

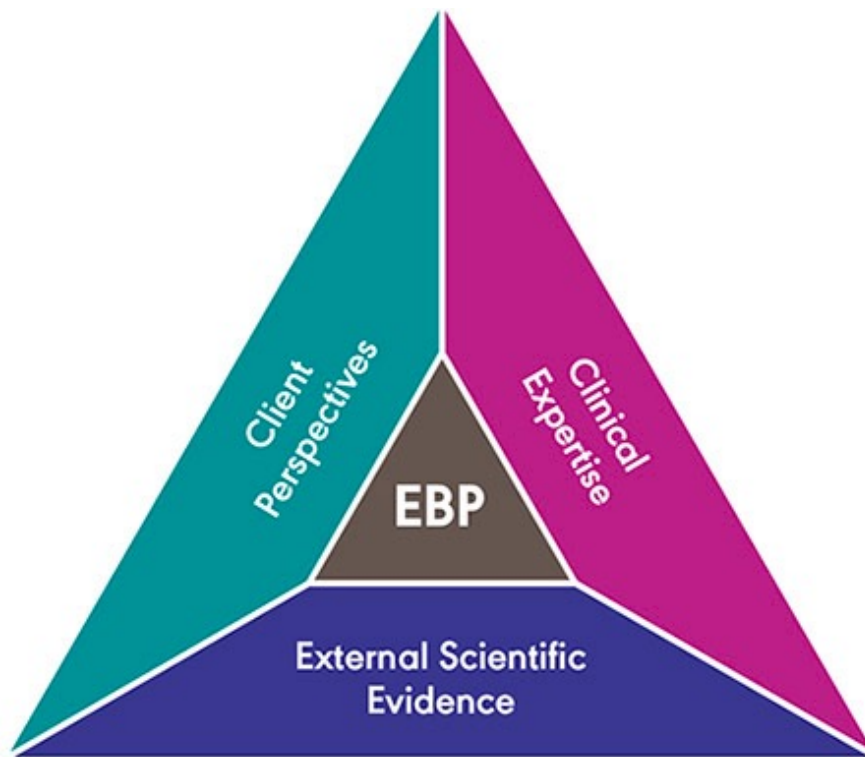
# Toddler Communication & Language Intervention

## Module 1

# Purpose of intervention

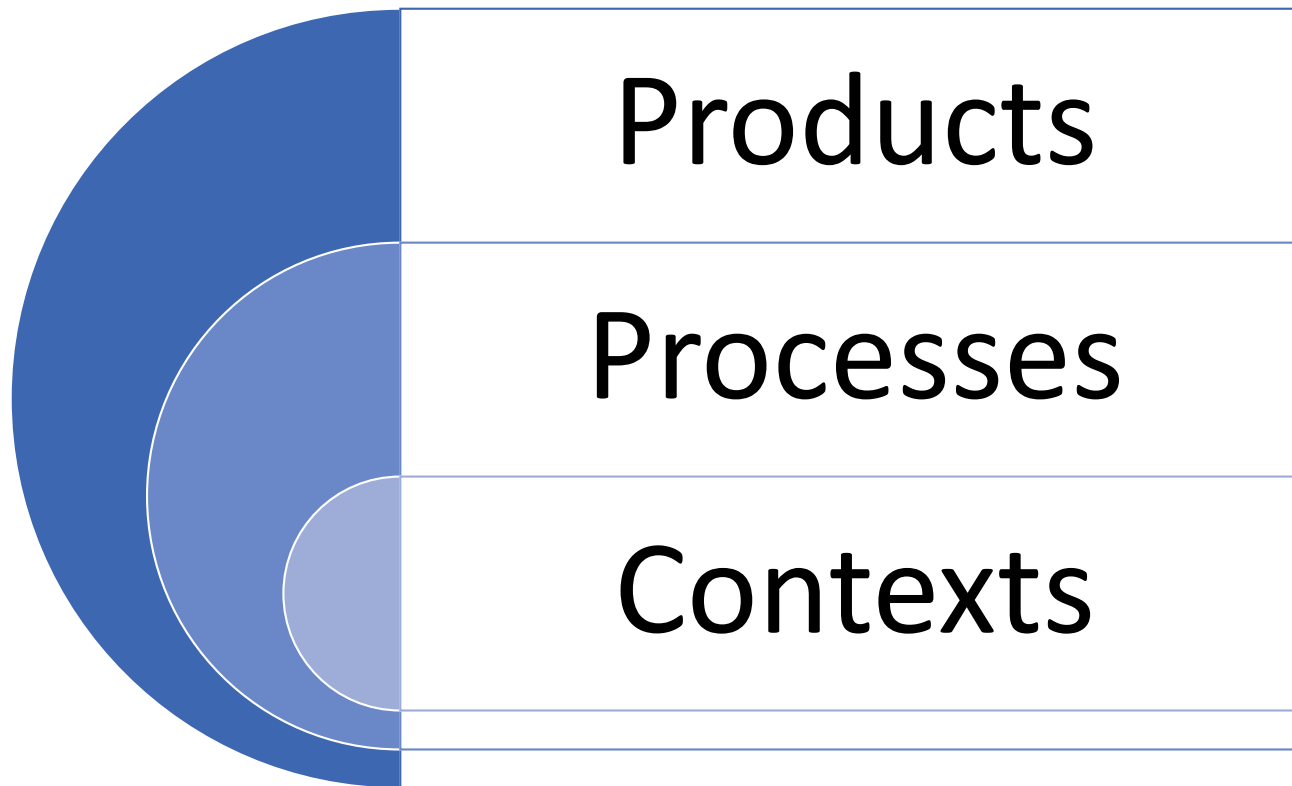
- Change/eliminate underlying problem
- Change the trajectory of the disorder
- Teach compensatory strategies
- Optimize environment

