with maintaining the basic needs for their family. Other parents in high-powered career roles may be used to making decisions and giving directions. They may be uncomfortable sharing or taking advice from you. In some cases, such as when the child is an only child or a first child, a parent may not have the experience or the basis from which to compare their child's development. For a lot of parents it is hard to be objective about their own child. When communicating with parents it is very important not to pass judgment and to try to accommodate parents as individuals with distinct needs and learning styles.



**Support:** Families who bring their children to early childhood settings can benefit from sincere advice offered in a positive, professional and non-judgmental manner. As caregivers in an early childhood environment you have the perfect opportunity to do this. You are often the first professional to suspect that a child may be experiencing some developmental difficulty. Although nobody likes to deliver difficult news, our responsibility to children requires that we face problems, not ignore them. Setting a positive tone, using effective communication techniques and involving parents in the process will make the task easier and ultimately more effective.

**Remember the Steps to Success:** Set a Positive Tone - Be Informed - Observe and Document - Use Effective Communication Techniques - Understand Family's Concerns/Perspectives - Provide Support

# Communiquer avec les parents concernant la parole et le langage : comment réussir à partager ses préoccupations

Par Janice Mervyn  
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Orthophoniste

Dans votre garderie, vous avez un enfant de 3 ans qui est très tranquille. Même si les activités semblent lui plaire, vous observez qu'il n'entreprend pas de communication avec vous ou les autres enfants. Vous vous faites du souci concernant son niveau de communication, mais ses parents n'ont pas l'air de s'en inquiéter. Devriez-vous en discuter avec eux ? Par où devriez-vous commencer ?

Dans votre programme préscolaire, il y a une petite fille de 4 ans qui parle beaucoup, mais vous remarquez qu'elle est souvent très difficile à comprendre. Ses parents parlent une langue que vous ne connaissez pas et ils communiquent avec elle dans leur langue maternelle. Vous vous demandez si cette enfant a un retard de l'articulation. Que devriez-vous faire concernant vos préoccupations ?



Un enfant de 2 ans et demie, dans votre programme, paraît avoir de la difficulté à suivre la routine. Vous remarquez qu'il surveille de près les autres enfants et qu'il semble suivre ce qu'ils font. Quand vous l'appellez par son nom, il ne semble pas réagir. Vous vous inquiétez de sa capacité auditive et de sa compréhension. Quel est la meilleure étape suivante ?

Il peut être difficile de révéler aux parents les préoccupations concernant le développement de l'enfant et, parfois même, cela peut poser un véritable défi. Pour bien des raisons, les parents ne sont peut-être pas prêts ou ouverts à rapporter le négatif qu'ils perçoivent concernant leur enfant. Mais, si les enfants de votre programme montrent des signes de difficulté ou de retard de communication, il est vitalemment important que vous fassiez tous les efforts possibles pour informer les familles de vos inquiétudes et pour leur faire connaître les services qui sont à leur disposition.

Les bénéfices d'une identification et d'une intervention précoces sont bien établis. Même si vous ne pouvez pas forcer un parent à obtenir des conseils professionnels concernant une préoccupation que vous identifiez, vous pouvez approcher ces genres de situations d'une façon qui présentera les meilleures chances de succès.

**Établissez un ton positif :** Les parents devraient se sentir bienvenus et confortables dans votre milieu. Votre langage corporel : un sourire, un contact visuel et un geste amical peuvent vous aider à formuler un message de bienvenue. Accueillez régulièrement les parents et essayez de partager avec eux une bonne chose que l'enfant a faite chaque jour, comme : « Max a vraiment bien écouté, aujourd'hui, au coin lecture... » ; « Rita a eu de très bonnes idées sur la façon de faire des têtes de bonhomme de neige... elle nous a tous fait rire » ; « Aujourd'hui, Caleb a fait des structures... étonnantes avec des blocs » ... Si les parents savent que vous aimez et comprenez leur enfant, il vous sera plus facile d'aborder une situation difficile par la suite.



**Informez :** Affichez dans votre centre d'importants renseignements sur le développement de la parole et du langage. Des dépliants et de l'information sur les étapes de la parole et du langage vont améliorer les connaissances de toutes les familles. Considérez afficher un message sur les « Faits de la semaine » concernant la communication. Par exemple : *Saviez-vous que 10 %... de tous les enfants d'âge préscolaire ont un retard de la parole et/ou du langage ? C'est la catégorie de retards les plus importante pour le groupe d'âge préscolaire.* Informez les parents des ressources disponibles concernant la parole et le langage des enfants d'âge préscolaire comme, par exemple, le site Web de Premiers mots : [www.premiersmots.ca](http://www.premiersmots.ca), la liste des cliniques gratuites de dépistage du langage et de la parole ou la ligne Info de Santé publique Ottawa.



**Observez et documentez vos préoccupations :** Il est important d'observer un enfant qui présente des problèmes de communication dans plusieurs activités et situations différentes. Vous avez une belle occasion de le faire, dans votre milieu de groupe, avec une variété d'activités et de routines. Prenez note de vos observations (par ex., ce qu'un enfant dit.) Soyez spécifique dans vos notes, de façon à pouvoir donner des exemples aux parents lors de vos discussions. Comparez vos observations aux jalons connus du développement de la parole et du langage.

**Choisissez le bon moment et le bon endroit pour partager l'information :** Essayez de ne pas discuter de vos préoccupations devant l'enfant ou en présence d'autres parents. Trouvez un moment où rien ne vous presse. Faites aménager un coin de votre centre qui puisse se prêter à une discussion confortables et privés.

**Assurez-vous que votre communication se fasse dans les deux sens :** Quand vous rencontrez des parents, commencez toujours par une information positive qui identifie les points forts de l'enfant. Demandez aux parents quelles sont leurs opinions en vous servant de questions ouvertes. Comment vont les choses à la maison ? Comment votre enfant participe-t-il aux activités et aux événements de la famille ? Qu'est-ce que vous observez ? Encouragez les parents à faire des observations à la maison et à devenir des partenaires dans l'étape de cueillette d'information. Les parents peuvent parfois être soulagés de ce que quelqu'un d'autre partage leurs préoccupations.

Soyez au fait des différences culturelles et linguistiques qui peuvent compliquer la compréhension mutuelle entre les employés et les parents. Pour des familles qui parlent une autre langue, encouragez-les à amener une personne parenté ou amie qui peut interpréter votre message, ou demandez-leur la permission d'amener un/e interprète. La nouvelle brochure sur les étapes de la parole et du langage est disponible dans 16 langues et vous pouvez vous en procurer un exemplaire en communiquant avec Premiers mots. Si un/e interprète pouvait être utile pendant une visite à la clinique de dépistage, il est aussi possible de prendre les mesures appropriées en communiquant à l'avance avec Premiers mots.



Donnez toujours suite à une conversation verbale en donnant aux parents quelque chose de concret à apporter chez eux, comme : un dépliant sur la stimulation du langage, une copie de la brochure sur la parole et le langage ou l'horaire de la clinique de dépistage. Ce geste permettra aux parents de partager avec d'autres membres de la famille et les aidera à se sentir soutenus par les ressources disponibles.

**Partagez vos préoccupations avec sensibilité :** Pour certains parents, la seule mention de la possibilité d'un retard peut déclencher des sentiments d'anxiété. Nous savons que des enfants qui ont des antécédents familiaux de difficulté de la parole, du langage ou d'apprentissage sont à risque plus élevé d'être affectés d'un retard du développement de la parole et/ou du langage. Vos préoccupations peuvent évoquer des sentiments d'insuffisance ou de culpabilité. La perte perçue d'un enfant « normal » peut créer une marée d'émotions et de peine. Il est important de bien connaître les étapes du deuil pour comprendre les réactions de certains parents :

Les étapes du deuil (Kubler-Ross, 1969)

- Le déni - « Mon enfant n'a pas de problème »
- La colère - « C'est la faute à l'enseignant/e »
- La négociation - « Ça va s'en aller si je fais plus de thérapie/dépense plus d'argent »
- La dépression - « Les amitiés fondent / l'isolement commence »
- L'acceptation - « Les parents se sentent confortables/positifs vis-à-vis de ce qu'ils sont et de qui est leur enfant »

**Ne jugez pas :** Vous pouvez interpréter l'indifférence d'un parent ou son manque d'action comme un défaut d'attention ou de soin alors qu'en fait ce parent peut être consumé par la nécessité de subvenir aux besoins essentiels de la famille. D'autres parents qui jouent rôles de carrières de haute puissance peuvent être accoutumés à prendre des décisions et à donner des ordres. Ils peuvent se sentir inconfortables à partager avec vous ou à prendre vos conseils. Dans certains cas, comme lorsque l'enfant est un enfant unique ou un premier né, un parent peut ne pas avoir l'expérience ou la base à partir de laquelle comparer le développement de leur enfant. Pour beaucoup de parents il est difficile d'être objectif vis-à-vis leur propre enfant. Quand vous communiquez avec des parents, il est très important de ne pas poser de jugements et d'essayer de s'ajuster aux parents en tant qu'individus qui ont des besoins et des styles d'apprentissage qui leur sont propres.



**Accordez votre soutien :** Les familles qui amènent leurs enfants dans des milieux de la petite enfance peuvent bénéficier de conseils sincères offerts d'une façon positive, professionnelle et dépourvue de jugements. En tant que soignants dans un environnement de la petite enfance, vous avez l'occasion parfaite de le faire. Vous êtes souvent le premier professionnel ou la première professionnelle à soupçonner qu'un enfant peut connaître une certaine difficulté de développement. Même si personne n'aime annoncer des nouvelles difficiles, notre responsabilité envers les enfants exige que nous fassions face aux problèmes plutôt que de les ignorer. L'établissement d'un ton positif, l'utilisation de techniques de communication efficaces et l'implication des parents dans le processus rendront la tâche plus facile et, au bout du compte, plus efficace.

**Rappelez-vous les étapes qui mènent au succès :** Établir un ton positif – Être informé – Observer et documenter – Utiliser des techniques de communication efficaces – Comprendre les préoccupations et les points de vue de la famille –

# Sharing Concerns

## Physician to Parent

*Physicians may also find it challenging to identify children at risk for developmental delays and disorders and difficult to express their concerns about a child's development with parents or caregivers. No doubt about it, these are critical life-changing discussions that require time, sensitivity, honesty, planning, and follow-through on your part. Here are some suggestions as to how you can handle this process successfully with your patients.*

- [Listen to parents](#)
- [Understand that early identification and intervention are essential](#)
- [Consider the prevalence of developmental delays and disorders](#)
- [Heighten your "index of suspicion"](#)
- [Make each well-visit an opportunity for screening and surveillance](#)
- [Create a screening training and implementation plan](#)
- [Deliver difficult news to parents with sensitivity and understanding](#)
- [Narrow the gap between knowledge and behavior](#)
- [Follow up with referrals; progress can be made](#)
- [References to journal articles](#)

### *Listen to parents*

In recent years, parents of young children have become increasingly aware of the need to monitor traditional developmental milestones at each well visit prior to age three, due in large part to the popularity of the *What to Expect* series, the *Touchpoints* books, and other baby books currently available. Parents expect to have a dialogue with their child's physician about development, though even these highly regarded books do not cover social, emotional, and communication milestones well enough. Nor do they address behavioral problems.

A recent national survey of parents with young children indicated that they want more information and support on childrearing and developmental concerns, yet pediatric clinicians often fail to discuss non-medical concerns with them (Taaffe Young, Davis, Schoen & Parker, 1998). Moreover, detection rates in primary care show that 70% of developmental disorders (Palfrey, Singer, Walker & Butler, 1994) and 80% of mental health problems are not caught (Lavigne et al, 1994). These discussions could yield developmental concerns early, since parent report has been shown to be highly accurate and indicative of a true concern (Glascoe, 1999).

Because parents are with their children around the clock, they are well positioned to be valid reporters about their child's development. This, combined with routine observations and comparisons of other children is very powerful. This cuts across all populations: income, education, social level, culture, etc. A physician can make great use of these observations at a well child visit where the average time for a professional to observe a child is only 15 minutes on average. Thus, a collaborative parent/physician relationship is critical to the continued healthy development of a young child.

*When you have concerns about a child, remember, this is a family you anticipate having a professional relationship with for the next 18 years. It's important to develop the ability to say, 'Okay, this is a problem you're experiencing, I'm going to take it seriously. I may not agree with you that it's developmental; I may think this is more of an emotional or family problem, but you're telling me it's a problem, and I'm going to do something about it.' (the late Robert H. Wharton, M.D., Developmental and Behavioral Pediatrician)*



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### *Understand that early identification and intervention are essential*

Early intervention's positive outcome has been well-documented in the literature and goes far beyond IQ. In the short term, it improves the quality of life and functioning for the child and for the family. In the long term, early intervention's impact extends into such key developmental areas as prevention of secondary emotional/behavioral issues, reduction in teen pregnancy, increase in high school graduates, increase in employment, and reduction in the crime rate. (Glascoe, 2002).

Pediatric clinicians are in a unique and central position to identify developmental concerns early and refer children at risk on for further evaluation and treatment. Parents depend on pediatric clinicians for advice, guidance, and support. They need healthcare professionals who can speak the language of development with them and work with them to keep their child on a healthy developmental path.

*"I would advocate a preliminary developmental screening for all children. And if a parent comes in and has concern about a child, there should be an immediate discussion about it. If the pediatrician doesn't have time, it would be well for him to either have a person to whom he refers the family or for one of his staff to be able to sit down with the family for 15 minutes and make them feel heard. The risks of not doing that are enormous in that the first few years of life are the period of the greatest neuroplasticity and the greatest rate of change in brain development. This is a critical period. If we miss this critical period, we could miss the boat on helping a child to develop to his or her fullest potential (Rebecca Landa, Ph.D., Professor of Psychiatry)*

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### *Consider the prevalence of developmental delays and disabilities*

Prevalence studies indicate that autism spectrum disorders are dramatically on the rise with the CDC citing 1 in every 150 children on the autism spectrum and developmental disorders representing 17% of young children ([CDC: Yeargin-Allsopp, Rice, 2007](#)).

