

Program Summary

Target Word™ — The Hanen Program® for Parents of Children Who Are Late Talkers (Earle, 2015) is a parent-implemented early language intervention program specifically designed for parents of toddlers with expressive language delays who are otherwise developing typically. In this program, parents learn strategies that promote interaction and are known to accelerate children's expressive vocabularies. The goal of *Target Word* is to enable parents to become their child's primary language facilitator, thereby maximizing the child's opportunities for expressive vocabulary development during everyday activities.

Which children are appropriate for the *Target Word* Program?

Target Word is offered to parents of toddlers whose expressive language development is delayed for their age. It is estimated that between 10-20% of children can be described as "Late Talkers" (Bavin & Bretherton, 2013; Bleses & Vach, 2013). A *Target Word* Program is recommended to parents if their child:

- has fewer than 24 words and is between 18-20 months; or
- has fewer than 40 words and is between 21-24 months; or
- has fewer than 100 words and is between 24-30 months; or
- is not using word combinations by 24 months;
- has relatively good comprehension, play, social, motor and cognitive skills

- has two or more **risk factors** that put them at risk for a persisting language delay*

* **Risk factors for a persisting language delay** (Olswang, Rodriguez & Timler, 1998; Paul & Roth, 2011; Camarata, 2013):

- limited babbling or sound play as an infant
- history of communication delay or learning difficulties in immediate family
- recurrent otitis media
- parent variables (i.e. low socioeconomic status, poor interaction style)
- limited consonant repertoire
- lack of sequenced pretend play
- mild delay in receptive skills
- lack of, or reduced use of, communicative gestures
- lack of verbal imitation
- vocabulary consisting of mostly nouns and few or no verbs
- poor social skills (with peers)
- limited change in child's expressive language over time

Current best practice indicates that clinicians must ensure that each child recommended for early intervention "presents as positive for the presence of risk factors for ongoing speech and language concerns" in addition to having small vocabularies (American Speech-Language-Hearing Association, n.d.).



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Program features

The *Target Word* Program:

- is led by a Hanen Certified Speech-Language Pathologist (SLP), who has received specialized training at a Hanen *Target Word* workshop
- is offered to groups of parents (up to eight families per program)
- is supported by the *Target Word* Parent Handbook, a detailed leader's guide for use by the SLP, and the It Takes Two To Talk® parent guidebook
- has four major components:
 - ◆ a pre-program assessment and baseline video recording of parent-child interaction
 - ◆ five group training sessions for parents
 - ◆ two individual video feedback sessions (parent-child interaction is video recorded by and reviewed with the SLP)
 - ◆ a formalized consolidation period

Target Word as an initial diagnostic intervention

Target Word has evolved to become a diagnostic intervention because, in some cases, speech sound difficulties may be contributing to the child's expressive language delay. However, at this young age, it is very difficult to discern whether speech difficulties are, in fact, a contributing factor. A diagnostic intervention – such as *Target Word* – which enriches the child's language environment, helps the child become more communicative, and addresses early speech sound development, is supported by the literature (Davis & Velleman, 2000). Reviewing changes in the child's expressive language and speech sound profile at the end of the program provides clinical information to help determine next steps, which may include the need for a more focused speech sound approach.

Research Basis

Target Word is based on several researched principles regarding late-talking children and parent-implemented language intervention:

- **Late Talkers are at risk for continued language difficulties** – Approximately 50-75% of toddlers identified as Late Talkers score in the normal range for vocabulary by the end of preschool, and perform broadly within normal limits on global language tests by kindergarten age (Paul & Ellis Weismer, 2013). However, these children have a persistent weakness in specific areas of language, including syntax, morphology, MLU, narratives, verbal memory, figurative language, reading, and vocabulary (Roos & Ellis Weismer, 2008; Rice, Taylor, & Zubrick, 2008; Paul et al, 2013). Therefore, while it may appear that these children catch up to their peers, they continue to have a “vulnerability for slow language acquisition” (Bavin et al, 2013, p. 5) and demonstrate a consistent but subtle weakness in language and language-related skills into adolescence (Roos et al, 2008; Thal, Marchman & Fernald, 2013). Furthermore, when children present with an early history of language impairment as well as a speech sound disorder, they are at even greater risk for persistent delays into adolescence (Lewis, Freebairn, Tag, Ciesla, Iyengar, Stein & Taylor, 2015).
- **A proactive approach with Late Talkers is warranted** – Two common approaches for the management of late-talking children are to “watch and see” or to provide early intervention. The “watch and see” approach involves carefully monitoring this group of children every 3-6 months to continually evaluate evidence of progress (Paul, 1996). However, when a child's profile is

positive for predictors of change and risk factors for ongoing speech and language delay, early intervention is warranted (Olswang et al, 1998; Paul & Roth, 2011). Research shows that a higher number of risk factors indicates more cause for concern.