# Evidence-based practice



- P: Patient/Problem
- I: Intervention considered
- C: Comparison Tx
- O: desired outcome

## Early Communication Intervention: Infants and Toddlers

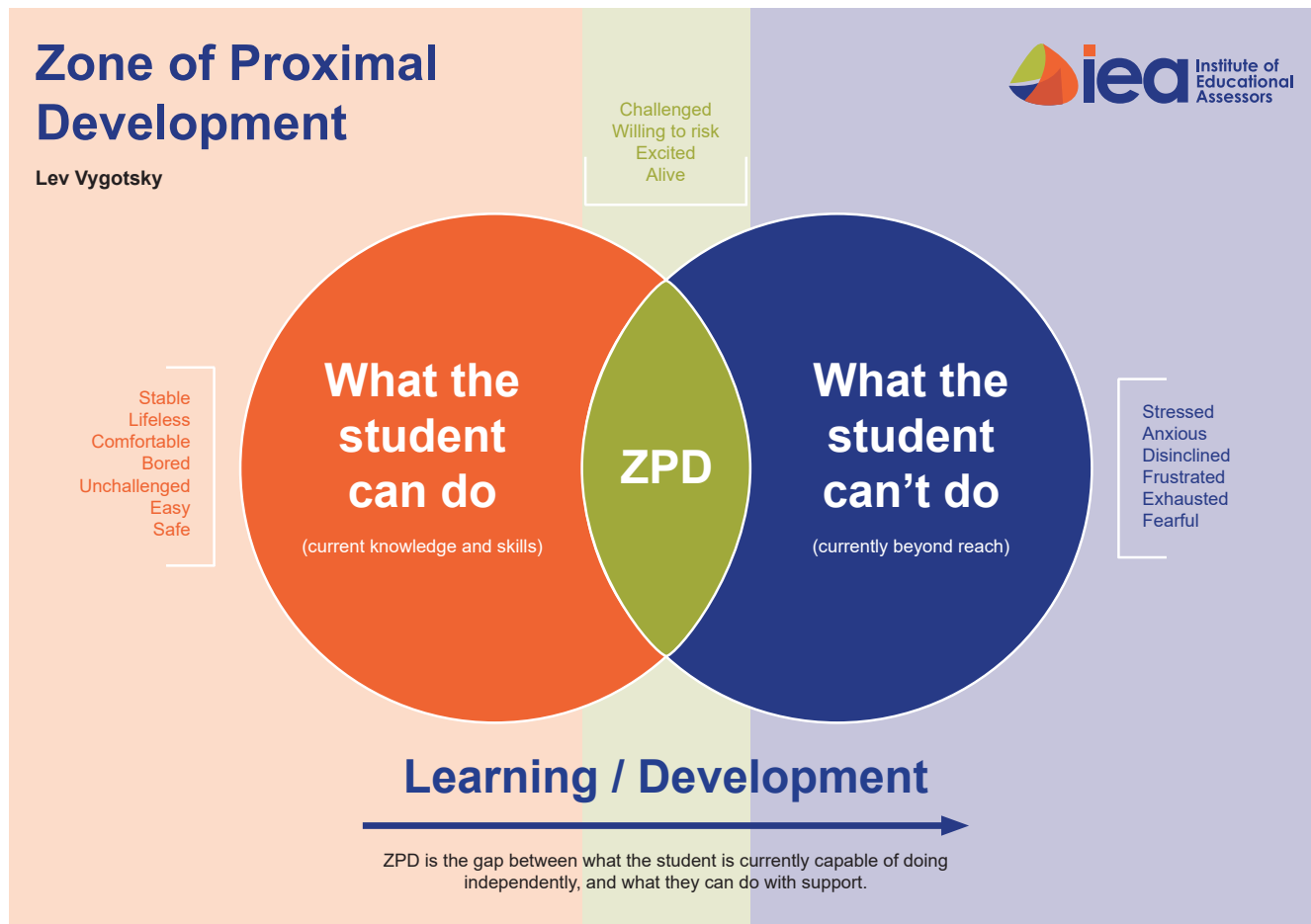


# Intervention plan should include:

- Products of intervention (objectives)
- Methods to achieve objectives
- Contexts/Environments where intervention will take place
- Example:
  - Objective: Increase use of grammatical morphemes in spoken sentences
  - Method: Recasting
    - Child says, “Doggy jump”
    - Clinician elaborates, “The doggy is jumping”
  - Environment: Clinic with eventual generalization to other contexts

# Products of Intervention:

- Products: Setting Goals
  - Based on our assessment data!
  - Prioritizing goals (basic, intermediate & specific)
    - Zone of Proximal development
  - Service Plans

