



Oh, Those Questions?!

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Many of us have observed an adult-child interaction in which the adult has resorted to asking question, after question, after question. “What’s that? What’s that? Is that a truck? You like playing with bubbles, don’t you?” Quite often these questions require a very limited response from the child. I’ve seen this pattern a number of times when observing parent-child interactions. I’ve seen this pattern even more frequently in my consultation work with child care teachers. The adult uses questions with the best of intentions. Perhaps the parent wants to give the child the chance to show what he can do. Perhaps the teacher has heard that questions stimulate more complex thinking. These assumptions are potentially true; however, too many questions or the wrong types of questions can have the opposite effect. The purpose of this article is to describe effective strategies for using questions to keep the conversation going.



Limiting the questions used ... it’s a start!

In graduate school, we learn to limit our use of questions when interacting with a young child. The professors in our pre-school language classes, along with our clinical supervisors, list tips for gathering a more complete language sample. Limiting the use of questions is near the top of every list. We are told that questions can put the child on the defensive and can lead to the child saying or doing less, rather than more.

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I can recall my early years as an interventionist. I’d observe the parent or teacher using question after question, using test questions, and so forth. My first course of action would be to challenge the

adult to continue the activity for the next few minutes without asking any questions. This challenge would usually have an immediate impact on the interaction – either one of two things would happen. Sometimes, the adult would be at a loss as to what to say and wouldn't say anything. The moments of silence gave the child time to initiate, time to take that first turn. Even more frequently than not saying anything, the adult would feel uncomfortable with the moments of silence and feel compelled to say something. Some adults would immediately make a comment rather than a question in order to fill the silence. Others would fill the silence with a question and I'd have to whisper "no questions" in the adult's ear. Eventually, the adult would start replacing the question with a comment. Comments are less directive than questions, which can lead the child to say or do more.

At first, I was quite proud of the impact my coaching was having on the interaction. I was helping the caregiver learn better ways to give the child a chance to initiate and to take turns. Over time, I started to notice the limitations of this kind of coaching. For some adult-child dyads, this "no questions" direction was all that was needed to enable the interaction to continue. The adult and child would each take three or more turns on a regular basis. With other adult-child dyads, the interaction was beginning, but would only last only a turn or two. For this latter set of dyads, something more was needed. For them, the question became, "Well, the interaction has started. Now what?"

Using questions to keep the conversation going ... easier said than done

As clinicians, we need to be clear about when to focus on using questions to continue the conversation. If we notice that the parent or caregiver is a tester, asking question after question, it would be logical to focus on limiting the number of questions used. However, the "no questions" activity described above was really only meant to be a starting point, an eye-opener activity, to help the adult realize the potential benefits of asking fewer questions. If we are suggesting limiting the use of questions as a longer term solution, we're actually directing the adult to change a habit. When changing habits, it's easier to have an action or actions in mind that can be used to replace the established habit.

In past issues of this newsletter, we featured articles on our [Observe Wait Listen \(OWL\)](#) and [Follow the Child's Lead](#) strategies. These are the actions we can teach the adult to use instead of asking too many questions, and they could be a logical starting point in our coaching. The goal is to help the child and adult take turns more consistently, striving to take at least three rounds of back and forth turns. As described above, replacing questions with the OWL and Follow the Child's Lead strategies may be all it takes to accomplish this goal. For other dyads, however, it may not be enough. If the child is able to initiate, but the parent and child are not consistently taking back and forth turns, we might need to help the adult learn to use questions to continue rather than stop the conversation. Here are some of the ways questions can stop a conversation and what the adult could try instead:



Try to avoid asking ...

too many questions

questions that test knowledge

questions that are too hard

questions that don't match interest

questions that answer themselves



Instead ...

alternate questions & comments

ask sincere questions (don't know answer)

ask questions the child can and wants to answer

ask questions that match child's interest

Using questions at different stages of communication

The Hanen parent guidebook *It Takes Two to Talk* (Pepper and Weitzman, 2004 pp 60-65) describes ways an adult can fine-tune their use of questions given the child's stage of communication:

The **Discoverer** has not yet learned the power of communication or intentionality. These children have not yet learned that when they do a particular action or when they make a particular sound, their caregiver will respond. Discoverers don't yet understand words, but are beginning to recognize faces and voices. These children are discovering the world around them. The type of questions used with these children isn't really critical. Instead, it's the animation or exaggeration that goes with the question that counts. So when the child takes a turn by wiggling her legs and squealing, the adult makes the best possible guess about what the child could be communicating and then responds. For example, when the child wiggles her legs and squeals while sitting on the swing, the adult responds, with animation, "Do you want me to swing you some more?" The goal is not to expect understanding or expression on the part of the child. Rather, the goal is to increase the child's motivation to engage with the parent. The child's engagement is the prerequisite for noticing the adult's response. Noticing the adult's response is a prerequisite for the child's learning of intentionality.

For the next three stages of communication, the child *can* be expected to understand and to respond. As a result, the adult needs to focus on using questions (as outlined under the "Go" sign above).

Communicators can answer questions without words, using gestures and intentional actions or sounds. With this child, the adult should focus on using concrete questions, accompanied by visual helpers. Choice questions and yes/no questions are ideal. For example, the adult can ask "Do you

want milk or juice?" while holding each object in separate hands. The adult can also ask "Do you want to go outside?" while pointing out the window. Using /wh/ questions with a Communicator is an option, but it becomes trickier. The adult needs to make sure the child can answer the question, so as not to set the child up to fail. For example, the adult can ask "Where's your sock?" while holding up a sock. The child can go find the sock or use the "all gone" gesture if the sock can't be found. Simple questions about people or objects are also options as long as they are in view of the child. This includes pictures in books. Questions such as "What do you want to drink?" or "Who's there?" require words to answer and should be avoided.





Question options for the **First Words User** increase. Yes/no questions, choice questions, and /wh/ questions are all possibilities, provided the adult has heard the child use the word required for the response. In addition, the more seasoned First Words User may be able to answer these questions without needing the visual helpers that are required by the Communicator. As with the Communicator, questions that relate to the here-and-now will ensure the most successful response from the First Word User child.

As to be expected, options for the **Combiner** are even greater. Yes/no, choice, and /wh/ questions are all possible. Furthermore, these children can answer questions about people or objects that they can't see around them. They may also be able to respond to simple questions about something that has already happened or is going to happen in the near future. When riding in the car, the adult can ask "Do you want to go to the park or get ice cream?". We might want the child to say "the park" because it's less expensive, but most kids would say "ice cream" instead. Let's say the adult and the child look out the window and see a school bus picking up some neighborhood children. The child could say "doh cool" when the parent asks "Where's that bus going?"

One last reminder...

Questions are intended to help the conversation continue. Adults who tend to ask question after question will likely need reminders that using too many questions is a conversation stopper – that a key part of the strategy is alternating those questions with comments. The interventionist can help the parent brainstorm on how to replace questions with a comment.

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Instead of a question		try a comment
"Is that Daddy's car?"		"Oh, you see Daddy's car!"
"Do you like your juice?"		"That juice looks delicious!"
"What's that? Is it a plane?"		"Wow, that plane is going fast!"

References

1. Pepper, J., & Weitzman, E. (2004). *It Takes Two to Talk: A practical guide for parents of children with language delays* (2nd ed.). Toronto: The Hanen Centre.

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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