Researchers have begun to examine the effects of intervening early with children who are late to talk, and efficacy studies have shown that spoken language development can be accelerated significantly with intervention (Finestack & Fey, 2013). Promoting a child's language environment by working with and through a child's caregivers is a proactive approach to providing this population of children with the best possible "kick start" to their language development.

- **Parent involvement in early intervention is essential** – Like all Hanen programs, *Target Word* is based on best practice recommendations which suggest that "early intervention services provided to children and their families should be family-centred, with the ultimate goal of empowering families and enhancing their sense of competence and self-worth" (Girolametto, Weitzman, & Earle, 2013, p. 261). Parents play a critical role in their child's communication development, and the amount and quality of child-directed speech has been associated with children's language development in numerous studies (Hart & Risley, 1995; Roberts & Kaiser, 2011).

Not only do parents have an effect on their child's language, but a child's language abilities appear to influence the input they receive from their parents. Parents of children with language impairment have been found to engage in less conversation with their

children (Hammer, Tomlin, Zhang & Weiss, 2001) and label items in the child's focus less frequently than parents of typically developing children (Harris, Jones, Brookes, & Grant, 1986). Therefore, the impact of late talking can be far-reaching and influence the linguistic input to which a child is exposed (Girolametto, Weitzman, Wiigs, & Pearce, 1999).

Parent-implemented language intervention programs have been found to have positive, significant effects on children's language skills and to be as effective as intervention delivered by clinicians (Roberts et al, 2011). Furthermore, late-talking toddlers are generally referred for intervention at a very young age, which makes working through the parents not only developmentally appropriate, but the least intrusive avenue for supporting their language development (Girolametto et al, 2013).

- **Children learn language through naturalistic, responsive interactions** – When caregivers interact in responsive ways during everyday activities by providing prompt, sensitive and contingent input, it results in optimal child language outcomes (Stock, 2002). This premise is based on the "responsivity hypothesis", which maintains that responsive language input which is simplified, contingent on the child's focus, and has exaggerated prosody is more easily processed by the child. This permits the child to redirect more cognitive resources to language learning (Dominey & Dodane, 2004; Girolametto & Weitzman, 2006). Studies on typically developing children have shown that language learning is facilitated by responsive caregiver strategies such as reciprocal social interactions, following the

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child's lead, contingent imitation, maintaining joint attention, and providing simplified language models (Olswang et al, 1998). Research has also demonstrated a significant relationship between mothers' contingent responsiveness to their children's communication and language development in children with language and developmental delays (Girolametto et al, 1999; Yoder, McCathren, Warren & Watson, 2001).

- **Focused stimulation: an evidence-based technique for promoting vocabulary and language** – Focused stimulation is a strategy which involves the adult repeatedly using specifically chosen words while interacting with the child in functional contexts (Finestack et al, 2013). During the *Target Word* program, parents learn to use focused stimulation for ten individually chosen target words with their child during everyday activities. The child is never required to imitate the target. Focused stimulation has been researched and found to be effective for teaching specific words (Cable & Domsch, 2011; Leonard, Schwartz, Chapman, Rowan, Prelock, Terrell, Weiss, & Messick, 1982; Sorensen & Fey, 1992; Wilcox, Kouri, & Caswell, 1991; Girolametto, Weitzman, & Pearce, 1996b) and grammar (Fey, Cleave, Long, & Hughes, 1993) to children with language impairment.