Thus, every pediatric professional can expect to see at least one patient in his/her practice (if not more) that lives with these concerns. This makes it essential for medical practitioners and clinicians to understand the [key social, emotional, and communication milestones](#) and to have a firm grasp of [red flags](#).

*"The findings now from very large prevalence studies show that 16 to 18% of children have developmental problems. That's one in every five patients or so, especially if you include the more serious mental health problems. One out of every five patients that you run into will be experiencing a developmental problem...it's a huge concern. It's probably the biggest single issue that you encounter in pediatrics and, yet, it is just a fraction of pediatric training." (Frances Page Glascoe, Ph.D., Professor of Pediatrics)*

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### *Heighten your "index of suspicion"*

Simply by making developmental surveillance a regular part of every office visit, you can sharpen your observations, elicit better information from parents, and heighten your index of suspicion. (American Academy of Pediatrics, 2001).

Suspicions are eliminated or confirmed through the screening process first by using a broad-based developmental tool and then, if concerns persist, by narrowing the focus through a level-two tool (e.g., autism or Asperger screen). Pediatric physicians' observations enhance and strengthen the accuracy of screening tool measures. Physicians can use the developmental surveillance and screening processes to increase the chance of detection during very early development and provide a clear compass for referral and treatment if a concern is flagged. By listening closely to parent report during the surveillance process, physicians may be prompted to start the developmental screening process at any time a concern arises as a result.

*"Physicians need to have an index of suspicion. And they need to listen to parents. Even when I was a resident back in the dark ages...there was this whole idea about being an overanxious mother. I don't think I've ever seen a mother that I thought was overanxious. You're usually anxious for a reason and if there is a reason, you need to know what that reason is. So if they've got a busy schedule, it would be appropriate when Mrs. Jones comes in to say, 'Mrs. Jones, I really don't have time today, but let's make an appointment, I'll stay late on Thursday, why don't you drop by and let me hear more about that problem.' The parent needs to be validated, and you, the physician, need to hear the story in more detail. Without that, I don't think you have a clue, frankly."* (Margaret L. Bauman, M.D., Pediatric Neurologist)

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### ***Make each well-visit an opportunity for screening and surveillance***

In response to the increasing number of young children affected by these disorders, leading medical organizations (American Academy of Neurology, 2000; American Academy of Pediatrics, 2001) have issued policy statements that provide specific guidelines toward the routine screening and surveillance of developmental delays and disorders, including autism. By making routine screening a regular part of pediatric practice, physicians can channel parent concerns efficiently, reduce over or under referrals, and accurately validate reported concerns and observations.

*"Ask the parent how little Johnny or Susie lets them know what they want and listen carefully for the explanation. If at 12 or 14 months little Johnny or Susie simply cries or wants the parent to guess what he or she wants, but can't use purposeful signaling, such as taking them by the hand or pointing to indicate wants or desires, that's a warning sign. Also, observe yourself. Try to observe a few minutes of free play. You don't have to make a diagnosis, you just want to be alert."* (Stanley I. Greenspan, M.D., Child Psychiatrist)

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### ***Create a screening training and implementation plan***

To make screening and referral a routine part of pediatric practice, it will require planning, training, and implementation. First, if you have someone on staff who is already a champion for children with special needs, get that professional involved in creating an atmosphere of enthusiasm and excitement as an advocate of positive change. Train all staff members, including front office staff. Not getting all suitable staff on board can make or break a program. Host a meeting with local service providers and office staff to build relationships and establish collaborations. Plan and implement a smooth office process for storing, disseminating, tabulating, and replenishing screening questionnaires and referral notes. Arrange to have trained staff available who can interview or interpret questionnaires for those parents who cannot fill out the forms without support. Stock exam rooms and the front office with patient education materials related to these disorders for easy access. Keep contact information on hand for quick referrals to local service providers and diagnostic services.

Lastly, look at how other model pediatric programs are meeting this challenge. One excellent example is the [Health](#)

[Steps program](#), an approach that designates a trained staff member to be a developmental “Healthy Steps” specialist who regularly addresses issues around child development and behavior. To be sure, innovation can lead to a successful implementation of a screening and referral program. But plain old-fashioned planning and execution can be all that is necessary to get started.

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### *Deliver difficult news to parents with sensitivity and understanding*

We have provided links to many excellent journal articles that discuss how to deliver difficult news to parents in our [Reference](#) section below. In addition to these sources, we have provided our own advice for how to approach the difficult conversation of delivering bad news. It is important to remember that positive outcomes of these discussions between a physician and parent will set the tone for how the parent views their child in the future, how satisfied they are with the physician/patient relationship and how positively they view their roles as parents in the years to come.

#### *1. Set the stage for a successful conversation.*

Often, these difficult conversations take place in the physician’s office immediately following a screening. However, if your schedule does not allow adequate time to hold this conversation, schedule a follow-up visit as quickly as you can. Choosing the right time and place for a conversation to share your concerns is very important. And allowing sufficient time with no interruptions is critical. Understand that emotions may be unpredictable. Be ready to listen and offer help through the referral process.

#### *2. Start with parent observations, questions, or concerns.*

It’s important to assess where a parent stands in relation to understanding his/her child’s development before sharing your own professional concerns. The parent may already sense a problem and just not have the words to articulate it. Gently probe and ask questions that will allow a parent to share their own observations, questions, or concerns first. Then share your own observations and screening results in a very neutral manner. By doing so, you will open an exchange and may even validate a parent’s hidden concerns and fears.

#### *3. Put yourself in the parent's shoes. Be supportive.*

Some of the most memorable conversations that parents of children with special needs report are those that take place at the critical moment a first concern is expressed. An empathetic approach goes much further in establishing trust and understanding than a clinical or professionally-detached one. Your tone and manner should be open and available. Whatever the outcome, in the long run, the parent will remember and appreciate your discussion if it is framed in a caring way.

#### *4. Focus on the need to "rule out" anything serious.*

By referring for further evaluation, it opens up the opportunity to “rule out” as well as “rule in” the concern. If concerns are ruled out, parents can rest easy. If concerns are confirmed, then seeking help through evaluation and referral will help to get the child back on a healthy developmental path. No harm can be done by checking out concerns. Things can only get better.

#### *5. Refer parents and caregivers to other resources. Some parents need to come to this understanding on their own.*

It is also a good idea to give the parent something descriptive to read about the disorder in the quiet of their homes. Seeing disabilities described in writing, whether through literature or on the Web, allows a parent to make the match with his/her own child’s behaviors and needs. It provides an objective description of common features and allows the

parent to come into recognizing developmental concerns at their own pace. Often, when a parent is in denial, reading something that describes their own child's behaviors closely can be the catalyst for progress.

#### *6. Emphasize the importance of early identification and intervention.*

One way to look at developmental concerns is that if a child had signs of a serious and persistent physical illness, like asthma, you would want to get it checked out as soon as possible to rule it out. If there really were a problem, it would only make it worse by not doing so. Developmental delays are no different. By not receiving timely interventions for concerns around language, behavior, and social connectedness, the problems will not go away, but will worsen over time. And what's most hopeful is that early intervention works, improving life in the long and short term for both the child and the family. So life will get better once interventions are underway.

#### *7. Be confident that sharing your concerns is always the right thing to do. The hardest part is finding the right words to get started.*

Try role playing what you will say first. Express what you have observed that gives you concern in a caring and supportive way. By doing so, it may lower your own anxiety and give you the confidence to have a heart-to-heart with a positive outcome. Do not be afraid about hurting the relationship with the family. If you present your concerns in a positive and caring way, you will build trust. The bottom line is that the earlier a developmental concern is identified and treated, the better the outcome.

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#### *Narrow the gap between knowledge and behavior*

There is much currently being published in medical literature about the gap between knowledge and behavior in practice. Physicians are more knowledgeable than ever about autism due to increase in awareness campaigns, media attention, and funding for research studies. So why is there still a gap between knowledge and practice? And why don't many physicians screen?

Physicians cite many challenges that may influence their decisions on whether or not to screen routinely in practice. Among these are:

- Lack of training
- Lack of time
- Lack of reimbursement by insurance companies
- Physician perceptions about fears and benefits of screening
- Breaking bad news to families
- Concerns about over referrals
- Lack of confidence in results of early intervention

However, in spite of the perceived challenges of screening, two conditions have been shown to influence a physician's willingness to act when a developmental concern is indicated: *a sense of urgency* and a *level of certainty* (Kennedy, Regehr, Rosenfield, Roberts & Lingard, 2004).

If one considers the latest information about early brain plasticity and the very powerful influence of early intervention on the developing brain, a sense of urgency is an absolute must whenever a parent expresses a developmental concern. The use of validated screening tools in practice strengthens a clinician's level of certainty by providing a measure of confidence to make the referral for further evaluation.

The [First Signs program](#) is hoping to alleviate these perceived challenges by offering training programs in participating



states and information on this Web site, such as recommendations for organizing a pediatric office to implement successful screening, advice on delivering bad news to families, information about current screening tools available and evidence of the efficacy of Early Intervention.

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### *Follow up with referrals; Progress can be made*

It is important to have on file contact information for local agencies, services, and specialists where families can go to for help during the referral process. Oftentimes, physicians may not know of local resources that are available or may not be satisfied with the caliber of these services. Take the time to find out for the future of your patients. Once you have made the appropriate referrals, be sure to follow up with families to see how they are doing. Progress will be made with the proper supports and services in place. The process starts with you.

"One of the greatest joys out of all this is the day that the child shows up— you've delivered the bad news six months ago and the family's done what you've told them to do—they come back in and you've got a child who's looking at you. Now he's developing words and play skills are beginning to expand. The parent looks terrific and the kid looks terrific and you're saying, 'wow, this is terrific, this is really great stuff.'"> (Margaret L. Bauman, M.D., Pediatric Neurologist)

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- Source: [http://www.firstsigns.org/concerns/doc\\_parent.htm](http://www.firstsigns.org/concerns/doc_parent.htm)

# Sharing Sensitive News

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- [Additional thoughts](#)
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## New Video: How Should Providers Deliver Bad News?

- Delivering bad news is always a challenging task for providers. But certain communication techniques can make the experience less difficult for the patient and family. In a new video, Duke Professor Dr. Michael Haglund demonstrates how providers should and shouldn't deliver bad news, based on the work of Dr. Neil S. Prose. **Filmed with actors playing the role of the parents of a young child, two versions of the same scene sharply demonstrate the impact of a provider's communication skills.** Start a conversation in your class or Chapter with [this video](#). (On a mobile device? [Click here to watch on YouTube](#).) [More information](#) about the video, questions to consider and links to the transcript.
- Published October 19, 2015 by the Institute for Healthcare Improvement

## Sharing Sensitive News

By Katherine TeKolste, MD, FAAP, MHPP Co-Director

*(Adapted from St. Benedict's Hospice, Sunderland, UK; Kaye P. Breaking Bad News. EPL Publications. 1995; and the readings listed below)*

Patients and families rank the following as the most important factors when they receive sensitive news:

- Physician competence, honesty and attention
- Time allowed for questions
- Use of clear language
- Privacy

## Steps in Sharing Sensitive News

## **Prepare**

- Know the facts, what has happened, and what options are available  
Be humble. Recognize room for error in diagnosis and prognosis
- Set up a time to meet as soon as possible
- Shed personal baggage

## **Get started**

- Meet face to face, if possible
- Include others at the parents' request; if there is no one else there, consider whether or not someone should be there –
  - Should relatives or friends be invited?
  - It may be helpful to have another support person there should relatives or friends be unavailable. This might be a social worker or clergy member, or nurse the family recognizes as a helpful resource.
- Meet in a private location with a comfortable place to sit
- Allow plenty of time and avoid interruptions
- Initiate with normal courtesies, such as 'How are you today?' Assess the family's stress level and emotional state. Ask/decide if this is a reasonable time to proceed.

## **Find family's current level of understanding and emotional state**

- Ask questions first! What is known? What is wanted?
- Elicit concerns and encourage expression of feelings

## **Find out how much the family wants to know**

- The real issue is not, "Do you want to know?" but "In what detail do you want to know?"

## **Sharing the information**

- Start from the parent's or child's starting point.
  - What they currently know and understand
  - What they have been told
- Summarize things to date
- Pause frequently to allow patient to absorb the information and to ask questions
- Reinforce correct understanding, using the family's words where possible
- Give information in small chunks; be clear and simple

- Check understanding frequently and modify when needed (negotiate the agenda)
  - “Is this making sense?”
  - “Have I covered what you want to talk about?”
- Summarize, repeat important points; ask if the family wants you to go over anything again.
- Provide hope and optimism whenever possible
- Use diagrams and written information when possible
- Avoid medical terminology, or define and check for understanding when must use medical terminology
- Listen for the family/child responses and desires
  - Most doctors interrupt the patients within 30 seconds of speaking. Be patient!
- Reinforce with resources for further information and personal availability to respond to further questions and concerns. Let them know they are not alone in this.
- Respond to family and child’s feelings – Identify and acknowledge their reactions. Be prepared for a mix of emotions, such as
  - Sadness
  - Shock
  - Disbelief
  - Anger
  - Denial
  - Feeling of failure
- Do not be afraid to show emotion or distress yourself (within reason!)

## Offer next steps and plan for future

- Distinguish the fixable from the unfixable, the known from the unknown
- Identify coping strategies and encourage/reinforce them
- Identify and reinforce parental strengths, build on family assets
- Encourage parents in management of their child’s care
  - Being an advocate, [Families and Providers Working Together](#)
  - Care tools and resources  
[Organizing Health Information](#)  
[Care plans and other care coordination tools](#)
- Identify other sources of help and provide written contact information. Examples:
  - [Quick Key Contacts](#)
  - County-specific Children with Special Needs Resource/Referral Lists in [Resources by County](#)

- Offer to link the family to [parent-to-parent support](#) and [sibling support](#) (a FRC or CSHCN Coordinator can help link the family to these supports; see your [community resource list](#))
- Determine next steps and create a plan with the family

## Additional Thoughts

### No one is expected to have all the answers

- If you cannot answer a question, do not evade it. Indicate that you will make a note of it and attempt to find an answer.
- Utilize referral sources and specialists.
- Make the family a partner in finding answers.