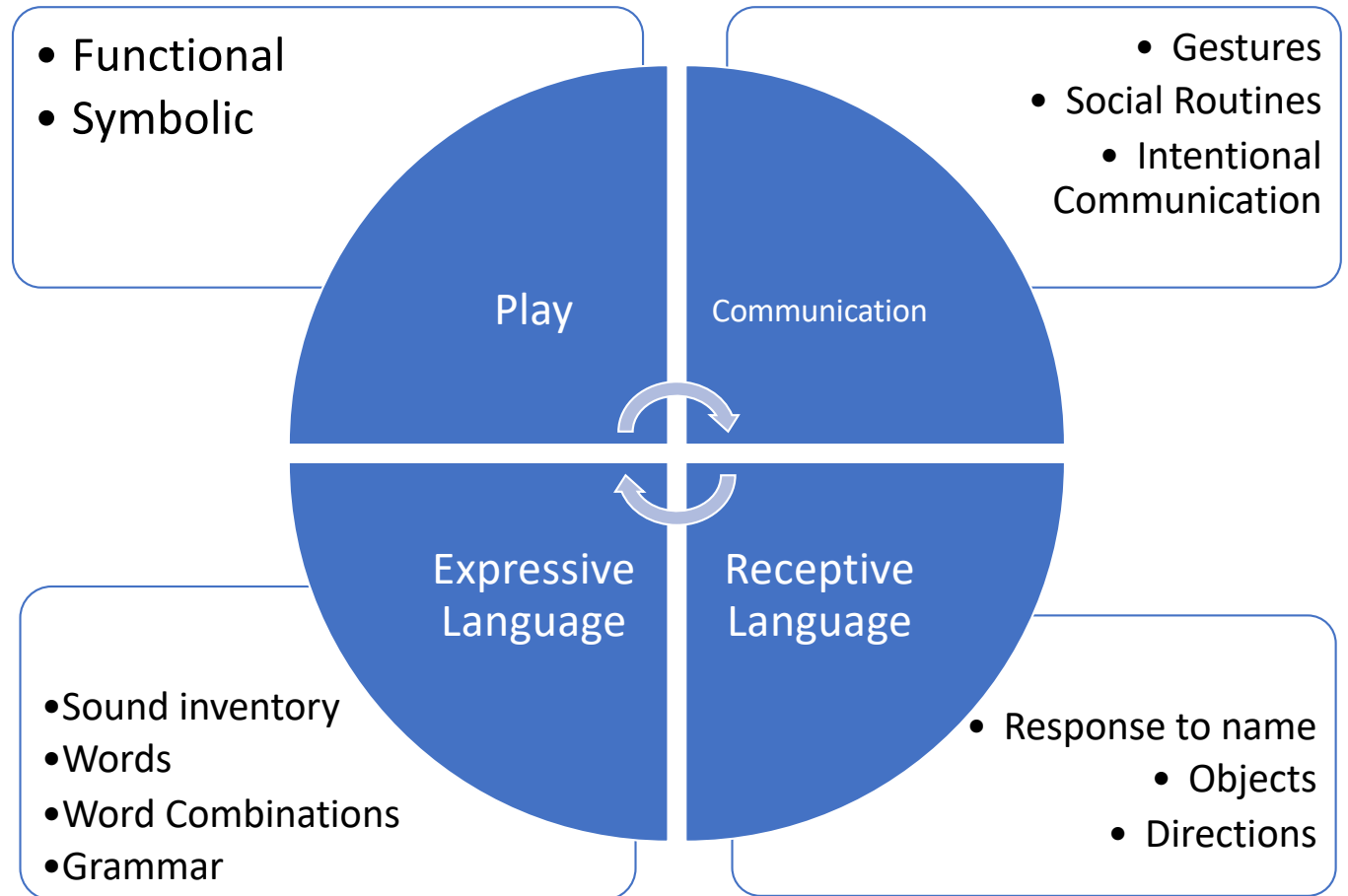


# Toddler interventions: Pro tips

- They might be part of a package or a set of prompts/cues
- Intervention packages for toddlers are similar, they just go by different names!
- The clinician can choose to use a set of treatment strategies from a package or mix-match from packages (just make sure you're following the evidence)
- May be clinician or parent mediated (this is important!)