Evidence

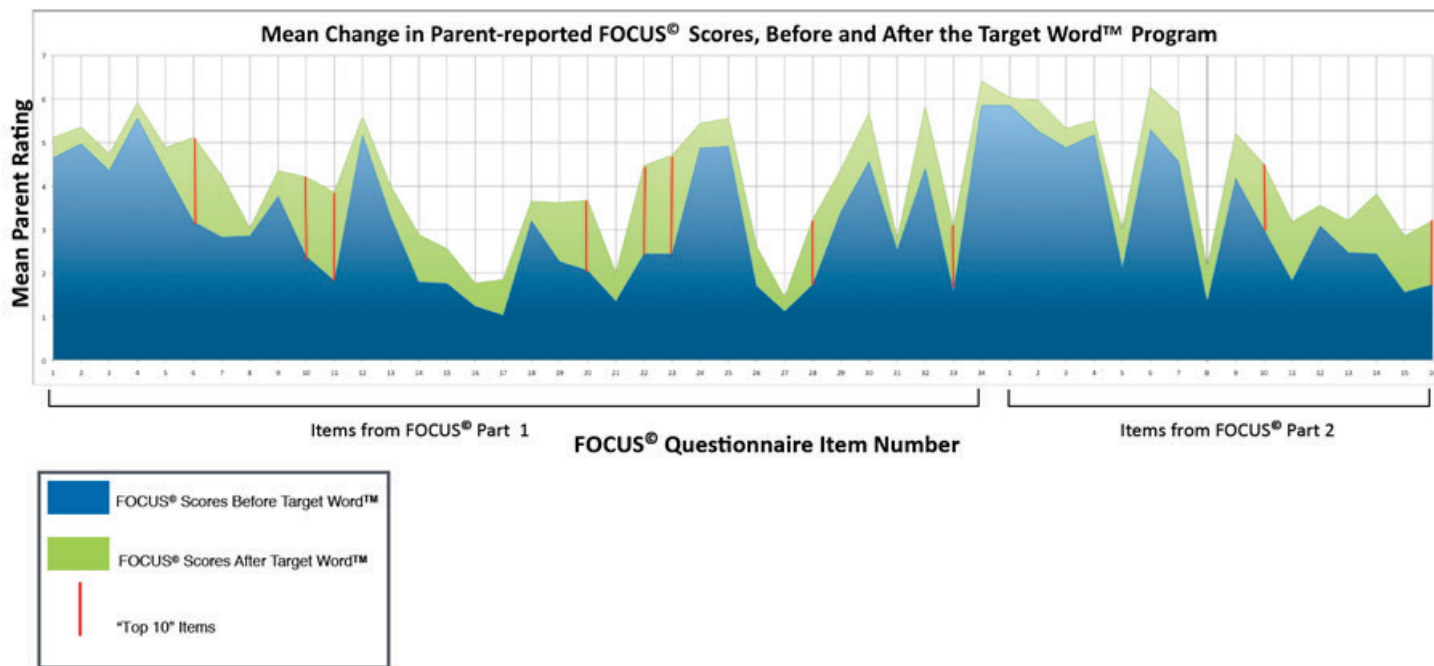
A study was conducted to evaluate the changes in the communication of children of 48 families who participated in the *Target Word* Program (Annibale, 2015). The measurement tool utilized was the Focus on Communication Outcomes Under Six questionnaire (FOCUS©), which is a valid, reliable, responsive treatment outcome measure that captures 'real world' changes following speech and language treatment (Thomas-Stonell, Washington, Oddson, Robertson & Rosenbaum, 2013). The FOCUS© consists of a 50 item questionnaire which parents completed pre and post-*Target Word* Program. A clinically significant change is defined as a difference in score greater than 16 points between pre- and post-intervention. In this study, the FOCUS© was completed during the families' *Target Word* pre-program appointment and again after the post-program consolidation period (i.e. approximately 18 weeks after initial administration of the FOCUS©).

Of the 48 families who participated in the study, data for 34 families was utilized. Data for the remaining 14 families could not be included due to incomplete or missing post-intervention questionnaires. Study results show that 85.2% of parents reported an increased FOCUS© score by >16 points post-intervention. Therefore, the majority of parents who participated in this study noted significant changes in their child after the end of the program (Annibale, 2015). Changes noted fell into three areas: use of new words, using words to express ideas and using words in social settings.

The “Top 10” items on the FOCUS© (indicated with red lines in Figure 1) with most significant change included:

- My child uses words to ask for things.
- My child can string words together.
- My child uses new words.
- My child talks while playing.
- My child talks a lot.
- My child conveys their ideas with words.
- My child will ask for things from other children.
- My child uses language to communicate new ideas.
- My child joins in conversations with their peers.
- My child can talk to other children about what they are doing.