### Follow-up is important (phone, another appointment, email, other) for **THREE REASONS**:

- The initial information is remembered less than the way the information was given.
- Emotional adjustment takes time.
- It provides an opportunity to see other family members and support persons.

### What to do when the patient/family breaks out in tears?

- Plan ahead – have tissues in the room and offer them.
- Do not act as if tears need to be stopped.
- Often it is best to simply wait for the person to stop crying, while acknowledging the tears and the emotions.
- If it seems appropriate, you can ask if the person would like to take a brief break and let you know when they would like to continue.

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## Resources

- **Video: How Should Providers Deliver Bad News?**

- Delivering bad news is always a challenging task for providers. But certain communication techniques can make the experience less difficult for the patient and family. In a new video, Duke Professor Dr. Michael Haglund demonstrates how providers should and shouldn't deliver bad news, based on the work of Dr. Neil S. Prose. **Filmed with actors playing the role of the parents of a young child, two versions of the same scene sharply demonstrate the impact of a provider's communication skills.** Start a conversation in your class or Chapter with [this video](#). (On a mobile device? [Click here to watch on YouTube](#).) [More information](#) about the video, questions to consider and links to the transcript.
- Published October 19, 2015 by the Institute for Healthcare Improvement

## News

SOURCE: <http://medicalhome.org/physicians/sharing-sensitive-news/>

### Washington State Medical Home Partnerships Project

Families, health care providers and communities working together for children and youth with special health care needs and disabilities

Chat Room Screening Tool (for office use only)

1) Name of Child: \_\_\_\_\_

2) DOB of Child: \_\_\_\_\_ Age: \_\_\_\_\_

3) Name of Parent attending: \_\_\_\_\_

4) Siblings: Yes \_\_\_\_\_ No \_\_\_\_\_ Name and age: \_\_\_\_\_

5) Commitment to attend the 7 sessions

6) Evening Session Childcare requested: Yes \_\_\_\_\_ No \_\_\_\_\_

7) What is the language spoken at home: \_\_\_\_\_

8) Previous Experiences in Play groups/ child care :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Is your child receiving special services? (OCTC, FW)

\_\_\_\_\_  
\_\_\_\_\_

10) How did your child manage?

Verbally: \_\_\_\_\_

Socially: \_\_\_\_\_

Transitions: \_\_\_\_\_

Behaviorally: \_\_\_\_\_

11) Do you have concerns about your child's development? (meeting milestones) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



12) Any additional comments or information that would be useful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Accepted: YES \_\_\_\_\_ NO \_\_\_\_\_

# Good Practices

1. Sit face to face and at the same level as your child. They need to see your face and how you are moving your mouth & tongue to make sounds.
2. Make sure questions are open-ended. Don't ask "yes" or "no" questions.
3. Wait 10 seconds for your child to answer you when you ask them a question. If your child is looking at you, they are still thinking. Be patient!
4. Avoid asking your child to "say this". Instead, offer them choices to choose from.

## **CHAT ROOM PLAYGROUP INTAKE SURVEY (FOR PARENTS)**

*Please answer the following questions as honestly as possible. If you are not comfortable answering a question, you can skip it.*

### **NAME (for record purposes only)**

Your name: \_\_\_\_\_

Your child's name: \_\_\_\_\_

### **PRIOR PLAYGROUP EXPERIENCE**

1. Have you ever attended a playgroup with any of your children?

YES / NO

2. In the last 12 months, have you attended a playgroup with at least one of your children?

YES / NO

3. Will this be the first playgroup you have attended with this child?

YES / NO

4. Why did you want to join this playgroup? (check all that apply)

- ☐ To find information on community services
- ☐ To get advice about parenting
- ☐ To build my parenting confidence and skills
- ☐ To meet other parents
- ☐ It gives me something to do / gets me out of the house
- ☐ It gives me a sense of connectedness
- ☐ To build my child's confidence and skills
- ☐ To learn new ways to play with and teach my child
- ☐ It is important for my child to play with others
- ☐ To help my child develop skills for school

5. What barriers may have prevented you from attending an open playgroup with this child in the past? (check all that apply)

- ☐ Parent's health, illness or injury
- ☐ Child's health, illness or injury
- ☐ Other children's health or behaviour
- ☐ Child's difficulties (verbal, social, transitional, behavioural)
- ☐ Child's behaviour challenges
- ☐ Balancing demands of other children (school-age or newborn)
- ☐ Childcare for other children not available
- ☐ Scheduling conflicts (work, study or childcare commitments)
- ☐ Transportation difficulties/Distance to travel
- ☐ Affordability
- ☐ Availability of space in playgroup
- ☐ Difficulty relating to other parents
- ☐ Difficulty relating to staff
- ☐ Group size creates challenges for my child
- ☐ Group dynamics create challenges for my child
- ☐ Dissatisfied with venue
- ☐ Dissatisfied with facilitator's responsiveness to my child's needs
- ☐ Other: \_\_\_\_\_

6. If you have any further comments on your experience with this child and playgroups (e.g., ability to adapt to your child's needs), please share them here:





|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

7. How do you generally find out about playgroups?

- ☐ Family/friend
- ☐ Newspaper article/community notice
- ☐ Maternal child health nurse
- ☐ Community organization

**Thank you and enjoy the playgroup**

**[1 – Perceptions of playgroup impact/benefits to parent and child]**

| Please rate how much you agree with each of the following statements:                           | Yes, definitely<br> | Somewhat<br> | Not at all<br> | I don't know<br> |
|---|--|---|---|---|
| <b>Related to the parent:</b>   |  |   |   |   |
| The playgroup helped me to understand <b>my child's language development</b> .                  |  |   |   |   |
| The playgroup taught me <b>new ways to play with and teach</b> my child.                        |  |   |   |   |
| The playgroup taught me <b>how to use early language development strategies</b> with my child.  |  |   |   |   |
| The playgroup allowed me to <b>meet and talk with other parents</b> .                           |  |   |   |   |
| The playgroup provided me with <b>information and/or referrals</b> to other community services. |  |   |   |   |
| The playgroup provided me with <b>advice</b> about parenting.                                   |  |   |   |   |
| The playgroup helped build my <b>parenting confidence</b> .                                     |  |   |   |   |
| The playgroup helped build my <b>parenting skills</b> .   |  |   |   |   |
| <b>Related to the child:</b>  |  |   |   |   |
| The playgroup allowed my child to <b>interact with other children</b> in a small group setting. |  |   |   |   |
| The playgroup provided my child experience with <b>activities, routines and transitions</b> .   |  |   |   |   |
| The playgroup prepared my child for the <b>transition to open playgroups</b> .                  |  |   |   |   |
| The playgroup provided my child with <b>language-rich group activities</b> .                    |  |   |   |   |
| The playgroup helped build my child's <b>confidence with language</b> .                         |  |   |   |   |
| The playgroup <b>improved</b> my child's <b>language and communication skills</b> .             |  |   |   |   |
| The playgroup <b>increased</b> my child's <b>vocabulary</b> .                                   |  |   |   |   |

**If you agree that your child's language and communication skills have improved**, please provide an example of how your child's language or communication skills have improved (e.g., clearer speech, uses more words, talks more, speaks with more confidence, is more likely to start a conversation with me/other...)

|  |
|--|
|  |
|  |
|  |

| Consider the last month. In comparison to the month BEFORE you attended this playgroup, please rate to what extent you agree with each of the following statements...                             | NOW (since the playgroup) |       |          |                   | THEN (before the playgroup) |       |          |                   |
|---|---------------------------|-------|----------|-------------------|-----------------------------|-------|----------|-------------------|
|   | Strongly Agree            | Agree | Disagree | Strongly Disagree | Strongly Agree              | Agree | Disagree | Strongly Disagree |
| 1. I have a good knowledge of <b>early language development strategies</b> (such as turn-taking, imitate-and-interpret, vocabulary building, and letting my child lead).                          |                           |       |          |                   |                             |       |          |                   |
| 2. I have a good understanding of <b>basic communication and play concepts</b> (specifically, early language and play milestones).  |                           |       |          |                   |                             |       |          |                   |
| 3. I have a good understanding of the <b>risk factors</b> associated with speech and language delays.   |                           |       |          |                   |                             |       |          |                   |
| 4. I have a good understanding of <b>my child's current language abilities</b> and communication skills.  |                           |       |          |                   |                             |       |          |                   |
| 5. I am comfortable/feel confident using <b>early language development strategies</b> (such as turn-taking, imitate-and-interpret, vocabulary building, and letting my child lead) with my child. |                           |       |          |                   |                             |       |          |                   |
| 6. I know what <b>services are available</b> to support the development of my child's early language and communication skills in my community.  |                           |       |          |                   |                             |       |          |                   |
| 7. I know how to <b>access the services</b> that are available to support the development of my child's early language and communication skills in my community.                                  |                           |       |          |                   |                             |       |          |                   |
| 8. I am comfortable <b>attending an open, non-specialized playgroup</b> with my child.  |                           |       |          |                   |                             |       |          |                   |

**[3 – Reported usage of language strategies/play behaviour]**

| Consider the last month. In comparison to the month BEFORE you attended this playgroup, how often would you say you have done the following OUTSIDE of the playgroup: | NOW (since the playgroup)         |                               |   |                               | THEN (before the playgroup)       |                               |   |                               |
|---|-----------------------------------|-------------------------------|---|-------------------------------|-----------------------------------|-------------------------------|---|-------------------------------|
|   | <u>A little</u><br>of the<br>time | <u>Some of</u><br>the<br>time | <u>A good</u><br><u>bit of</u><br>the<br>time | <u>Most of</u><br>the<br>time | <u>A little</u><br>of the<br>time | <u>Some of</u><br>the<br>time | <u>A good</u><br><u>bit of</u><br>the<br>time | <u>Most of</u><br>the<br>time |
| 1. When asking my child a question, I use <b>yes/no</b> questions (for example, “would you like a drink?”).   |                                   |                               |   |                               |                                   |                               |   |                               |
| 2. When asking my child a question, I <b>provide choices</b> for them to choose from (for example, “would you like milk or juice?”).                                  |                                   |                               |   |                               |                                   |                               |   |                               |
| 3. When speaking directly to my child, I use <b>short, simple sentences</b> with words they know and could repeat.  |                                   |                               |   |                               |                                   |                               |   |                               |
| 4. I <b>imitate</b> my child’s actions and <b>said what they would say</b> (for example, at the sandbox, “I am filling this dump truck with sand.”)                   |                                   |                               |   |                               |                                   |                               |   |                               |
| 5. When using <b>action words</b> (like “jumping” or “running”) I <b>model them</b> for my child.   |                                   |                               |   |                               |                                   |                               |   |                               |
| 6. I <b>expand</b> on what my child has said by <b>repeating and adding a word</b> (for example, “juice” – “orange juice, please”).                                   |                                   |                               |   |                               |                                   |                               |   |                               |
| 7. I <b>make my child say the word he/she does not know</b> (for example, I ask my child to repeat, “Say, ‘chocolate chip cookie’”).                                  |                                   |                               |   |                               |                                   |                               |   |                               |
| 8. I play <b>word games</b> or games that require <b>conversation</b> with my child (for example: I spy, rhyming words, sounds like...)                               |                                   |                               |   |                               |                                   |                               |   |                               |
| 9. I <b>read</b> to my child.   |                                   |                               |   |                               |                                   |                               |   |                               |
| 10. I <b>sing songs</b> to my child.  |                                   |                               |   |                               |                                   |                               |   |                               |
| 11. I let my child <b>watch television</b> for long periods of time.  |                                   |                               |   |                               |                                   |                               |   |                               |
| 12. I <b>let my child lead</b> by using their interests and our surroundings to start conversations with my child.  |                                   |                               |   |                               |                                   |                               |   |                               |



CHAT ROOM: PARENT SURVEY – POST-PROGRAM

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| 13. I take opportunities to <b>pause and let my child start conversations</b> (for example: while book reading, after turning a page). |  |  |  |  |  |  |  |  |
| 14. I have <b>turn-taking</b> conversations with my child.   |  |  |  |  |  |  |  |  |
| 15. <b>I talk to my child</b> daily, even if they don't always talk back.  |  |  |  |  |  |  |  |  |

**[4 – Perceived barriers to open-access playgroups]**

Before the playgroup, we asked you to identify what barriers may have prevented you from attending an open playgroup with this child in the past. What barriers do you still think exist? (check all that apply)

- ☐ Parent's health, illness or injury
- ☐ Child's health, illness or injury
- ☐ Other children's health or behaviour
- ☐ Child's difficulties (verbal, social, transitional, behavioural)
- ☐ Child's behaviour challenges
- ☐ Balancing demands of other children (school-age or newborn)
- ☐ Childcare for other children not available
- ☐ Scheduling conflicts (work, study or childcare commitments)
- ☐ Transportation difficulties/Distance to travel
- ☐ Affordability
- ☐ Availability of space in playgroup
- ☐ Difficulty relating to other parents
- ☐ Difficulty relating to staff
- ☐ Group size creates challenges for my child
- ☐ Group dynamics create challenges for my child
- ☐ Dissatisfied with venue
- ☐ Dissatisfied with facilitator's responsiveness to my child's needs
- ☐ Other: \_\_\_\_\_

Comments:

CHAT ROOM: PARENT SURVEY – POST-PROGRAM

**[5 – Satisfaction with the service and/or comments]**

Please circle the appropriate response for each question that best applies to you.

