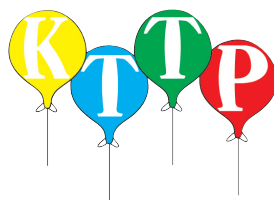
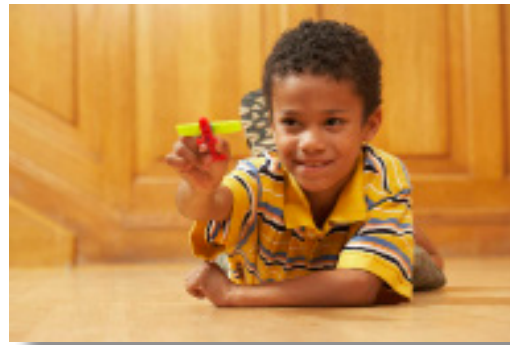


# Kid Talk Tactics Project

## Training Manual



Kid Talk Tactics Projects

## HOW THIS MANUAL IS ORGANIZED

This manual describes the KTCP early intervention model in detail. It explains how to implement all components of the KTCP model and includes training materials. Additionally, it depicts how the model was implemented at two different sites. Materials that correspond to the content of each chapter are found at the end of the chapter. Additional materials are included in the appendix and the manual DVD. An outline of the manual is below.

**Chapter 1:** Family Guided Routines Based Intervention gives an overview of FGRBI principles.

**Chapter 2:** Enhanced Milieu Teaching describes EMT strategies in detail.

**Chapter 3:** Coaching Parents explains the process of conducting home visits and teaching parents to use EMT strategies in home routines.

**Chapter 4:** Building Communication Teams focuses on the team-building component of KTCP.

**Chapter 5:** Professional Development for Service Providers illustrates the process of providing professional development to teachers and therapists.

**Chapter 6:** Supporting Families through Transitions describes the transition process and provides strategies for supporting families through transitions including the transition process from Part C to Part B and Part B to Kindergarten.

**Chapter 7:** Assessing and Monitoring Child, Parent, and Service Provider Progress describes assessment and observational measures that are used to assess and monitor child communication skills and parent and service provider skills for supporting communication and progress in learning the KTCP intervention strategies. This chapter also outlines the timing for assessments and observational data collection.

**Chapter 8:** Strategies for Ensuring Fidelity demonstrates the processes used to ensure fidelity in coaching parents and service providers and for evaluating the fidelity of all of the KTCP model components.

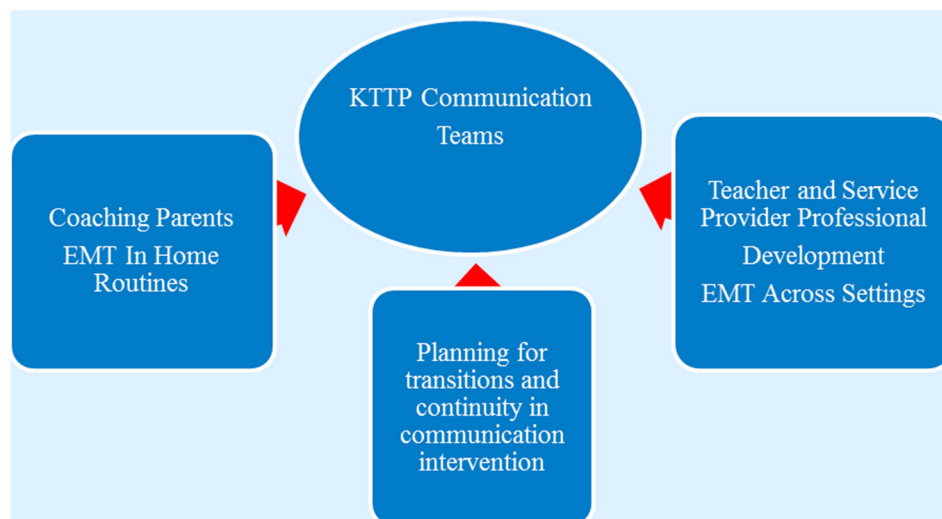
**Chapter 9:** Training Communication Coaches focuses on skills needed to be a communication coach and the process for training professionals to become communication coaches.

## IS KIDTALK TACTICS PROJECT (KTPP)?

KidTalk Tactics Project (KTPP) is a model demonstration project funded by the Office of Special Education Projects (OSEP) as one of three national centers focusing on translating research on naturalistic communication interventions for young children into practice. The goal of these national centers was to develop an early communication intervention model that can be effective in supporting continuous communication development in children ages 12-60 months.