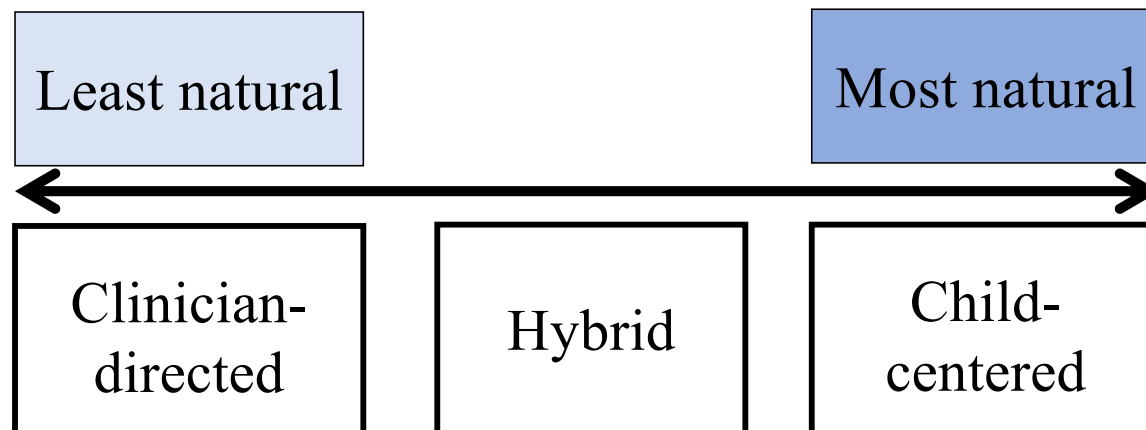


# Products



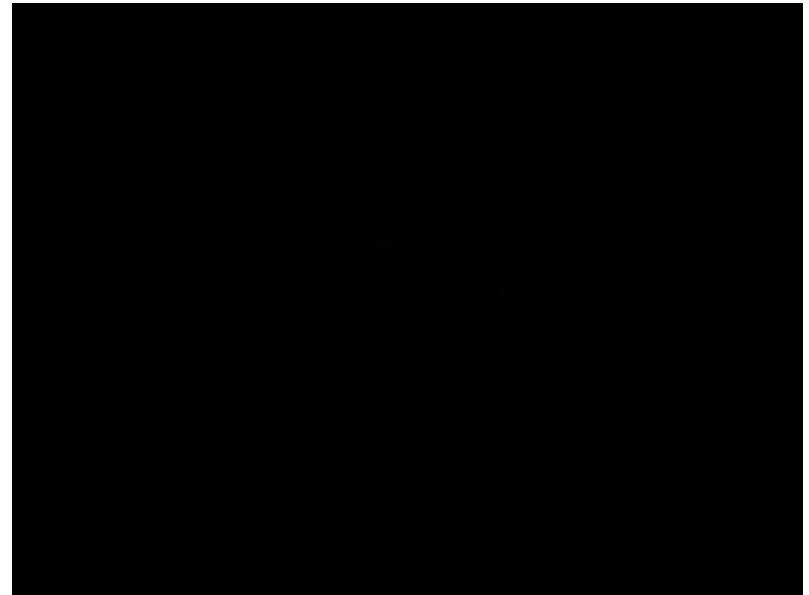
# Intervention: Processes

- Continuum of naturalness



## Intervention Processes: Drill and Drill Play

- Clinician-directed
- Explicit direction
- Modeling
- Feedback
- Need external reinforcers
- External reinforcers



# Intervention Processes: Child-Centered Methods

- Indirect language stimulation, providing
  - Contingent feedback: interpret behavior as communicative
  - Balanced turn-taking: Enjoy the quiet/wait!
  - Extension of child's topic: Add information
  - Recast sentences: Elaborate
- Facilitated play
- Toy talk

## Indirect Language Stimulation Methods

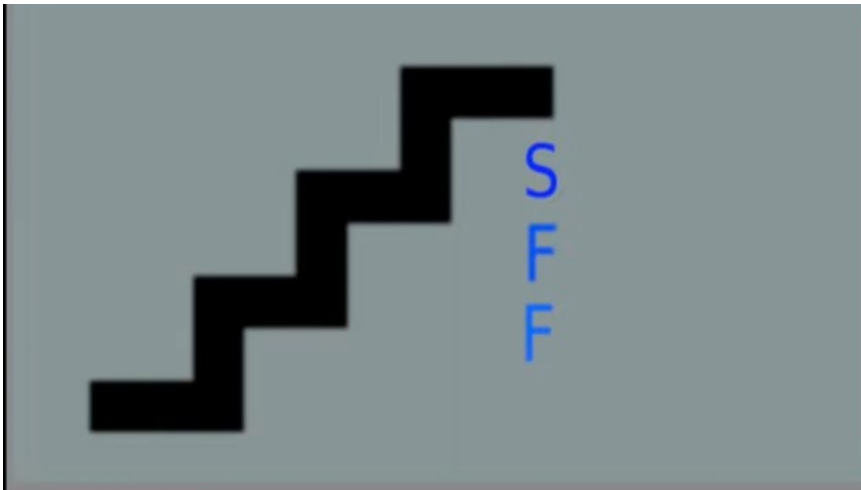
- **Self-talk:** describe own actions (I'm building a tall tower of blocks)
- **Parallel talk:** describe child's actions (Your horse is galloping quickly)
- **Imitations:** adult imitates child
- **Expansions:** add information to child's utterance (mommy sleep → Your mommy is sleeping)
- **Extensions:** Add semantic info (milk gone → Yes! Your cup is empty).
- **Buildups and breakdowns:** manipulating parts of child's utterance (milk gone → Yes! Your milk is gone. Is gone. Your milk).
- **Recasts:** make child's utterance more elaborate (mommy sleep → Is your mommy sleeping?; Your mommy is not sleeping)

# Indirect language stimulation



**Which three indirect language stimulation techniques are used in this video?**

# Toy talk: An extension of indirect language stimulation



- What the similarities between indirect language stimulation and toy talk?
- What are the differences?