1. How would you rate the quality of education you received from the Chat Room Playgroup?

|           |      |      |      |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

1. Did you get the kind of education you wanted?

|                    |                |                |                 |
|--------------------|----------------|----------------|-----------------|
| No, definitely not | No, not really | Yes, generally | Yes, definitely |
|--------------------|----------------|----------------|-----------------|

2. If a friend were in need of similar help, would you recommend the Chat Room Playgroup to him/her?

|                    |                |                |                 |
|--------------------|----------------|----------------|-----------------|
| No, definitely not | No, not really | Yes, generally | Yes, definitely |
|--------------------|----------------|----------------|-----------------|

Comments:

3. How satisfied are you with the amount of education you received during the Char Room Playgroup?

|                    |                                    |                  |                |
|--------------------|------------------------------------|------------------|----------------|
| Quite dissatisfied | Indifferent or mildly dissatisfied | Mostly satisfied | Very satisfied |
|--------------------|------------------------------------|------------------|----------------|

4. Overall, how satisfied are you with the education you received?

|                    |                                    |                  |                |
|--------------------|------------------------------------|------------------|----------------|
| Quite dissatisfied | Indifferent or mildly dissatisfied | Mostly satisfied | Very satisfied |
|--------------------|------------------------------------|------------------|----------------|

5. If you were to seek help again, would you come back to the Chat Room Playgroup?

|                    |                |                |                 |
|--------------------|----------------|----------------|-----------------|
| No, definitely not | No, not really | Yes, generally | Yes, definitely |
|--------------------|----------------|----------------|-----------------|

**Next Steps (y/n):**

- 1) Do you have a plan in place for your child?
- 2) Have you been provided with resources/referalls?
- 3) Will you be seeking out additional services?
- 4) Will you be taking your child to a local playgroup?

If you have any further comments on your experience with this child and playgroups (e.g., ability to adapt to your child's needs), please share them here:

**[6 – Measure of knowledge/ validation of learning]**

1) What is NOT a strategy that helps children learn how to communicate?

- (a) Explore
- (b) Ask yes and no questions
- (c) Interpret
- (d) Include choices
- (e) Observe, wait and follow your child's lead

2) When do children recognize a rhyme (such as “cat-fat”)?

|           |         |           |           |
|-----------|---------|-----------|-----------|
| 18 months | 2 years | 3-4 years | 6-7 years |
|-----------|---------|-----------|-----------|

3) The following are ‘risk’ factors for speech/language delay (Circle all that apply):

- (a) ear infections
- (b) exposure to sign language, at an early age
- (c) eating broccoli
- (d) family history of speech/language or learning difficulties
- (e) early start to school (i.e. before 4 years of age)
- (f) all of the above

4) Learning two languages at the same time causes a speech delay.

|      |       |
|------|-------|
| True | False |
|------|-------|

5) Switching two languages within a phrase is bad for speech and language development.

|      |       |
|------|-------|
| True | False |
|------|-------|

6) Receptive language refers to? (Circle all that apply)

- (a) Following directions
- (b) Understanding language
- (c) What my child says
- (d) How clearly my child speaks
- (e) All of the above

7) Speech refers to? (Circle all that apply)

- (a) Grammar
- (b) Vocabulary
- (c) Literacy
- (d) Word choice
- (e) How clearly my child speaks
- (f) Grouping of words



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# **The Chat Room Program**

Appendix II – Facilitator & Parent  
Articles





**The Hanen Centre®**

**Helping You Help Children Communicate**

## Parents as “Speech Therapists”: What a New Study Shows

*By Lauren Lowry*

*Hanen Certified SLP and Clinical Writer*

Traditionally, speech therapy with preschoolers involved parents bringing their child to a speech-language pathologist at a clinic. After an assessment, if the speech-language pathologist recommended it, the parent would bring the child for regular speech therapy. In this case, the sessions would be conducted by the speech-language pathologist, who would use specific techniques and strategies to improve the child's communication. The parent would sit and watch the therapy, either in the room or behind a 2-way mirror. After the session, the parent would be given activities to practice with the child at home.

### Changes to the Parent's and Speech-Language Pathologist's Role

Over the last several years, the roles of the speech-language pathologist and parent have changed a great deal. Parents are no longer observers of the therapy; they are an essential part of their child's intervention. This shift in roles is based upon the following:

- Children learn to communicate during everyday activities and conversations with the important people in their lives – mainly their parents
- Parents have many more opportunities to interact with their child in meaningful everyday situations than a therapist does
- Parents know their child best and are her/his first teacher

Hanen Programs recognize parents as “key players” in their child's intervention. The programs are designed to help parents learn how to promote their young child's communication at home. Under the guidance of a Hanen Certified speech-language pathologist, parents learn to use specific language-building strategies with their child during everyday activities. These strategies both motivate the child to communicate and help him develop more mature communication skills. There is no structured teaching involved. “Therapy” happens whenever parent and child are

together, and the child learns while communicating about all the things that are most interesting, familiar and important to him.

In this way, “speech therapy”:

- is extended into every part of the child’s day
- involves communication between child and parent, not child and therapist
- involves play and daily activities (such as mealtime, bath time and bed time) that are familiar and meaningful to the child, instead of unfamiliar clinic-based activities
- can happen on an ongoing basis in the child’s comfortable surroundings
- is motivating and fun for the child!

When the speech-language pathologist teaches parents language strategies that parents then use whenever they are with their child, “therapy” becomes a natural part of the family’s interactions with their child. This is known as “parent-implemented intervention”.

But does this really work? Are parents able to:

- make a difference in their child’s progress?
- help their child as much as a speech-language pathologist can?

Many parents wonder about their ability to help their child. They might feel that a speech-language pathologist, who has specialized training, would be better able to teach their child. But this is not necessarily the case...

## A review of studies on “Parent-Implemented Intervention”

A recent journal article by two researchers from Vanderbilt University, Megan Roberts and Ann Kaiser, reviewed 18 different studies which evaluated parent-implemented intervention offered to groups of parents. Eight out of these 18 studies were based on Hanen Programs. The remaining studies were on other programs in which parents were trained to promote their child’s communication.

## How parents influence their child’s language development

The authors begin their article by citing research that shows that children’s communication improves when parents:

- interact more with their child
- respond to their child’s attempts to communicate
- use “child-directed speech” (talk about what the child is focused on or interested in, using simplified, melodic speech)
- emphasize important words in a sentence (e.g. “you’re eating a BANANA!”)

- expand on what the child has said (e.g. Child says, “Key”. Parent says, “Yes that’s the key for the car.”)

## The Review of Studies on Parent-Implemented Intervention

The authors explain that many studies have shown that parents *can* be taught how to promote their child’s communication, and that their children improve as a result. However, Robert and Kaiser wanted to look at all the studies together to see whether all parent-implemented intervention programs had the same or similar results. They also wanted to compare the results of several of these studies, ensuring that children with a wide variety of communication difficulties were represented, such as:

- children with Language Impairment
- children with Autism Spectrum Disorder
- children with Developmental Delay

The children’s progress in the 18 studies included in the review was compared to the progress of children in a “control group”, who received:

- no therapy; or
- therapy delivered by a speech-language pathologist; or
- other types of services in the community

## What the Study Review Found

1. **As a result of participating in parent-implemented training programs, parents successfully learned the strategies and used them when interacting with their child.**
2. **Parents had a positive effect on their child’s communication development.** Parents’ use of strategies led to improvements in their child’s expressive skills (nonverbal communication as well as speech), understanding, vocabulary, grammar, and the frequency with which their child communicated.
3. **Parents were just as effective at helping their child as speech-language pathologists were.** In fact, parents were actually **more effective than speech-language pathologists** when working on improving the child’s understanding of language and grammar.
4. **Children with a variety of language difficulties made good progress when their parents were trained to help them.** This includes children with Language Impairment, Autism Spectrum Disorder, and Developmental Delay.

## *Bottom Line: Parents Make a Difference!*

This study shows that children with a variety of communication difficulties make good progress when their parents learn to use specific techniques designed to improve the children’s



communication skills. It also shows that trained parents are as effective - if not more effective in some cases - than speech-language pathologists at helping their child. This confirms that parents should be partners with speech-language pathologists in the therapy process.

Research shows that children with communication difficulties make the most progress when they receive early intervention. The best kind of early intervention involves the parents and is intensive. Parent-implemented intervention is effective not only because the parent plays a key role, but because intervention becomes an ongoing process; every interaction with the child becomes an opportunity to build his or her language learning. As Kaiser and Robert's review shows, Hanen Programs and other programs that provide effective training to parents, can make a significant difference to a child's language outcomes.

**Note regarding ongoing speech therapy services:** Parent-implemented intervention in these studies lasted on average 26 hours over many weeks. After the parent-implemented program ends, many children still require ongoing speech therapy. While the children show improvement in their communication skills, parents still need guidance from the speech-language pathologist as the child's skills change and develop. The kind of intervention offered will vary; it may involve consultation to parents, direct therapy or offering parents a program to implement in the home.

## References

Roberts, M., & Kaiser, A. (2011). The Effectiveness of Parent-Implemented Language Intervention: A Meta-Analysis. *American Journal of Speech-Language Pathology*, 20, 180-199.

### About The Hanen Centre

*Founded in 1975, The Hanen Centre is a Canadian not-for-profit charitable organization with a global reach. Its mission is to provide parents, caregivers, early childhood educators and speech-language pathologists with the knowledge and training they need to help young children develop the best possible language, social and literacy skills. This includes children who have or are at risk for language delays, those with developmental challenges such as autism, and those who are developing typically.*

*For more information, please visit [www.hanen.org](http://www.hanen.org).*

The Hanen Centre is a Registered Charitable Organization (#11895 2357 RR0001)



## Bilingualism in Young Children: Separating Fact From Fiction

*By Lauren Lowry*

*Hanen Certified Speech-Language Pathologist and Hanen Staff Member*

**Note: “bilingual” refers to someone who speaks two languages; “monolingual” refers to someone who speaks one language**

### The Facts: What We Know About Bilingualism

Our world is becoming increasingly multilingual. Consider some of the following statistics:

In Canada....

- 11.9 % of the population speaks a language other than English or French at home (1). In Toronto, 31% of the population speaks a language other than English or French at home (2).

In the United States....

- 21% of school-age children (between ages 5-17) speak a language other than English at home (3). This number is projected to increase in the coming years (4).

Worldwide, it is estimated that....

- there are more second language speakers of English than native speakers (5).
- there are as many bilingual children as there are monolingual children (10).

These trends mean that many children are being raised as bilinguals. Sometimes bilingualism is a necessity, as a child's parents may not be fluent in the majority (dominant) language spoken in the community. Therefore, the child may learn one language at home and another at school. But sometimes bilingualism is a choice, and parents may wish to expose their child to another language, even if they do not speak a second language themselves. This could be due to the many benefits of being bilingual.

### Benefits of Bilingualism

- Bilingual children are better able to focus their attention on relevant information and ignore distractions (7, 8). For more information, [click here](#) for our article “Are Two Languages Better Than One?”.
- Bilingual individuals have been shown to be more creative and better at planning and solving complex problems than monolinguals (9, 10).

- The effects of aging on the brain are diminished among bilingual adults (7).
- In one study, the onset of dementia was delayed by 4 years in bilinguals compared to monolinguals with dementia (10).
- Bilingual individuals have greater access to people and resources (9).
- In Canada, employment rates are higher for French/English bilinguals than monolinguals (7).
- Canadians who speak both official languages have a median income nearly 10% higher than that of those who speak English only, and 40% higher than that of those who speak French only (7).

The cognitive advantages of bilingualism (e.g. with attention, problem solving, etc.) seem to be related to an individual's proficiency in his languages (10). This means that a person will benefit more from his bilingualism (cognitively) if he is more proficient in his languages.

## How Children Learn More Than One Language

Bilingual acquisition can take place in one of two ways:

1. **Simultaneous Acquisition** occurs when a child is raised bilingually from birth, or when the second language is introduced before the age of three (10). Children learning two languages simultaneously go through the same developmental stages as children learning one language. While bilingual children may start talking slightly later than monolingual children, they still begin talking within the normal range (11). From the very beginning of language learning, simultaneous bilinguals seem to acquire two separate languages (10). Early on, they are able to differentiate their two languages and have been shown to switch languages according to their conversation partner (e.g. speak French to a French-speaking parent, then switch to English with an English-speaking parent) (12, 13).
2. **Sequential Acquisition** occurs when a second language is introduced after the first language is well-established (generally after the age of three). Children may experience sequential acquisition if they immigrate to a country where a different language is spoken. Sequential learning may also occur if the child exclusively speaks his heritage language at home until he begins school, where instruction is offered in a different language.

A child who acquires a second language in this manner generally experiences the following (10):

- initially, he may use his home language for a brief period.
- he may go through a "Silent" or "Nonverbal" Period when he is first exposed to a second language. This can last from a few weeks to several months, and is most likely a time when the child builds his understanding of the language (14). Younger children usually remain in this phase longer than older children. Children may rely on using gestures in this period, and use few words in the second language.
- he will begin to use short or imitative sentences. The child may use one-word labels or memorized phrases such as "I dunno" or "What's this?". These sentences are not constructed from the child's own vocabulary or knowledge of the language. Rather, they are phrases he has heard and memorized.
- eventually, he will begin to produce his own sentences. These sentences are not entirely memorized, and incorporate some of the child's own newly-learned vocabulary. The child may use a "formula" at first when constructing sentences and insert his own word into a common phrase such as "I want..." or "I do...". Eventually the child becomes more and more fluent, but continues to make grammatical mistakes or produce sentences that sound abbreviated because he is missing some grammatical rules (e.g. "I no want eat apple" instead of "I don't want to eat an apple"). Some of the mistakes a child makes at this stage are due to the influence of his first language. But many of the mistakes are the same types of mistakes that monolingual children make when they learn that language.

## Fiction: Some Myths about Bilingualism

### *#1. Bilingualism causes language delay.*

**FALSE.** While a bilingual child's vocabulary in each individual language may be smaller than average, his total vocabulary (from both languages) will be at least the same size as a monolingual child (10, 15). Bilingual children may say their first words slightly later than monolingual children, but still within the normal age range (between 8-15 months) (11). And when bilingual children start to produce short sentences, they develop grammar along the same patterns and timelines as children learning one language (5). Bilingualism itself does not cause language delay (10). A bilingual child who is demonstrating significant delays in language milestones could have a language disorder and should be seen by a speech language pathologist.