Figure 1

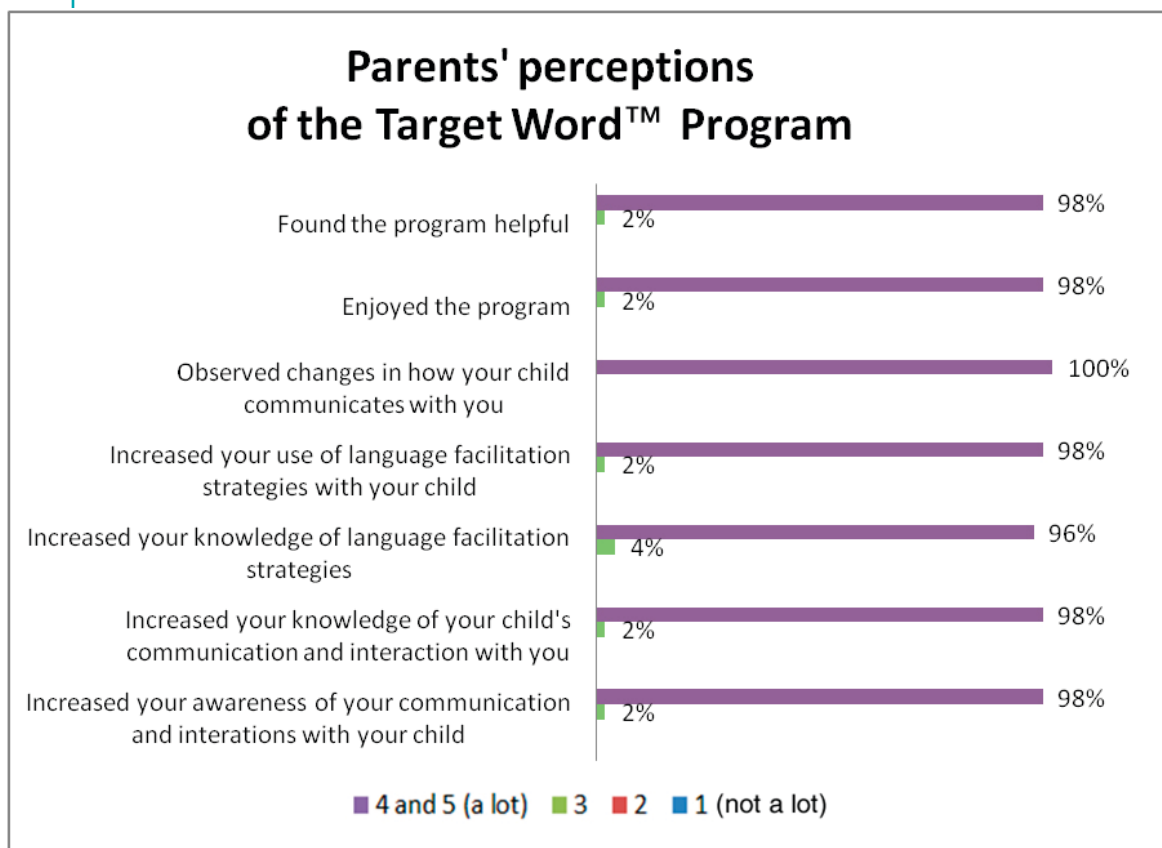


This study shows that parents perceived significant changes in their children’s ability to communicate verbally in meaningful “real world” situations after attending the *Target Word* Program.

Parent Evaluations

Parents completed a detailed evaluation form at the end of the *Target Word* program, which demonstrated positive ratings by all 48 families in various aspects of the program. The results are summarized in Figure 2.

Figure 2



Conclusion

Consistent with best practice recommendations and validated by research, *Target Word* offers a proactive approach that meets the needs of late talking toddlers in their everyday settings and activities. *Target Word* is a first step treatment of choice for these children and their families, with post-program changes providing essential clinical information in order to determine next steps for intervention.

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About the authors of *Target Word* Resources

Cindy Earle, M.A., S-LP, CCC – Cindy was the Program Director (and co-creator) for the Target Word™ Program for 21 years. Early in her career, she immersed herself in research and interventions specific to very young children with primary expressive language delay. This led to the development of Target Word™ – The Hanen Program® for Parents of Children Who Are Late Talkers and its resources, including the *Target Word* Parent Handbook. Cindy provided leadership for this program until her retirement in 2021, dedicating her time to workshop and resource development, as well as to training *Target Word* Instructors.

Cindy was also Resource Coordinator for Hanen Training with Ontario's Preschool Speech and Language Program from 1998 to 2021. This position involved coordinating and overseeing Hanen trainings for professionals working with young children in Ontario's publicly funded organizations..

Lauren Lowry, MScA – Lauren is a speech-language pathologist who works at The Hanen Centre in a variety of capacities, which include contributing to the development of programs and resources, instructing e-seminars and clinical writing. When Lauren started to work at The Hanen Centre in 1997, she offered a new program that was being developed for Late Talkers. Over the years, this program evolved into the Target Word™ Program. Lauren co-authored the first Leader's Guide for the *Target Word* Program with Cindy Earle, Program Director for the *Target Word* Program, and co-led the first *Target Word* workshop for speech pathologists in 2000.

Target Word Resources

For more information, contact The Hanen Centre or visit us online at www.hanen.org



Helping You Help Children Communicate

The Hanen Centre is a not-for-profit charitable organization devoted to helping parents become their child's most important language teacher. We train speech-language pathologists to engage, support and coach parents and educators to develop the skills to effectively foster young children's early language, social communication and literacy development within natural everyday activities. This includes children with or at risk of language delays, young autistic children, and children who may benefit from social communication support.

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