### The KTPP model includes four main components (shown in Figure 1):

1. Coaching parents in KTPP intervention strategies: Enhanced Milieu Teaching (EMT) in home routines
2. Providing professional development to service providers using KTPP intervention strategies: EMT across settings
3. Building communication teams
4. Supporting transitions and continuity in communication intervention



## KIDTALK TACTICS PROJECT INTERVENTION

The KidTalk Tactics Project (KTPP) intervention is founded in naturalistic communication interventions and blends Family Guided Routines Based Intervention (FGRBI) with Enhanced Milieu Teaching (EMT) communication and language intervention strategies.

## NATURALISTIC COMMUNICATION INTERVENTION

Learning to communicate is a significant and complex developmental task for young children. Communication has a foundation in primary social interactions, but effective communication requires the coordinated use of cognitive, social, motor, and linguistic skills. The complexity of the social linguistic communication system and its interdependence with development in other domains makes this system relatively vulnerable to developmental delay. If a significant delay occurs in any domain of development, it is likely to affect communication development. Thus, most children with cognitive, motor, or social delays resulting from genetic or environmental causes are at risk for delayed development of language and communication skills.

KTCP communication intervention strategies are founded on on naturalistic communication intervention research. Communication is best learned and taught in natural environments.

Teaching and learning occurs in children's typical environments and during typical daily activities (play, care giving, transitions). Teaching occurs when the child is interested and when it is in response to what the child is already communicating (Rule, Losardo, Dinnebeil, Kaiser, & Rowland, 1998). Child interest in the activity and the adult's responsiveness to the child's communication are central to naturalistic teaching. Naturalistic teaching in everyday environments increases dosage of early communication intervention and promotes child generalization of newly learned communication skills.

Child interest in the activity and the adult's responsiveness to the child's communication are central to naturalistic teaching.

### There are two main components to the KTCP communication intervention:

1. Teaching specific strategies (EMT) to important adult communication partners (parents, caregivers, and service providers)
2. Embedding intervention strategies into preferred daily routines (FGRBI)

Beginning in the 70's, studies demonstrated that parents can be taught specific strategies to support their children's language learning (Alpert & Kaiser, 1992; Fey, Cleve, Long, & Hughes, 1993; Hemmeter & Kaiser, 1994; Kaiser et al., 2000; Mahoney & Powell, 1986). While early analysis of the effectiveness of parents as interventionists yielded somewhat mixed results (McCollum & Hemmeter, 1997; Tannock & Girolametto, 1992), recent studies show evidence that changes in children's communication are associated with specific changes in parent behavior (Alpert & Kaiser, 1992; Fey et al., 1993; Hancock, Kaiser & Delaney, 2002; Kaiser et al., 1998, Kaiser et al, 2000, Kaiser & Delaney, 2001; Law, Garret & Nye, 2004). Positive child outcomes in parent-implemented interventions appear to be accounted for by three factors: (1) specificity of intervention taught to parents, (2) effectiveness of strategies for training parents, and (3) resulting parent generalization and maintenance over time and activity settings.

In two studies, parents embedded intervention in their preferred daily routines and activities using naturalistic strategies, such as time delay or expansions, to increase communication (Woods et al., 2004; Kashinath et al., 2006). Child outcomes of increased frequency and complexity of communication usage were achieved and generalization of adult strategy use occurred across multiple types of routines (e.g. caregiving, play, community outings) when parents received feedback on their performance in more than one routine type (Woods et al., 2004; Kashinath et al., 2006).

The KTCP intervention provides an example of how to implement evidence-based strategies into natural environments and within the service delivery framework. Intervention procedures blend strategies from two established early communication intervention projects, KidTalk/EMT (Enhanced Milieu Teaching) at Vanderbilt University and Tactics/FGRBI (Family Guided Routines Based Intervention) at Florida State University.

## **FAMILY GUIDED ROUTINES BASED INTERVENTION**

Family Guided Routines Based Intervention (FGRBI) is a model for teaching embedded intervention strategies in natural environments. In this model, effective adult teaching strategies and the individual adult learner's preferences guide how strategies are taught. Naturally occurring family routines are the context for intervention.