### *#2. When children mix their languages it means that they are confused and having trouble becoming bilingual.*

**FALSE.** When children use both languages within the same sentence or conversation, it is known as "code mixing" or "code switching". Examples of English-French code-mixing: "big *bobo*" ("bruise" or "cut"), or "*je veux aller manger tomato*" ("I want to go eat...") (10). Parents sometimes worry that this mixing is a sign of language delay or confusion. However, code mixing is a natural part of bilingualism (17). Proficient adult bilinguals code mix when they converse with other bilinguals, and it should be expected that bilingual children will code-mix when speaking with other bilinguals (5).

Many researchers see code mixing as a sign of bilingual proficiency. For example, bilingual children adjust the amount of code-mixing they use to match that of a new conversational partner (someone they've never met before who also code mixes) (5). It has also been suggested that children code-mix when they know a word in one language but not the other (13). Furthermore, sometimes code-mixing is used to emphasize something, express emotion, or to highlight what someone else said in the other language. For example, "*Y luego él dijo STOP*" (Spanish mixed with English: "And then he said STOP!") (10). Therefore, code-mixing is natural and should be expected in bilingual children.

### *#3. A person is not truly bilingual unless he is equally proficient in both languages.*

**FALSE.** It is rare to find an individual who is equally proficient in both languages (16). Most bilinguals have a "dominant language", a language of greater proficiency. The dominant language is often influenced by the majority language of the society in which the individual lives (6). An individual's dominant language can change with age, circumstance, education, social network, employment, and many other factors (16).

### *#4. An individual must learn a second language as a young child in order to become bilingual.*

**FALSE.** There is a "Critical Period" theory that suggests that there is a window of time (early childhood) during which a second language is most easily learned. This theory has led many people to believe that it is better to learn a second language as a young child. Young children have been found to achieve better native-like pronunciation than older children or adult second language learners. And they seem to achieve better long-term grammatical skills than older learners (10). But other findings have called the idea of a critical period into question. For example:

- older children (in middle elementary school) have been shown to have advantages when learning "academic" English. "Academic" language refers to the specialized vocabulary, grammar, and conversational ability needed to understand and learn in school (10). This is likely easier for older children because they learn their second language with more advanced cognitive skills than younger children, and with more experience with schooling and literacy (10).



- older children and adults seem to be advantaged when initially learning vocabulary and grammar (10, 16, 18).

Therefore, while younger children seem to become more “native-like” in the long-term, older children may pick up vocabulary, grammar, and academic language more easily in the initial stages of language learning.

*#5. Parents should adopt the “one parent-one language” approach when exposing their child to two languages.*

**FALSE.** Some parents may choose to adopt the “one parent-one language” approach, where each parent speaks a different language to the child. While this is one option for raising a bilingual child, there is no evidence to suggest that it is the only or best way to raise a child bilingually, or that it reduces code mixing (10). Parents should not worry if they both speak their native language to the child or if they mix languages with their child (19), as it has been recognized that children will mix their languages regardless of the parents’ approach (10). Many approaches can lead to bilingualism. Parents should speak to their child in a way that is comfortable and natural to them.

*#6. If you want your child to speak the majority language, you should stop speaking your home language with your child.*

**FALSE.** Some parents attempt to speak the majority language to their child because they want their child to learn that language, even if they themselves are not fluent in the majority language. This can mean that conversations and interactions do not feel natural or comfortable between parent and child. There is no evidence that frequent use of the second language in the home is essential for a child to learn a second language (10). Furthermore, without knowledge of a family’s home language, a child can become isolated from family members who only speak the home language. Research shows that children who have a strong foundation in their home language more easily learn a second language. Children are also at great risk of losing their home language if it is not supported continually at home.

## How to Support your Bilingual Child

There are many ways to support your child’s bilingualism:

- Do what feels comfortable for you and your family. Don’t try to speak a language with your child if you are not comfortable or fluent in that language
- Don’t worry if your child mixes his two languages. This is a normal part of becoming bilingual. Provide your child with many opportunities to hear, speak, play, and interact in your home language.
- If you think your child has a language delay, consult a speech language pathologist for advice regarding the best ways to help your child learn more than one language.

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## “Can I introduce a second language to my child? He already has a delay in his first language.”

This type of bilingual child is a “sequential” learner. He has learned his first language, and will be introduced to a second language after the age of three. The following groups of children have been studied:

- **Children with SLI**

Most studies have shown that children with SLI who learn a second language catch up to their monolingual peers with SLI after sufficient exposure to the second language [6]. These children follow a similar developmental path and achieve similar levels of language proficiency as monolingual children with SLI.

However, Dutch researchers found different results. Minority (Turkish) language children with SLI who learned Dutch as a second language lagged behind their monolingual peers with SLI, even after four years of exposure to Dutch [6]. It has been suggested though that these results could be due to the fact that children who come from isolated, socioeconomically disadvantaged minority groups may be at a disadvantage when it comes to learning a second language [1]. In the studies mentioned above with positive outcomes, children lived in environments in which both of their languages had high status and support (such as Canadian children learning French and English, two official languages). Therefore, this may promote successful second language learning in this group of children.

- **Children with ASD**

A recent study in 2011 compared the language skills of sequential, simultaneous, and monolingual children with ASD [7]. This study included nonverbal and verbal children. Significant differences between the language levels of these three groups of children were not found.

### *The Bottom Line...*

The research that has been conducted to date shows that **sequential bilingual children with language impairments can learn a second language**, although there seems to be an advantage for children whose languages are both highly supported in their community and school. Sequential bilingual children with language impairments face language-learning challenges, but not greater than monolingual children with the same language impairment.

## Should I stop speaking my home language to my child?

Sometimes when parents find out that their child has a language delay, they feel they should stop speaking their home language to their child. Parents considering this usually feel that their child has to learn the majority language, but that their home language is not a necessity in the community. Some parents consider switching to the majority language because they themselves speak the majority language of the community. Others parents however, wonder if they should stop



speaking their home language, even if they are not fluent or comfortable in the majority language themselves.

There are several problems that can arise when parents decide to stop speaking their home language with their child:

- if parents try to speak a language with which they are not comfortable, it can jeopardize parent-child connection and interaction. This can lead to great emotional and psychological difficulties for the parents and the child, as language is strongly linked to emotion, affect, and identity [8].
- children who speak a minority language are at risk for incomplete learning or loss of their home language [1]. This can affect how well that child learns a second language, as a strong foundation in the home language benefits second language learning.
- a child's links to his home culture can be compromised [9].
- there may be family members who only speak the home language. If a child loses his ability to speak the home language, relationships with these family members can suffer [9].

The importance of maintaining the child's skills in his home language is emphasized in an article by Dr. Kathryn Kohnert and her colleagues, who explain that [10]:

- children with language impairment and their parents should share a common language so that they can communicate a wide variety of family values, experiences, care and concern.
- a major goal of therapy for young bilingual children with language impairment should be helping the child's skills in the child's home language.

### *The Bottom Line...*

It is widely accepted that **parents should be encouraged to communicate with their children in their home language**, and that professionals working with the child should support the family's home language [10].

## **“Would a French immersion program be too difficult for my child?”**

Despite the prevalence of immersion programs, there is very little research concerning the suitability of children with language impairment for these programs. One study in 1982 looked at the performance of English students with language impairment in French immersion programs [11]. These students performed at a similar level as their monolingual peers with language impairment in English-only schools. Furthermore, the children in immersion had significantly superior French skills compared to students both with and without language impairment who were receiving conventional French instruction in English schools [6].

### *The Bottom Line...*

Children with language impairment are frequently directed towards monolingual school options [12]. However, the research to date (albeit limited) indicates that **children with language difficulties may do just as well in bilingual education settings** as in monolingual settings. Whether learning one language or two, children with language impairment need extra support with language learning. When considering an immersion program, it is important to inquire about the availability of speech-language services and special education available to the child at school [6], to support not only the language of immersion, but also the child's first language.

## Final Thoughts

Many children with language delay are raised in bilingual environments. While many people have falsely believed that bilingualism is detrimental to children with language difficulties, the above research shows that bilingualism is possible for this group of children. As summarized by Dr. Fred Genesee, a researcher in the area of bilingualism:

*"Evidence on children with specific language impairment, admittedly rather limited at this time, suggests that...these children can acquire functional competence in two languages at the same time, within the limits of their impairment. Therefore, children with specific language impairment living in families where knowing two, or more, languages are useful and important, should be given every opportunity to acquire two languages" (13, p.14-15).*

Dr. Genesee goes on to explain that:

*"bilingual children need continuous and regular exposure to both languages to ensure their complete acquisition" (13, p.15)*

and that:

*"special consideration should be given to minority languages. It is advisable to provide more exposure to minority than majority languages in the home to offset the lack of exposure to these languages in the community..." (13, p. 15).*

If your child has a language impairment and is exposed to more than one language, consult a speech-language pathologist about the best ways to help your child. Your child will need help learning both of his languages. Like all bilingual children, your child will need constant, rich exposure to both languages in order to become bilingual. Beware of old-fashioned advice to stop speaking your home language, as this opinion is not supported by research. Rather, a strong foundation in a child's home language has been found to help a child learn a second language.

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### About The Hanen Centre

*Founded in 1975, The Hanen Centre is a Canadian not-for-profit charitable organization with a global reach. Its mission is to provide parents, caregivers, early childhood educators and speech-language pathologists with the knowledge and training they need to help young children develop the best possible language, social and literacy skills. This includes children who have or are at risk for language delays, those with developmental challenges such as autism, and those who are developing typically.*

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## Can children with language impairments learn two languages?

**By Lauren Lowry**

**Hanen Certified SLP and Clinical Writer**

Parents of children with language impairments sometimes wonder about the impact of a second language on their child. They may ask questions like:

- *My child has been exposed to two languages since birth. Will this make my child's language delay even worse?"*
- *"Can I introduce a second language to my child? He already has a delay in his first language."*
- *"Should I stop speaking my home language to my child?"*
- *"Would a French Immersion program be too difficult for my child?"*

New research is emerging about children with a variety of language difficulties who are exposed to more than one language. Most of the research has been conducted with children with "Specific Language Impairment" (SLI), who have difficulties with language, but no other developmental difficulties (for example, motor skills, cognitive/thinking skills, and social skills are all developing normally). Some research has also looked at bilingual children with Down Syndrome and more recently, Autism. This body of research has looked at two types of bilingual children:

- **simultaneous bilinguals:** children who acquire two languages before the age of three
- **sequential bilinguals:** children who learn a second language after the first language is well-established (generally after the age of three).

Another distinction drawn in the literature about childhood bilingualism and language impairment is the influence of the type of language a child is exposed to:

- **majority language** refers to the language spoken by the majority of people in a region
- **minority language** refers to a language spoken by a minority of the population

A final term which is useful when thinking about research on bilingualism is **monolingual**:

- **monolingual** is an individual who only speaks one language

Studies about bilingual children with language impairments compare bilingual children and monolingual children with similar language impairments. These comparisons allow us to see if the addition of an extra language causes any differences or extra burden for the child.

Now let's look at some common questions parents ask about the impact of a bilingual environment on their child with language difficulties, and what the research tells us.

## **"My child has been exposed to two languages since birth. Will this make my child's language delay even worse?"**

This type of bilingual child is a "simultaneous" learner, learning both languages from a young age. Sometimes parents worry that bilingualism will cause extra delays for children with language impairment, or that becoming bilingual is not possible for this group of children. Researchers have looked at the following groups of simultaneous bilingual children:

- **Children with Specific Language Impairment (SLI)**

Young children with SLI learning two languages at the same time do not demonstrate any greater difficulties in their two languages, as compared to monolingual children with SLI [1]. Simultaneous bilingual children with SLI demonstrate the same challenges as monolingual children with SLI, but not any extra burden or difficulties [2,3].

- **Children with Down Syndrome**

A study comparing children with Down Syndrome being raised in bilingual homes with monolingual children with Down syndrome found that the bilingual children performed at least as well as the monolingual children with Down Syndrome (in their dominant language or language of greater exposure) [4]. Therefore, negative effects of bilingualism were not found.

- **Children with Autism Spectrum Disorder (ASD)**

The vocabularies of English-Chinese bilingual children with ASD and monolingual children with ASD were compared in a study [5]. The authors concluded that bilingualism did not have a negative effect on the children's language development, as both groups had similar vocabulary scores.

## ***The Bottom Line...***

To date, studies regarding simultaneous bilingual children with a variety of language difficulties show that these children **do not have any extra delay or difficulties** than monolingual children with similar language difficulties.



## Bilingualism Appears to Protect the Brain from Alzheimer's Symptoms, Study Says

[alzheimersnewstoday.com/2017/02/13/being-bilingual-appears-to-make-the-brain-more-resilient-to-alzheimers-disease/](http://alzheimersnewstoday.com/2017/02/13/being-bilingual-appears-to-make-the-brain-more-resilient-to-alzheimers-disease/)

Daniela Semedo, PhD

2/13/2017



Speaking more than one language appears to help the brain resist the effects of Alzheimer's disease (AD), according to a study by Italy's Vita-Salute San Raffaele University in Milan.

The study, "[The impact of bilingualism on brain reserve and metabolic connectivity in Alzheimer's dementia](#)," appeared in the journal *Proceedings of the National Academy of Sciences*.

Recent studies indicate that lifelong bilingualism may delay dementia onset; however, until now, the underlying neural mechanism of these protective effects was unclear.

Psychology professor Daniela Perani and her colleagues studied CT scans of 85 older patients with Alzheimer's; 45 spoke both German and Italian and 40 spoke only one of the two languages.

Those who were bilingual outperformed single-language speakers in short- and long-term memory tasks, scoring on average three to eight times higher — even though their scans showed more severe deterioration in brain metabolism. Decreased brain metabolism, also known as cerebral hypometabolism, is a feature of AD, in which the brain becomes less efficient at converting glucose into energy.

