Early Expressive Language Intervention: Parents report additional changes in their children’s communication

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- No other financial relationships to disclose.

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- Employed as a Program Director with The Hanen Centre
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- No other financial relationships to disclose.
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Learner Outcomes

• Identify additional positive outcomes of an interaction based, early expressive language intervention including speech, play, behaviour, attention and parent-child relationships.

• Describe how an interaction based, early expressive language intervention supports expressive language development for a wide range of children including those with complex medical histories, cleft lip and palate, feeding difficulties and vulnerable parent-child relationships.

• Identify how to use an interaction based early language intervention as a diagnostic tool.

Agenda

• Introductions
• What Parents tell us
• Expected positive outcomes of early language intervention
  — The literature
• Additional positive outcomes of early language intervention
• The impact of early language intervention on the parent-child relationship
  — Early language intervention and infant/toddler mental health
• Diagnostic Intervention - two case studies
• Framework for identifying and supporting positive outcomes of early language intervention
• Summary
• Questions

Matthew - 27 months

Initial Assessment - 24 mo.
Parents - concerned not talking
  - No concerns re: comprehension
  - < 10 words/word approx.
  - Good communicator
  - Limited consonants
  - Quiet
  - Drooling

Recommendations/goals?

Video Clip
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The literature tells us ...

Children’s communication improves when parents:
✓ interact more with their child
✓ respond to their child’s attempts to communicate
✓ use “child-directed speech”
✓ emphasize important words in a sentence
✓ expand their child’s messages

[Roberts & Kaiser, 2011]

The literature tells us ...

Child’s performance improves and their participation in the interaction improves:
• Increased number of communication turns
• Increased number of verbal turns
• Better communication turns
• Communicating for more reasons
• Increased initiations
• Fun interactions- for both partners with increased opportunities for language learning

Best Practice

ASHA’s four guiding principles:
• Services are family centered and culturally and linguistically responsive.
• Services are developmentally supportive and promote children’s participation in their natural environments.
• Services are comprehensive, coordinated, and team based.
• Services are based on the highest quality evidence that is available

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**Target Word**™ The Hanen Program® for Parents of Children who are Late Talkers - an early language intervention

- Caregivers are primary recipient of intervention
- Child-centred
- Developmentally appropriate
- Interaction before information
- Everyday activities and routines
- Evidence-based
- Video feedback with coaching

**The strategies:**
- Face to face
- OK
- Follow your child’s lead by interpreting his messages
- Join in the play and other activities
- Balanced turns
- TARGET what you say
- Add gestures
- Use Questions and Comments to Continue the Conversation
- Expand your Child’s Messages
- Expand your child’s play
- Take advantage of mealtime

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**How we got here**

- Knowledge of Infant mental health
- Parent Testimonials and observations
- Clinician observations and data collection

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**So we started asking ourselves ....**

- Are we sometimes too restricted in our thinking when it comes to setting goals and documenting the benefits of early expressive language intervention?
- Is there a systematic way to have parents document the additional benefits they see?
- Are there additional clinical benefits to be considered when parents and children participate in an early expressive language intervention?
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How we got here

• The importance of the parent-child relationship: Infant Mental Health (IMH)
• Parent Testimonials and observations
• Clinician observations and data collection

What is IMH

"The developing capacity of the infant and young child... to experience, express and regulate emotions; form close and secure relationships; and explore the environment and learn, all in the context of cultural expectations”.
(Osofsky, & Thomas, 2012)
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Early language intervention and infant/toddler mental health: Why does IMH matter to us?

- 1 in 2 children with language deficits experience emotional & behavioural disorders (EBD) (Benner et al, 2002)
- 3 out of 4 of children formally identified with EBD experienced clinically significant language deficits (Benner et al, 2002)
- 15% of 2-5 year olds are diagnosed with a psychiatric disorder (e.g. serious emotional disturbance, anxiety disorder, depression, ADHD) (Kanner & August, 2004)
- Mental health problems occur across any age

An Infant Mental Health Approach

- Social and emotional development is the cornerstone of healthy development; it provides a foundation upon which all future development rests: physical growth and health, cognitive skills, and communication (Weatherston, 2013)
- Involves relationship-based practice

The impact of early language intervention on the parent-child relationship

Interaction approach/relationship-based practice = supporting the emergent parent-child relationship

"young children’s language development occurs in the environment of relationships" (National Scientific Council on the Developing Child, 2008)

