

Adapting Enhanced Milieu Teaching for Young Children with DS

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EMT Principles and Strategies

1. Promote adult-child communication *now*
 - Notice and respond
 - Follow the child's lead and interests
2. Increase child engagement with objects and activities
 - Child preferred activities
 - Join the child in play and activity
 - Teach play and participation
3. Expand the social basis of communicative interactions
 - Arrange environment to increase engagement
 - Teach joint attention strategies
 - Balance turns (mirror and map)
 - Increase person engagement
4. Teach child communication target forms to advance language
 - Respond
 - Model
 - Expand
 - Prompt

EMT Child Communication Goals

1. Increase duration of engagement with objects and persons
 - Social (joint engagement)
 - Objects (play)
 - Communicative (turns)
2. Increase rate of communication
 - Emphasize spontaneous social initiations, comments (not just requests)
3. Increase diversity of communication
 - More diverse words: agents, actions, objects
 - More phrases especially verb phrases : agent-action, action-object
 - More functions (requests, comments, questions)
 - Across more contexts and partners
4. Increase complexity of communication
 - Prelinguistic to linguistic, teach point, show, give to set occasion for contingent models
 - Mean length of utterances: by increasing phrase use, including early morphological markers
 - Complexity of utterance types
5. Increase independence
 - Initiated social communication
 - Responses in nonobligatory contexts
 - Generalization across contexts, people

Adaptations within EMT

- Increase child interest and play with objects (leading to opportunities for symbol infused joint engagement)
- Teach symbolic play with objects (extend engagement, diversity modeling opportunities, motivate talk)
- Give choices with increasing complexity (phrases, negation, morphological markers)
- Motivating activities;

- Use environmental arrangements and nonverbal behaviors to maintain and extend interest and engagement
- Respond to communication and communication approximations; model, expand and shape toward more typical communication
- Expand horizontally (more exemplars of language types) before moving to a higher level skill
- Determine what prompting sequence is appropriate
 - Start with choices; maintain motivation; simplify as needed to maintain responding
 - Monitor responding to keep moving toward independence
- Support positive behavior via expectations, environmental arrangement, contingencies, pacing,
- Change as the child changes with and across sessions: interest, topic, trials, prompting
- Provide sufficient dosage of models, opportunities to respond with increased independence

Adaptations for Children with DS: Include an AAC/SGD

- Make SGD accessible across people, settings
- Assess motor and symbol use skills prior to instruction
- Adapt display to child skills, language abilities, interests
- Program for high interest activities, words
- Teach using core EMT strategies
 - Embed in interactions, communicate using SGD
 - Model with words and SGD at least 50%
 - Expand with words and SGD at least 50%
 - Use time delays and prompting much less than modeling
 - Pair spoken language with SGD
 - Accept SGD responses or spoken responses, expand with words and SGD
 - Allow sufficient motor response time
 - Use errorless or near errorless teaching procedures initially; use supportive correction procedures throughout (word cues, motor models, hand over hand)

Adaptations for Children with DS: Teach Parents to Use EMT

- What to teach:
 - Play and engage
 - Notice and respond
 - Model and expand
 - Time Delays and Milieu Prompting
 - Strategies for positive behavior support
 - Use of AAC/SGD

Teach Using Teach-Model-Coach-Review

Based on adult learning strategies

Systematic, planned, responsive to child and parent

Give clear rationale, instructions, information

Model with the child while parent watches: dosage, priming,

Support the parent while practicing:

Review the impact of parent behavior, reflect with parent,
encourage parent questions and input

Adaptations for Children with DS: Add Trial Based Teaching for skills and learning behaviors

- What to teach:
 - Imitation
 - Core receptive language
 - Joint attention behaviors (point, show, give)
 - Basic SGD responding
 - Teach using direct instruction or trial-based strategies
 - Trials, with repeated practice
 - Antecedent-Response-Consequence trials structure
 - Prompting and reinforcement

- Tangible reinforcers if needed; motivation is key
- Carefully sequenced skills
- Use a communication curriculum (e.g., Smith et al, 2001; Smith, 2009) adapted to the child
- Data driven

Adaptations for Children with DS: Add Behavior Support

- All children need basic positive behavior support
- Children most likely to need specific supports
 - Less receptive language
 - Lower cognitive skills
 - Fewer play skills and low object interest
 - Brief attention span
 - No previous intervention experience
 - Younger with less advanced motor development
- Use **Prevention strategies** first: environmental arrangement, schedules, timers, clear expectations, follow through, brief sessions, preferred activities
- Use more intensive interventions if needed: tangible reinforcers, easier responses, breaks, minimal response criteria
- Use trial based teaching to support learning basic behavior skills : stay, play, respond to prompts, engaging with persons
- Teach parents to implement same strategies
- Fade supports as soon as child becomes more independent- within session, across sessions, across settings and demand situations

Adaptation	How to teach	Tools
Joint engagement and play	Environmental arrangement, model, expand, prompt	Play assessment Play skills for modeling and building routines Toys
Use of SGD	Model, expand, prompt	Software. SGD Skills for setting up, managing SGD Fluent integration into EMT Supporting partners
Train parents	Teach-Model-Coach- Review	Skills for teaching parents Handouts, videos
Add trial based teaching	Direct instruction	Skills assessment Curriculum Data collection Direct instruction skills Plan for integration with EMT
Support Behavior	Positive behavior support strategies Environmental arrangement Interesting, motivating activities Visual schedules, tangible reinforcers etc. as needed	Skills for positive behavior support Behavior consultation Planning across settings

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