Notably, the researchers found that bilingual individuals were on average five years older than their monolingual peers.

The researchers also found that the more bilingual people switched from one language to another during their lifetimes, the more their brains were prepared to alternate pathways that maintained thinking skills even as Alzheimer's damage accumulated.

The brain scans also provided a clue why this might be. Perani said that those who spoke more than one language had better functional connectivity in frontal brain regions, which allowed them to maintain better thinking despite their disease.

Constantly switching between two languages appears to make the brain work harder. That leads to structural changes in the brain, creating a “neural reserve” and rendering the bilingual brain more resilient against aging.<sup>1</sup>

“Our finding suggests that in bilingual patients with Alzheimer's dementia, both mechanisms are at play, since neuronal loss is accompanied by compensatory increase of connectivity, allowing bilingual patients to maintain high neuropsychological performance and cognitive functioning longer than monolingual [patients],” Perani said in a [news release](#).

“It's that idea of cognitive engagement — continuing to use it or you lose it,” said Heather Snyder, director of medical and scientific operations at the Alzheimer's Association. “People who are bilingual and are going back and forth with two different languages throughout their day are activating a specific way of thinking that's making those brain connections.”

She added: “It's a small study, so you can't draw too many conclusions from it, but it is the kind of research we do want to see more of.”

Perani further noted that the findings from this study also indicate that children who learn and often use a second language may benefit when they get older.

“Considering that delaying the onset of dementia is a top priority of modern societies, governments and health systems should be stimulated to activate social programs and interventions to support bilingual or multilingual education, and to maintain the use of more languages in aging,” she said.

Snyder noted that understanding these Alzheimer's-resistant brain mechanisms could also lead to future therapies that combine drug agents and lifestyle modifications to protect older minds.





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# **The Chat Room Program**

Appendix III – Strategy Handouts



# Joint Attention

by Linda Mawhinney &  
Mary Scott McTeague



What is joint attention? Joint attention is the sharing of an experience between a child and a partner. During the infant stage, this partner is the parent/caregiver. A shared experience is looking at or directing attention to an object or event. Joint attention is an essential skill needed for language, speech, and social skills.

The beginning of joint attention in an infant can often be noted during nursing or feeding, when there is face to face contact. Many times children with significant communication and social impairments have not developed joint attention.

## Here are activities to help develop this skill.

- Tell your child "Look at me," then tap his/her face and then your face. After you have given this verbal cue, give your child time to respond.
- Point to a toy that your child likes and say, "look." Gently turn his/her head toward the toy. When he/she looks at it, play with the toy or give it to him/her.
- Hold up a toy or favorite item and say, "look." Your child should look at you and then the object. Reward by giving the toy to your child.
- Blow bubbles and say, "look." Point as your child tracks the bubbles. Blow more bubbles when he/she looks at you, repeat the word "look," and point.
- Blow up a balloon, but don't tie it or let it go. Say, "look" and release it when your child looks.
- When your child becomes interested in books, point to a picture and say, "look." Help your child point to pictures. The goal is for your child to look at you and then the picture. By sharing awareness and interest in the same picture or book you are achieving joint attention.
- When another family member comes into the room, point and say, "look." Reward your child for looking with a physical activity, such as tickling or patting.

Your child may need more time to understand what turning his/her head means, so don't be discouraged if this skill is slow for him/her to learn.





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## Taking a Look at Eye Contact

by Rynette R. Kjesbo, M.S., CCC-SLP

### What Is Eye Contact?

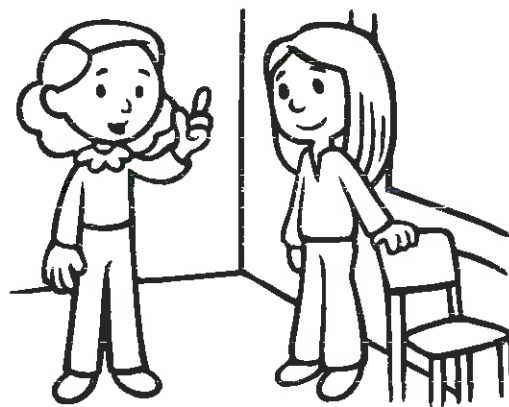
When we talk to others, we use more than just our words to communicate! We also communicate through our body language, gestures, and such facial expressions as eye contact. *Eye contact* is when we look directly at a person's eyes as we talk to him/her. Asking and answering questions, sharing stories, and greeting others as we pass by are examples of everyday situations in which we make eye contact with others.

### Why Is Eye Contact Important?

You can often tell where someone's attention is by following where his/her eyes are looking. Knowing the location of the person's gaze can help you follow the topic of conversation and contribute related information to the discussion. As well, when you make eye contact with someone that you are speaking to, you show the other person that you think what he/she is saying is important. Therefore, using eye contact appropriately can help us form connections with others for both socialization and communication.

### Making Eye Contact Easier

Making eye contact can be difficult for some children. Children who are shy or who have social anxiety, as well as children with autism or some developmental disorders, may struggle when attempting to make eye contact with others. There are different skills that you can teach children in order to practice making eye contact so that it becomes an easier and more natural part of conversation. Here are some suggestions you can give your children when teaching them about eye contact and how to make eye contact appropriately:



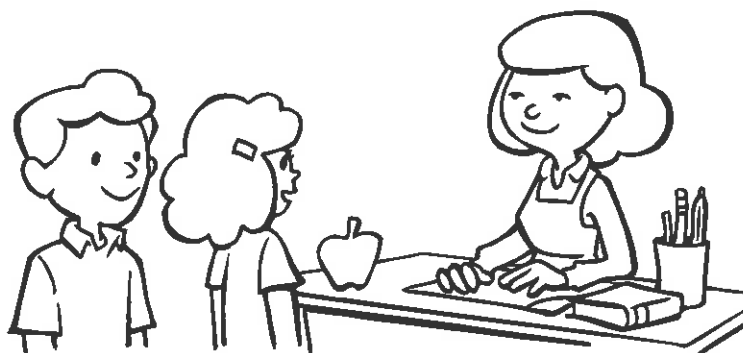
- **Focus on the other person's face** – If you find looking directly at someone else's eyes difficult, try looking as close as you can to his/her eyes—look at his/her eyebrows, forehead, or nose.
- **Relax!** – When making eye contact, it is important to remain calm and at ease.

Staying relaxed helps you focus on what you are saying to the other person as well as what he/she is saying to you. Take a deep breath, or find other ways to help yourself relax when making eye contact.

- **Don't stare** – When you make eye contact, it is natural to look away from time to time. When you look at someone for too long, it can make that person feel uncomfortable.
- **Don't forget to listen!** – It is just as important to *listen* to the person you are talking with as it is to *look* at him/her. As you practice making eye contact with other people you speak with, don't forget to listen. Remember that communicating with others includes both looking AND listening!

### A Note about Cultural Differences in Eye Contact

This handout was written to assist teachers, parents, and children in the United States with understanding and using eye contact as an important part of communication. The use of eye contact in different countries and cultures varies greatly. For example, in some other countries, direct eye contact can be interpreted as aggressive or disrespectful, and while it is more polite to make eye contact with someone you are speaking to in the United States, in other cultures, it is a sign of respect to lower your eye gaze when speaking to others.



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Item #BK-293

*Go-To Guide for Social Skills*  
Item #TPX-29401

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# Get Face-to-Face and Imitate

**Get down on the floor and imitate your child's sounds and actions.**



During diaper change get nose-to-nose and copy her sounds and the faces she makes.

Play Simon Says with actions like: jumping, spinning, rolling. Take turns being Simon.



When reading a book together try turning your child sideways on your lap so you can see her face. Rhyming books are always popular and they help kids learn about sounds.

When you play together, copy what your child says and say it correctly:

Child: "Bid doddi"

Adult: "Yes, that is a big doggie."



**Language Express 1-888-503-8885**





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# **FOLLOW** *your* *child's* **LEAD**



## **Why follow your child's lead?**

- When you talk about what your child is interested in, he/she has an easier time learning language
- By following your child's lead, it shows your child that you are interested in what he/she is doing

## **How to follow your child's lead ...**

- Watch to see what your child is interested in
- Wait to give your child a chance to choose the toy or activity
- Join in and talk about what you and your child are doing

## **When not to follow your child's lead ...**

- Your child is doing something you don't want him/her to do (e.g., throwing a toy, biting)
- Your child has a short attention span



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# LABELLING

**Labelling (or naming) is a way for you to help your child learn new words.**  
Labelling is useful because it:

- Shows your child that you are responding to his/her focus of interest
- Teaches your child that you can use a word instead of a gesture

**Here are some suggestions for things to talk about:**

Tell your child names of **people** and **objects** that he/she is interested in:

|       |        |
|-------|--------|
| ball  | cookie |
| juice | daddy  |
| doggy | swing  |

Talk about what your child is doing:

|        |      |
|--------|------|
| push   | open |
| walk   | give |
| splash | eat  |

Talk about where the objects and people are:

|     |    |
|-----|----|
| in  | up |
| out | on |

Use words that are useful (functional) for your child in everyday situations:

|                 |                   |
|-----------------|-------------------|
| Focus on using: | Instead of using: |
| help            | triangle          |
| more            | please            |
| mine            | blue              |
| eat             | good boy/girl     |



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# FACE *to* FACE



## Being face to face helps your child ...

- Know that you are paying attention and are interested in what he/she has to “say”
- Establish and maintain eye contact, an important part of communication
- Learn to focus on the same thing as you
- See how you say different sounds and words

## Being face to face helps you ...

- Notice what your child is looking at, which is a clue to what they are interested in
- Observe your child’s facial expressions – so that you know when to stop, when to change activities, and when to keep playing

## How do I get face to face?

- Get down to your child’s physical level (e.g., sitting on small chairs, lying on the floor, raising your child up, etc.)
- Move as your child moves to maintain face to face contact
- Hold motivating objects (i.e., favourite toys/food) beside your cheek to encourage your child to look at your eyes and mouth



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# COMMENT...

## *avoid asking questions*

**We often ask too many questions and this stops conversation instead of keeping it going. Try to:**

- Ask fewer questions
- Turn a question into a comment
  - instead of asking a question, talk about what you or your child is doing ...
  - Instead of asking: "Is this car going up?"  
You could say: "Car goes up."
- Label new words instead of testing whether your child knows the word ...
  - Instead of asking: "What's that?" or "Say apple?"  
You could say: "Look, apple, yummy apple."
- Ask questions when you really need to find out information (e.g., "Where are mommy's keys?")
- Using too many questions provides fewer opportunities for your child to imitate words

**Avoid doing this:**



**Do this instead:**



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# IMITATING

**Imitation will motivate and encourage your child to interact with you. Imitation shows your child that you are interested in what he/she is doing, and also encourages him/her to imitate you back.**

Some suggestions for imitating your child are:

- follow your child's lead by imitating his/her body movements and facial expressions
- try imitating with another toy rather than expecting your child to share his/her toy

Imitate what your child says and make corrections. For example:

Child: "Ded car."

Parent: "Yes, red car."

Imitate and add one or two more words. For example:

Child: "Put baby."

Parent: "Put baby on table."

Add new ideas to what your child says. For example:

Child: "Doggie!"

Parent: "Doggie says woof, woof!"



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- If your child does not use words, or you don't understand what was said, say it as your child would if he/she could
- Give your child a good, clear model of how the words should sound, without calling attention to the error. For example:

Child: "ba"

Parent: "Bird, yes there's the bird!"

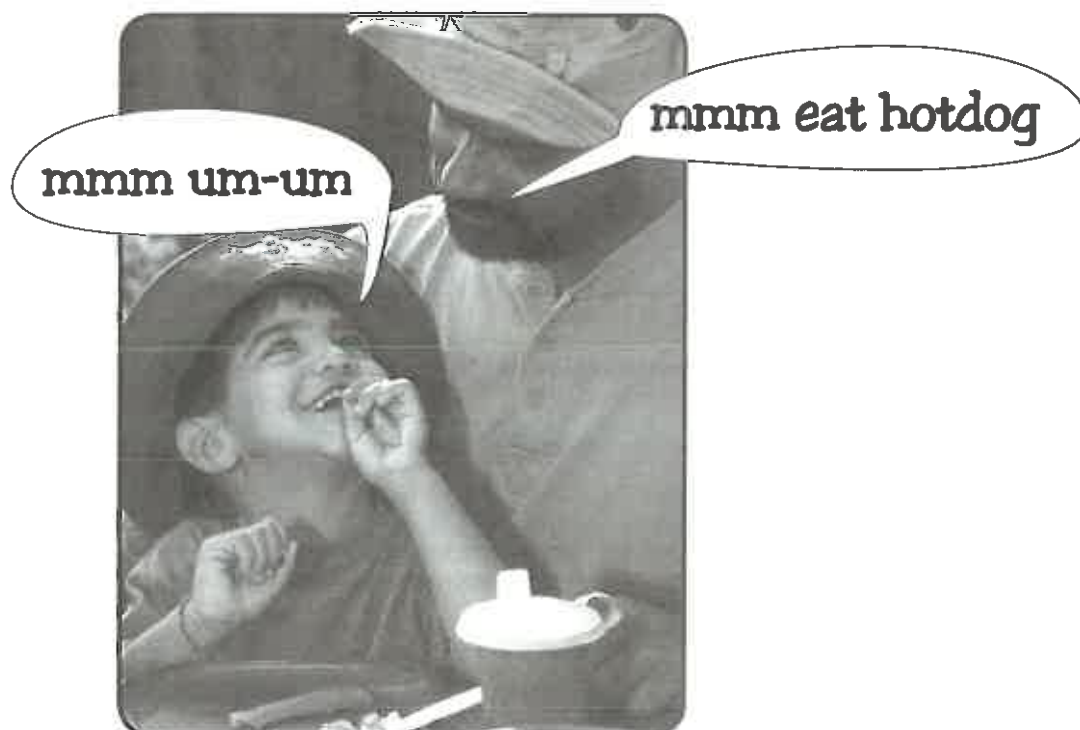
- Give your child the words for sounds or gestures that he/she uses. For example:

Child: Reaches for juice and grunts "ah-ah"

Parent: Interprets that child wants juice and says, "Juice. Daddy Juice." Parent then pours child juice.