"an early, growth-promoting environment... filled with social interactions with an attentive caregiver, prepares the architecture of the developing brain to function optimally" (National Scientific Council on the Developing Child, 2008)
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What is the Speech Language Pathologist’s role in IMH?
We can help parents to...
• See their infant as an intentional being
• Recognise and value their infant’s communicative attempts
• Read their infant’s cues and then follow their infant’s lead
• Be available and sensitive to the child’s desire for interaction, join in and enjoy playful interactions with their child
• Fine tune their ‘infant directed speech’ to a level that is appropriate for their infant’s developmental stage and to modify this speech as their infant’s language skills develop

Target Word The Hanen Program® for Parents of Children who are Late Talkers - an early language intervention

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Infant Mental Health: Parent emotionally available

The strategies:
- Face to face
- OWL
- Follow your child’s lead by:
  - Interpreting his messages
  - Join in the play and other activities
  - Balanced turns
- TARGET what you say
  - Add gestures
- Use Questions and Comments to Continue the Conversation
- Expand your child’s messages
  - Take advantage of mini routines

Video feedback with coaching
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Infant Mental Health: Reflective functioning

The strategies:
- Video coaching
- Expand your child’s messages
- Expand your child’s play

Infant Mental Health: Emotional Regulation

The strategies:
- Face to face
- OWL
- Follow your child’s lead by
  - interpreting his messages

Infant Mental Health: Child is
- a person in their own right
- contributes equally to the parent-child dyad

The strategies:
- Follow your child’s lead by
  - join in the play and other activities
  - Take advantage of mini routines
**Target Word** The Hanen Program® for Parents of Children who are Late Talkers - an early language intervention

**Infant Mental Health:** Maternal mind mindedness

**The strategies:**
- Follow your child's lead by
- Interpreting his messages
- Expand your child's messages

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**How we got here**

- The importance of the parent-child relationship: Infant Mental Health (IMH)
- Parent Testimonials and observations
- Clinician observations and data collection

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**What did you hear Kate say?**

...more than helping Matthew talk
...that talking wasn’t just about using words – that it improved my relationship with my child
...that being able to talk increases a child's confidence
...how much he wanted to communicate – that being quiet wasn’t his personality
Throughout the Intervention

• Parents review and discuss the impact of their strategy use during their interactions with their child

• Parents watch pre and post program videos of themselves interacting with their child

Parent Goals in Early Language Intervention

Responsive Communication Partner

When the child ______ and the parent responds by ______ it creates an opportunity for the child to ______.
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At the completion of the intervention
Parents say:

Their children:
✓ are talking more
✓ have improved play skills
✓ are less frustrated (less concerns about behaviour)
✓ seem happier
✓ have more confidence
✓ have better attention/stay in interactions/with activities longer

How we got here

• The importance of the parent-child relationship: Infant Mental Health (IMH)
• Parent Testimonials and observations
• Clinician observations and data collection

Pre-Program - 19 months
• Frustrated vocalisations
• 2 single words
• 3 consonants /m/ /d/ /g/
• Positive for 9 risk factors
• Suspected Motor Speech Disorder Profile

Goal: To get ‘noisy’
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**Target Word** - A Diagnostic Tool for Suspected Motor Speech Disorder

**Post-program - 21 mo**
Achieved goal during Program
7 words
• 6 consonants /n/ /y/ /t/ /m/ /d/ /g/

**Target Word** - A Diagnostic Tool for children with Cleft Lip & Palate

**Children with cleft lip & palate :**

• are at risk of expressive language delay
  (Mitacek, 2014)
• have delayed onset and development of expressive language
  (D'Antonio & Scherer, 2008)
• have delayed babbling and restricted phonetic repertoire
  (Chapman et al., 2001)

• Major aim of repair is to enable the child to produce oral consonant sounds
• The Target Word Child Profile Form, provides information about the success of palate repair. – if the child starts using oral consonants (e.g. /b/p/d/t/) this is a positive early indication that the repaired cleft palate is functioning well for speech

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Pre-program 22 mo
43 single words
0 verbs
1 consonant /m/
Positive for 7 Risk Factors
Goal – Spontaneous imitation of single words

Documenting change trends

Target Word Child profile
- considers ‘predictors of change’ and tracks change trends
- children immersed in a language rich environment that ‘creates opportunities’ for them to send messages
- intervention supports parents to respond to all messages children send (verbal and non-verbal)

The FOCUS®

- valid, reliable, response to intervention outcome measure to evaluate treatment change
- completed by parents or clinicians
- measure of communicative-participation (child’s communication and interaction in ‘real world’ situations)
The FOCUS

Parents 2x more likely than clinicians to identify:
- participation restrictions related to speech impairment
- improvement in participation restrictions

Parent goals tend to be holistic
“Improving a child’s ability to ‘participate’ at home and in the community”
(Thomas-Stonell et al., 2010)

Summary

- Responsive parent child interactions should be our first goal
- Supporting responsive parent-child interactions supports social emotional well being (IMH) and language development

Thank you

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References