# Toy talk: An extension of indirect language stimulation

- Two MAIN components:
  - Talk about the toy (states, actions, properties)
  - Give the toy a label
- The parent is train to provide the input
- Theory (statistical learning):
  - Noun subjects are lower in frequency compared to pronoun subjects which helps the toddler identify the word boundary
  - Noun subjects help toddlers learn tense and grammatical morphemes more easily

(Hadley, et al., 2017)



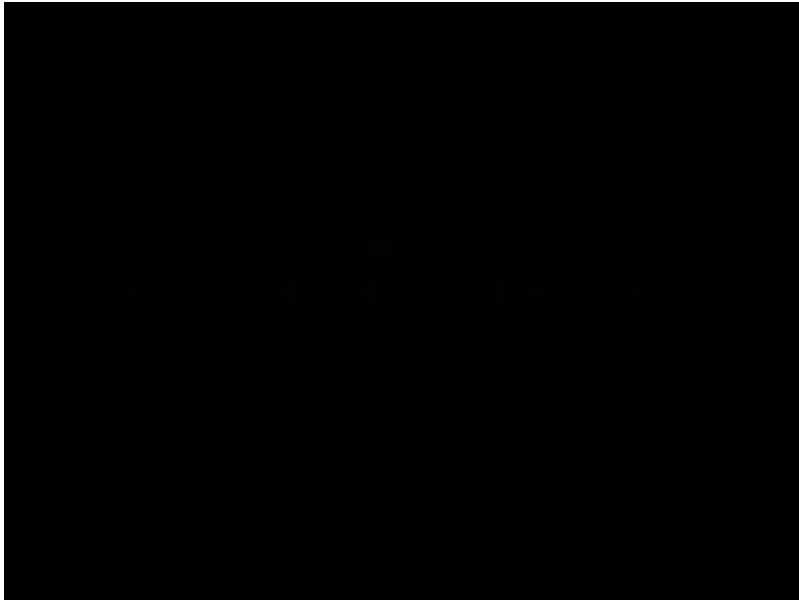
## Hybrid Methods

- Focused stimulation
- Vertical Structuring
- Prelinguistic milieu training (PMT) & Milieu communication Training (MCT) (sometimes referred to as enhanced milieu communication therapy)

# Focused stimulation

- Uses theory of statistical learning
- Modified input
- Provides multiple opportunities for toddler to hear and produce the structure
  - Continue providing input if no response
  - Recast when child responds
- Focus on teaching rules (not actual exemplars)

# Focused Stimulation



- 1) What skill is the clinician teaching?
- 2) What techniques is the clinician using?

# Vertical structuring

- Start with a question or follow up on a child's utterance by asking question
- Used to highlight target structures
- No imitation required
- More effective after focused stimulation – why do you think??
- What skills might you teach with this technique?

# Prelinguistic milieu training

- PMT: 2 main components
  - 1) Environmental arrangement
    - Materials management: offer choices; piece by piece
    - Positioning: eye-to-eye
    - Arrange environment: in sight, out of reach
  - 2) Prompt hierarchy (least to most support!)
    - Time delay/expectant waiting
    - Feigned misunderstanding
    - Verbal Prompt
    - Verbal Model
    - Physical prompt (depending on behavior taught)