Child: Screams and begins to cry when parent presents book at bed time.

Parent: Interprets that child does not want to read book and say, "No, no book!" Parent offers child a different book to read or another night time activity.



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# WAITING

- Wait for your child to comment, react, or ask for more with a gesture or a word
- If your child does not say anything after you have waited five to ten seconds, model the words that he/she should have said. For example:

Parent: "We are going to put the block \_\_\_\_."

Parent waits five to ten seconds for child to fill in the word "on".

Child: Does not respond.

Parent: "On. Put block on."

*Parent gives child block to put on top of the block tower.*

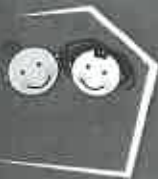
- Be available to help your child in situations, but wait for your child to request for "help" by making eye contact, bringing the object to you, vocalizing, or saying "help"



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# REPEAT, *repeat*, REPEAT

**Repeat important words several times in many different situations:**

For example,

See how many times you can repeat the word “bubbles” in an activity by combining it with other words:

“Bubbles”

“Open bubbles”

“Blow bubbles”

“Pop bubbles”

“Close bubbles”

“Bubbles”

“More bubbles”

\* bubble wands can be a choking hazard for children; ensure that you are holding the wand at all times

- Wait to give your child a chance to react or respond
- Some children need to hear a word many times before they can understand it and try to say it

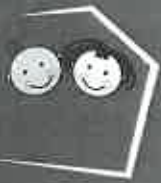


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# *Give a reason to* **COMMUNICATE AND WAIT**

**These strategies remove the ability to only answer “yes” or “no” and encourages your child to use the specific name of the object. The strategies also provide a chance for your child to comment or react.**

**Offer desired objects bit by bit ...**

- This strategy works well at snack time: pour only a little juice or milk into your child's cup, so that he/she has to ask you for **more** several times during snack time
- Be the “keeper” of all of the pieces
- When playing with toys that have multiple pieces (e.g., puzzle, blocks, etc.), keep all of the pieces in a bag or container, encouraging your child to request one piece during each turn

**Offer a choice ...**

- Show and name each choice item while asking “Do you want car or block?”
- Wait for your child to “tell” you what he/she wants (e.g., by looking, reaching, pointing, vocalizing, or using words)
- Give only the object that was asked for
- Label the item as you hand it to your child (e.g., “Block, you want block.”)

**Create a silly or unusual situation ...**

- Do something your child would not expect and wait for a reaction

**Examples of silly situations:**

- put your child's pajama pants on his/her head
- put both of your child's socks on the same foot
- start happily bathing your child in a bathtub that has no water in it
- start to pour your child's juice but “forget” the cup



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# Daily ROUTINES

- Take advantage of daily routines and **add** language

This is a good opportunity to:

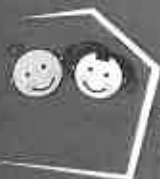
- label important actions and objects
  - repeat key words
  - give your child a reason to communicate
  - take turns together
  - Set up: label the routine (e.g., “getting dressed”)
- Mark each step, for example, “shirt on”, “pants on”, “socks on”
- Hold up pants and **wait** for your child to say or do something
  - Take turns choosing what to put on next
  - Label the end of a routine (e.g., “all finished”)
  - Other examples of daily routines:
    - bath time
    - meal time
    - bed time
    - play time



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# Use simple LANGUAGE

Use short sentences when talking to your child (i.e., one to three words at most). Always stay **one step above** your child's current level of communication. For example:

You offer your child juice. Instead of asking, "Do you want to have a glass of juice?" try the following:

| If your child ...          | You should ...              | Example            |
|----------------------------|-----------------------------|--------------------|
| Uses no words              | Use single words            | "Juice?"           |
| Uses single words          | Use two-word combinations   | "Want juice?"      |
| Uses two-word combinations | Use three-word combinations | "Want some juice?" |



- This strategy can be used to help your child **understand** what you say
- Using short phrases helps your child to pick out the important words from the sentence
- If your child already has a good understanding of language, using short sentences will make it easier for your child to copy what you are saying



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## Communication Temptations

### Why do we use Communication Temptations?

Communication temptations can encourage a late-talker to begin to talk, a toddler start to combine two-words together, or create opportunities for a child with autism to begin communicating.

<http://www.talkingkids.org/2011/07/communication-temptations-how-use-your.html>

Communication temptations work because they allow children to think, act, or react. They motivate preschool children to express their wants and needs and can create opportunities to communicate beyond requesting and protesting. <http://livespeaklove.com/2012/02/09/communication-temptations/>

Communication temptations also give children the opportunity to be the **initiator** of communication, rather than a responder to questions or to requests to talk.

As well-meaning parents, anxious for our children to speak, we often rely on questions to tempt them to talk (e.g., "What's this?"; "Are you colouring?" "How many cars do you have?"). We also command them to talk (e.g., Say "ball"). These types of interactions naturally set our child up to be a *responder* in a conversation rather than an *initiator*.



svgcuts.com

- For late talkers, answering questions is often not very motivating and can sometimes be stressful for these little ones, who are still trying to figure out how language works. Even more frustrating for everyone, a child may not try to answer our question, prompting us to ask another question, which he also may not answer.
- Questions also tend to limit a child to one word answers (e.g., car, yes/no, two), which does not give him the opportunity to practice using other words he already has, try out new vocabulary, or start combining words together.
- Being told to say something might get a child to say a word, but does not teach them the true value of communication or how to initiate and maintain a social interaction. These foundation skills will support further learning, the ability to communicate beyond requesting and protesting, and experience the pleasure that comes from communicating with others.



languagefix.wordpress.com

Using communication temptations gives a child more practice being the **initiator** of communication. If your child is already talking and initiating, then communication temptations can be used to give your child practice with new vocabulary, combining words together, communicating for different reasons, or trying out different grammatical elements (e.g., I/he/she, a/the, is/are, verb + ing). <http://praacticalaac.org/praactical/how-to-make-communication-temptations-really-work/>

### Communication is about more than Words...

If your child is not yet talking, try to remember that communication is about more than words. Sometimes when children communicate, we are so focused on waiting for words, that we miss their communication *attempts*.

As adults, we successfully communicate non-verbally every day, using gestures and body language (e.g., rolling our eyes, pointing, shaking our head). Very young children are often use these too! They may use facial expressions and gestures (e.g., reaching his arms up to be picked up, waving goodbye, pointing, or using baby signs such as “more” or “milk”). These may be combined with sounds and word approximations to interact with you. Our priority is to support your child in learning to communicate. If he is not yet talking, focus on *how* and *what* your child is communicating rather than on his words. Focus right now on giving your child as many opportunities as you can to practice being the initiator of **communication**. This will help him feel more confident with communicating and may encourage him to try something new, like a sound, word approximation, or a two-word phrase!



[www.popsugar.com](http://www.popsugar.com)

<http://marendataylor.com/body-language-speak-volumes-without-saying-a-word/>

## **How to Set Up a Communication Temptation**

### **Be Face-to-Face**

During any interaction with your child, it's important to be face-to-face or at their level. Toddlers and preschoolers are small and will initiate communication more easily when they can see our face. If you can't get down to them, bring them up to you! You can do this by sitting on the couch together or at a table.



### **Take your time... don't rush**

It takes time for communication to happen. Start by setting aside 15 minutes a day, with no distractions, to interact and play with your child. Try to get someone to look after other siblings so your child does not have to compete with them to communicate. Turn off the TV and your phone. Give your child your *full attention*. Forget about meals and housework for a while. Remember, quality is better than quantity; if you don't have 15 minutes, aim for 5 minutes. Try not to clean up around your child as he plays. Let him explore new toys and return to previous toys. Clean up at the very end of play. Of course, you can move things out of his way if they are tripping hazards or put a toy away if he has not been playing appropriately with it.



<http://photo.net/learn/basic-photo-tips/ten-family-photo-tips/>



## COMMUNICATION TEMPTATION IDEAS

### TIP 1: The Power of the Pause

The easiest way to tempt a child to communicate is to **wait** because waiting tempts your child to make something to happen. What are we waiting for? Two things: eye contact and communication. Then we can respond.

**FIRST: Eye contact** means our child is paying attention to us and ready to interact with us (i.e., to give and receive information). Try not to talk when your child is not looking at you because he is not ready to process your words. He is busy exploring and his attention is on the toy, not on language. Some children have trouble with eye contact. You may need to wait longer, get closer (i.e., lie on your stomach so you are truly face-to-face with your child), or try another communication temptation idea listed below. Don't give up. Waiting is

hard and this may be new for both you and your child!



**SECOND:** Once we have eye contact, then we wait some more. Now we are waiting for our child to be the **initiator of communication**. This may be a gesture, a point, a grunt, a sound, a word approximation, or a word. **Note:**

Sometimes the eyes "speak to us" – they can express a question, enjoyment, anger, or frustration. You can respond to your child's expression as communication by interpreting his facial expression (e.g., "Oh, no!" or "fun!" or "Where did it go?" or "Help!"). **Note:** Sometimes waiting longer after getting eye contact is not effective. Sometimes you will lose your child's attention by waiting. If this is the case, respond to your child's eye contact as his attempt to initiate communication with you. Respond to his eye contact immediately by labelling, commenting, or describing (e.g., "car" or "down" or "fast!"). **Note:** Sometimes eye contact is uncomfortable for your child and your child may look at you briefly and then look away. But if you wait, he will communicate something without looking at you. Accepting his communication without eye contact is a good first step because he is initiating the interaction with brief eye contact and then maintaining it with communication. Respecting his sensory reaction to eye contact is an important way to be tuned-in to your child's needs. Being tuned-in and responsive is a strategy that Speech-Language Pathologists educate and coach parents on during their treatment sessions.

**THIRD: We are now the responder.** This is new to parents and it may feel uncomfortable at first. How do we respond? Repeat or imitate your child's actions, sounds, words, etc. Label, comment, describe, and join in



(e.g., drink the tea, stir the soup). (Watch the Power of Play e-learning course for more information on how to do this). Wait again and see if your child will imitate your word(s). Remember: As with any new skill, communication takes time. Accept your child's attempts to repeat your words. Be positive and celebrate!

### **When Do I Do this Waiting Thing?**

Waiting can happen pretty much any time so it's an easy one to add to your day. Plan on extra time to do be able to add it to your routine. Post sticky notes around the house to remind yourself to do it.

#### ***Start Simple:***

- Watch your child play, join in, but wait before you talk.
  - ⊗ **Note:** For some children, this is enough. When we stay quiet, face-to-face and wait, our child will often look at us and initiate communication to fill the silence. **How can you be an observer *and* join in?** Try not to set up the play for your child, let him explore and lead you in his play (unless it is not safe or against the rules). Watch with interest and be face-to-face. If he doesn't start to play on his own, you can pick up a toy and start to play beside him. Your child will likely be interested in what you are doing and may come to play with you, or copy what you are doing.

<http://livespeaklove.com/2012/04/18/top-five-ways-to-encourage-spontaneous-language/>

#### ***Other ways to add 'waiting' into everyday activities:***

- Walk to the door to go outside and before you open it, *wait*.
- Stand in front of the fridge *and wait* (if your child cannot open the fridge door by himself).
- Hand your child his coat or shoes *and wait*.
- At meal time, give your child an empty bowl, cup, or plate *and wait*.
- Give your child a toy that requires your help to operate *and wait*.
- Give your child a colouring book, but nothing to colour with, *and wait*.
- Give your child a diaper *and wait*.
- Give your child a container that you know he cannot open on his own (like Play Dough) *and wait*.
- Bend down to pick up your child, and when your hands are almost touching him, *wait*.
- Tickle him once *and wait*.
- Put a blanket over his head and wait.
- Gently toss him up in the air, catch him *then wait*.
- Let him climb on your back or leg to play horsey ride *and wait*.
- Put him in the swing *and wait*.
- Pull the swing up to the top and before you let it go, *wait*.

- Get a favourite book with him, *and wait*.
- Hold a ball as if to throw or roll it, *and wait*.
- Stand in front of a cupboard with a child lock *and wait*.
- If he wants something that is out of reach, walk over to the shelf, *and wait*.
- Pour only a little water in your child's cup *and wait* until he drinks it all *and wait*.
- Give your child a little bit of food at a time *and wait* until he eats it all *and wait*.
- Put two snacks in two different bowls and give him one of each. Let him eat them *and then wait*.
- Put the food in large family style serving bowls on the table and give your child an empty plate *and wait*.
- Give your child food in a package he cannot open on his own, *and wait*.
- If your child likes toys in his bath, let him get into the water with no toys, *and wait*.
- Let your child get into a bathtub without water, *and wait*.
- After your child's bath is done, hold up the towel, *and wait*.
- Walk into a dark room with your child *and wait*.
- Sing a song, or do a finger play, that you always do with your child and wait before you do a favourite, well-known part (e.g., "This Little Piggy": *wait* before you, "wee, wee, wee" or "Itsy Bitsy Spider": *wait* before you make the rain come down or the sun come up or the spider crawl).
- Read books with repeated lines (e.g., *Brown Bear, Brown Bear* by Eric Carle). Read the book several times so your child knows the story and then read the repeated line but *wait* just before you say the last word in the sentence [e.g., "Brown bear, brown bear, what do you ...." (see)]. <http://mommyspeechtherapy.com/?p=78>
- Look through books and just point to pictures in the book and say, "I see a \_\_\_\_\_" *and wait* for your child to tell you what you are pointing to. <http://mommyspeechtherapy.com/?p=78>



## COMMUNICATION TEMPTATION IDEAS

### **TIP 2: The Power of Routines**

**Routines are powerful because:**

Children do them every day. Children already know what's going to happen because we tend to do the same steps, in the same order, each time. There is an expectation and shared knowledge.



<http://creativewithkids.com/>

**How do you use routines to set up a communication temptation?**

- Choose a routine your child knows well (e.g., Going out of the house. Your child knows, After, I put on my coat and shoes; stand in front of the door; mommy or daddy opens it).
- Instead of doing all the steps that you usually do, pick one step that you are not going to do and wait instead (e.g., Instead of opening the door, wait). This makes your child think, act, or react.
- Waiting for something to happen that usually happens and is not happening, will motivate your child to look at you and communicate.
- Remember to look at your child while you are waiting so you don't miss any form of communication.
- When he looks at you, wait some more for him to initiate communication (e.g., points at the door, grunts, makes a sound, tries to say a word).

**Then respond: Give him a model of what he can do to get the door to open**

- Repeat what he said – imitate, interpret, add a word (e.g., "Open"; "Go out")
- If he says nothing, but looks up at you, give him the words to say. Say the word(s) as a statement (e.g., "open!"; "open THE door!"; "Mommy, open the door!"). Avoid rising intonation at the end of the word because it turns it into a question (e.g., "Open?").
- How many words should I model? Rule of thumb: Use 1 word if your child is not talking, 2 words if your child is using single words, 3 words if your child is already combining 2 words together.
- Wait again for him to imitate your word(s).

## COMMUNICATION TEMPTATION IDEAS

### TIP 3: The Power of Being Silly and Doing the Unexpected

Nothing gets a child's attention more than mom or dad acting like a kid themselves!

- Get a puppet and cut a hole in the back of his mouth. Get your child to pick a pretend food item to feed the puppet. Use your hand and have the puppet "eat the food" and have it drop into the body of the puppet where your arm fits in. Wait and watch for your child's reaction when you open the puppet's mouth and the food is gone!
- Create sensory bins with bins of oatmeal, rice, dried beans, coloured water, or sand. Hide items to find and give him tools to dig or pour. Find out what will sink or float. Wait for him to share his discoveries with you!
- Put your child's hat on his foot, his underwear on his head, or put on your child's hat or coat yourself, and wait for a reaction. **Note:** This might upset some children if they are really rigid in their routine. You know your child best.
- Playfully take two of his cars and hide it up his sleeve or up your pant leg and wait.

Then respond: Repeat, imitate, label, interpret, comment, and join in.



bit-of-sparkle.blogspot.ca

## COMMUNICATION TEMPTATION TIPS

### TIP 4: The Power of Requesting

Requesting is often the easiest form of communication at first.

- Choose an activity that your child enjoys and is easily stopped and started (e.g., bubbles, playing with water, or being pushed on a swing)  
or
- Choose an object that has many parts that you can hand to your child (e.g., crackers that he loves to eat, trains for a track, crayons for colouring, puzzle pieces, pretend Velcro vegetables for cutting, etc.).
- Start the activity, have a bit of fun (2-3 turns) and then *stop* (e.g., put the lid on the bubbles or pull him up in the swing but don't let him go) or give him *one* item (e.g., give him 2-3 crackers or one car). Wait.  
or
- Set up the environment so that you create an obstacle for getting that object, but so your child can see the object (e.g., keep your child's favorite crackers on a high shelf, put the cars in see-through container that he can't open, or keep toys in a cupboard with a child lock. *Wait*.

Then respond: Repeat, imitate, label, interpret, comment, and join in. <http://www.talkingkids.org/2011/07/communication-temptations-how-use-your.html>



<http://praacticalaac.org/strategy/more-on-core-words/>

## COMMUNICATION TEMPTATION TIPS

### TIP 5: The Power of Choice

You can almost always work a choice into anything you want a child to do. Young toddlers and preschoolers are developmentally wired to work on trying to be independent. Giving them choices gives them a way to be independent, with fewer power struggles for everyone! Choice also gives your child an **opportunity to initiate communication** with you.

"It's time to play! Do you want the ball popper or a puzzle?"

- "It's time to go outside. Do you want to walk or skip?"
- "It's time to change your diaper. Do you want to be on the table or on the floor?"
- "It's time for snack. Do you want grapes or Cheerios?"
- Get two bowls for snack time (e.g., one with bananas and one with blueberries). Give your child one of each, let her eat them, and then hold up both bowls for her to see, but out of reach, and wait for her to tell you which one she wants next (or both!). <http://www.talkingkids.org/2011/05/choices-choices-improving-behavior-and.html>



[www.easyreadsystem.com](http://www.easyreadsystem.com)



## COMMUNICATION TEMPTATION TIPS

### TIP 6: The Power of Motivating Open-Ended Questions

This is a great strategy if your child is already talking, whether using single words or combining words together. Using open-ended questions is a great way to motivate kids to share ideas, add to play, and use language (e.g., "What should we cook?" - when playing with the pretend kitchen, "Where should we go?" - when playing with cars). You can use this strategy when you are out and about as well (e.g., You see a plane flying overhead, "Where is the plane going?", or out shopping, "What fruit should we buy for snack today?").

<http://livespeaklove.com/2012/04/18/top-five-ways-to-encourage-spontaneous-language/>



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# Communication Temptations: How Use Your Environment to Get Your Child Talking

Wondering how to **get your child talking**? We speech-language therapists have lots of tricks in our pockets to do just that. One of our very favorites involves enticing children to talk by creating what we call **communication temptations** (Wetherby and Prizant, 1989). This little strategy can be used to help a **late-talker** start talking, to help a toddler begin using **two-word phrases**, or to increase the chances that a young child with **autism** will begin communicating.

Communication temptations are pretty much just what they sound like: we set up the environment to *tempt* children to *communicate* with us. The rationale for using them is also a pretty simple one: a child is much more likely to communicate if he has a reason for doing so!

Setting up communication temptations is easy and there are lots of ways to do so. Wetherby and Prizant (1989), who formalized the term, were pretty creative in their list of examples. They suggested things such as:

- Offering your child something to eat you know he dislikes,
- Putting a toy in an opaque bag and shaking it to get the child's interest,
- Putting your child's hand in something sticky or gooey such as pudding, and
- Waving bye-bye and saying "bye" as you put toys in a box three times, then pausing right before you put away the next toy.

Each of these ideas has one thing in common- the environment is set up so that a child is tempted to communicate about *something* ("no, I don't want that!" "what is that?" "yuck" or "bye!"). Another form of communication temptation involves enticing a child to **request**. This is a great place to start for any child, but it's especially good for kids with **autism**, because requesting is often the easiest form of communication for these children at first.

The steps to this type of communication temptation are as follows:

1. Find an activity or an object that your child really enjoys. Look for an activity that is easily stopped and started (e.g., bubbles or a swing) or an object that has multiple parts that you can hand to your child (e.g., crackers that he loves to eat, cars for a car track).
2. Arrange the environment so that you create an obstacle to getting that object, but so that your child can see the object. For example, put your child's favorite crackers up on a high shelf. Or, put the cars in see-through container he can't open.
3. Start the activity, have a bit of fun and then *stop* (put the lid on the bubbles or pull him up in the swing but don't let him go) or give him *one* item (e.g., give him one cracker or one car).
4. **Wait!** Many parents forget this part, but it's an important one. **Give your child a chance to communicate first.** Ideally, we want him to communicate *without* us helping him (we want him to *initiate* the communication), so always **wait first**. See what he does. Look expectantly at him, like you are waiting for him to do something (which, of course, you are!)
5. When he communicates with you (either verbally or nonverbally):

- Give him what he wants and cheer him on--especially if it's the first time he's used that particular word or two-word phrase, **or**
- Build on his communication just a bit to help him move into the next stage of speech and language development.

What you actually do for step number five depends completely on your child and his current level of communication.

- If your child isn't yet using words, wait until he does something--anything-- to indicate that he wants more (e.g., moves his body in anticipation, points, reaches); when he does (and he will!), say the word for what he wants, wait just a few moments more, and give it to him.
- If your child vocalizes to indicate he wants more but doesn't actually say the word, say the word for him, wait just a few more seconds, and give him what he wants
- If your child imitates the word, or even part of the word, give him what he wants and cheer him on!
- If your child always *imitates* your words, but doesn't say them *on his own*, try waiting progressively longer before you say the word for what he wants; wait for one second and then say the word, then (the next time), wait for two seconds before saying the word, then (the next time, wait for three seconds before saying the word....and so on. If he gets frustrated, go back to waiting a shorter amount of time and build up again.
- If your child uses one word to request more of the item, use **expansion** to put his word into a **two-word phrase** for him (*your child: swing! you: "more swing!"*), wait for just a few more moments, and then give him what he requested
- If your child uses one word, you might also want to use a **choice** that involves two different two-word phrases (*your child: cracker!; you: "big cracker or little cracker?"*) and encourage him to use the two-word phrase to make a choice
- If your child uses a longer phrase, but makes an error, you can correct his error by conversationally repeating what he said (*your child: "wing!" you: "sssssswing!"*) and encourage him to imitate you accurately.
- You might also think about using communication temptations to teach your child to use baby signs or pictures to communicate.

No matter what your child's level, communication temptations are often a very successful way to create opportunities for your child to advance her communication skills. Tempt away!

Wetherby, A., & Prizant, B. (1989). The expression of communicative intent: Assessment issues. *Seminars in Speech and Language*, 10, 77-91

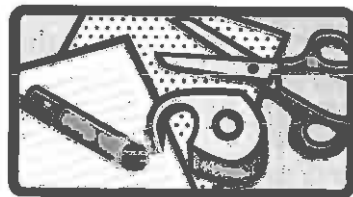
*This article in its entirety was found on [www.talkingkids.org](http://www.talkingkids.org)  
Resources Tab – Tips (left sidebar)*

**\*\* This article was written by an independent Speech Language Pathologist that is in no way affiliated with or endorsed by First Words. \*\***



## **ENVIRONMENTAL ARRANGEMENTS TO ENCOURAGE LANGUAGE USE**

- \* Interesting Materials**
- \* Favorite Items: Out of Reach/ In View**
- \* Inadequate Portions to Encourage Request**
- \* Situations Without Needed Material**
- \* Hard To Operate Materials**
- \* Interrupt a Favorite Co-operative Activity**
- \* Expose Your Child To Peer Models**
- \* Enjoy Songs With Your Child**
- \* Enjoy Books With Your Child**



# ENVIRONMENTAL ARRANGEMENTS TO ENCOURAGE LANGUAGE USE

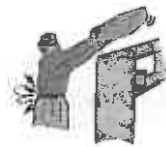
## \*interesting materials

- sensory activities:
  - goop
  - play dough
  - rice
  - cornmeal
  - bread crumbs
  - finger paint
- hands-on play - things that DO!
- change toys now and then
- use pictures of child in play to support interest



## \* put favorite items out of reach but within view

- shelf
- container



## \* give inadequate portions to encourage requests

- drinks
- bubbles, play dough
- puzzle pieces



**\* set up situations without needed material**

- video box without the video
- paintbrush, paper without paint
- take batteries out of a favorite toy

**\* interrupt a favorite co-operative activity**

- begin, enjoy a routine, stop and wait
- pushing child on swing

**\* expose your child to peer models**

- play groups
- nursery school
- drop-ins

**\* enjoy songs with your child**

- slow it down
- use gestures
- repeat, repeat, REPEAT!

**\* enjoy books with your child**

- talk about what interests your child
- talk about the pictures and the story
- repeat, repeat, REPEAT







## Kindergarten Play and Learn:

### Self-Regulation

### "THINK BEFORE YOU ACT" Games

These games are designed to help children practice **paying attention**, **following directions**, **remembering rules**, and demonstrating **self-control**.

#### Red Light, Purple Light

Like Red Light, Green Light, a teacher acts as a "stop light" by standing at the opposite end of the room from the children. The "stop light" holds up different colors to represent stop and go. Use different colors, such as purple for "go" and orange for "stop" and then do the opposite. Also use different shapes to represent stop and go. For example, a yellow square is "go," but a yellow triangle is "stop." Children can have a turn being the stop light!

#### The Freeze Game

Children and teachers dance to music. When the teacher stops the music, everyone freezes. Use slow and fast songs and have children dance slowly to slow songs and quickly to fast songs. Once children master these skills, children try moving to opposite cues: they dance quickly to the slow songs and slowly to the fast songs!

#### Cooperative Freeze

Related to the Freeze Game, when the music stops, children find a mat to stand on and freeze. Teachers remove mats so that children have to cooperate with one another to find a space for everyone on fewer mats. Teacher can also tape different colored paper to each mat. When the music stops, a teacher holds up a specific color and children stand on the mat with the matching color.

#### Sleeping, Sleeping, All the Children are Sleeping

Children pretend to sleep when the circle leader sings, "Sleeping, sleeping, all the children are sleeping." Once children are pretending to sleep, the circle leader says, "And when they woke up... they were [monkeys]!" Children wake up and pretend to act like monkeys. The circle leader then repeats the song and suggests other animals. Children who are pretending to sleep are called on to give suggestions for other animals. Make this more complicated by showing 3 different colored circles (e.g., red, blue, purple). On the red circle is a picture of a snake, on the blue circle is a picture of a butterfly, and no animal on the purple circle. When it is time to wake up, the circle leader points to one of the circles and the children act out the animal on that circle. Pointing to the purple circle (the circle with no picture) allows the leader to choose any animal. After a few rounds, remove the pictures and children have to remember what animal is on each circle.

#### Drum Beats

Teachers use drum beats to represent different actions that children can do while sitting (e.g., clapping or stomping) or while moving around the room (e.g., walking or dancing). For example, children walk quickly to fast drumming, slowly to slow drumming, and freeze when the drumming stops. Teachers also ask children to respond to opposite cues (e.g., walk slowly to fast drum beats and quickly to slow drum beats). Teachers also associate different actions with specific drum cues. For example, slow drumming means stomping feet and fast drumming means jumping jacks.

**Materials adapted from:** Your Therapy Source (<http://yourtherapysource.com/selfregulation.html>)

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