# Prelinguistic milieu training

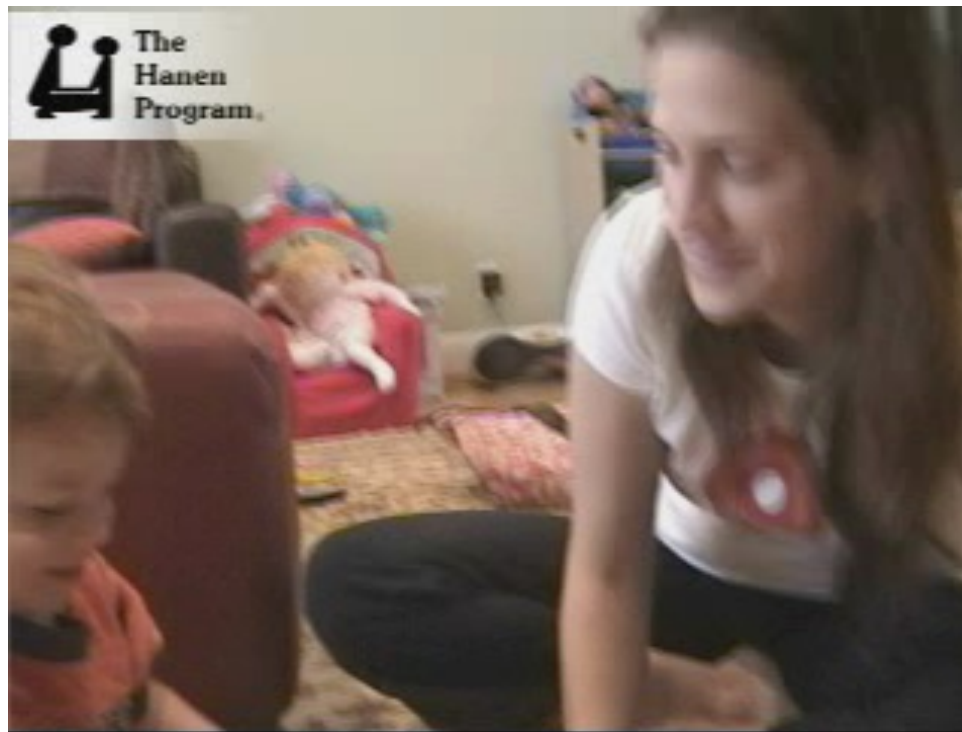


- Let's look for the two components of PMPT
  - 1) Environment arrangement
  - 2) Prompt hierarchy
- Describe your observations. What did you see.

# PMT: Goals

- Teaches early intentional communication acts increase and complexity of intentional communication prior to learning language.
- Coordinated attention
- Gestures
  - Proximal/Distal point – child points to object or event of interest without touching it
  - Shh gesture
  - Clapping
  - Reaching
- Vocalizations

## Positioning (Modifying environment)





# Expectant Waiting (Time delay/Prompt Free Elicitation)



# Coordinating Gaze and Gesture



# Modeling Play



# Social Routines



# Modeling



# Verbal prompts



## Some Guiding Principles for Communication Programming for Infants & Toddlers

- Treat behavior as if it were communicative
- Use unconventional behaviors as a starting point for communication
- Teach language that expresses what the child is already trying to get across w/ other means
- Match child where s/he is; accept any communicative behavior; then up the ante
- Link 'here and now' language to objects and events

## Some Guiding Principles for Communication Programming for Infants & Toddlers

- Provide language for what is on the child's mind
- Utilize the child's preferred strategies and modalities
- Teach both initiation and response
- Provide concentrated, repeated examples of language patterns
- Teach language in both structured and naturalistic contexts
- Teach language within real discourse to convey real information



## Context: Birth to Three Service Plan - IFSP

- Present level of development
- Family resources, priorities and concerns
- Expected outcomes
- Early intervention services
- Other services
- Dates of initiation of service
- Service coordinator
- Transition plan

# Sample IFSP

- [Sample IFSP.pdf](#)

# Let's write some goals and come up with a treatment plan!

- Toddler 1: “Jack”, 26 months of age
  - Mullen t-scores: Visual Reception: 52, Gross Motor: 49, Fine Motor: 51, Receptive Language: 45, Expressive Language: 36
  - CDI: <10<sup>th</sup> percentile on expressive vocabulary
  - Babbles a lot; has a couple of words (mama, dada, baba (for bottle), and guh (for go))
- Toddler 2: “Ethan”; 20 months of age
  - Batelle standard scores: Cognitive: 93; Motor: 101
  - PLS-5: Auditory Comprehension: 92; Expressive Communication: 76
  - Parents report he is very quiet; does not produce many sounds and has no words
- Toddler 3: “Jules”; 27 months of age
  - Mullen t-scores: Visual Reception: 36, Gross Motor: 30, Fine Motor: 31, Receptive Language: 34, Expressive Language: 32
  - CSBS Composite Score: Social: 97; Speech: 64; Symbolic: 67
  - Diagnosis of Down Syndrome

# Let's write some goals and come up with a treatment plan!

- Toddler 4: “Darrell”, 32 months of age
  - Mullen t-scores: Visual Reception: 49, Gross Motor: 54, Fine Motor: 53,
  - PLS-5: Auditory Comprehension: 85; Expressive Communication: 72
  - Has about 50 words in his repertoire; starting to combine words but only uses canned 2-word phrases (all done, no more); no grammatical markers
- Toddler 5: “Teagan”; 18 months of age
  - Batelle standard scores: Cognitive: 111; Motor; 106
  - PLS-5: Auditory Comprehension: 104; Expressive Communication: 62
  - Older sibling has severe speech sound and expressive language disorder of unknown etiology
  - Produces a couple of vowel sounds (uh; ah), usually only when eating or distressed.