### Adult teaching strategies include:

1. Guided practice with feedback
2. Caregiver practice with feedback
3. Modeling/Demonstrations
4. Video models/Parent video
5. Problem solving
6. Data sharing
7. Direct teaching
8. Visuals

A routine is defined as an activity that is repeated daily or multiple times a day.

### A routine:

1. Has a beginning, middle, and end
2. Is meaningful to the child and adult
3. Is predictable
4. Follows a logical sequence
5. Results in functional outcome

FGRBI provides context for teaching and EMT is the content being taught in the KTCP intervention model.

## **ENHANCED MILIEU TEACHING**

Enhanced Milieu Teaching (EMT) is a naturalistic, conversation-based intervention that is centered around using child interests, initiations, and communication in play and other meaningful routines as opportunities for modeling and teaching language skills.

### EMT strategies include:

1. Setup an interactive context between the adult and child
2. Notice and respond to child communication
3. Model and expand play
4. Model and expand communication forms
5. Use time delay strategies
6. Use prompting strategies

EMT intervention strategies are described in detail in chapter 2.

**FGRBI provides the context for teaching and EMT is the content being taught in the KTCP intervention model.**

## **COACHING PARENTS: EMT IN HOME ROUTINES**

KTCP intervention begins with parents and caregivers at home. KTCP communication coaches assess child skills, observe routines, teach parents to use EMT strategies in family routines, and provide other support and information around child communication and development. Parents are empowered to co-construct their child's communication goals, collaborate on implementation of intervention strategies, and are given support to be leaders in their child's communication team. KTCP is based on the premise that parents are their children's first communication partners. Thus, parents are taught to incorporate EMT strategies into their family's daily routines to improve children's communication outcomes by providing sufficient intervention in naturalistic and functional contexts. Routines provide the context for intimate, responsive, and functional opportunities to use and learn new language. Chapter 3 describes the process of coaching parents at home.

## **BUILDING COMMUNICATION TEAMS**

KTCP emphasizes the formation of communication teams so that parents, family members, and service providers can share information, coordinate intervention efforts, and ensure continuity in communication supports for children. Parents choose who constitutes their child's communication team and have the option of having some team members trained in the intervention. Typically, members of a child's communication team include the child's parents and other important relatives, teachers, and therapists (speech and language pathologists, occupational therapists, physical therapists). The process of building communication teams and ways to support ongoing communication among team members is explained in Chapter 4.

**KTCP is based on the premise that parents are their children's first communication partners.**

## **PROVIDING PROFESSIONAL DEVELOPMENT TO SERVICE PROVIDERS**

The KTCP model focuses on supporting communication in everyday environments. Therefore, the model also involves providing professional development to teachers and other service providers to ensure that children have sufficient opportunities and adequate support for learning new language. Professional



development provided by KTCP communication coaches centers around using EMT strategies in classroom and therapy routines. Chapter 5 details providing professional development in the KTCP model.

## SUPPORTING TRANSITIONS AND CONTINUITY IN COMMUNICATION INTERVENTION

Another focus of the KTCP model is coordinating children's communication intervention as they transition from Part C infant and toddler services into Part B preschool services and later into kindergarten. KTCP communication coaches support families through the transition process. Communication coaches provide information about programs in the area, tour programs with parents, prepare materials about the child to share with new service providers, and attend meetings with parents. Additionally, communication coaches are available to consult with new service providers on EMT strategies for continuous communication support. Chapter 6 describes the process of supporting transitions in further detail.

## WHO DELIVERS THE KTCP INTERVENTION?

Communication coaches are key personnel who coordinate communication intervention and assessment and work with children, their parents, teachers, and therapists over time to ensure that communication is addressed in all of the children's everyday environments. Communication coaches also serve as a resource for parents who lead their children's communication teams.

KTCP communication coaches are graduate students and professionals who are trained in the KTCP model and very familiar with both child communication skills and strategies for working with adults to teach them new skills for interacting with children. Communication coaches work directly with children, parents, teachers, and therapists to teach skills and strategies that support children's communication development during early childhood.

KTCP communication coaches are mainly speech-language pathologists or early childhood special educators. Communication coaches typically have between 1-11 years of early intervention or related experience. Anyone with an understanding of child development and early intervention services, who also has skills for working with adults can be trained to be a communication coach. Chapter 9 describes the job functions of coaches and the process of training coaches.

**Communication coaches work directly with children, parents, teachers, and therapists to teach skills and strategies that support children's communication development during early childhood.**

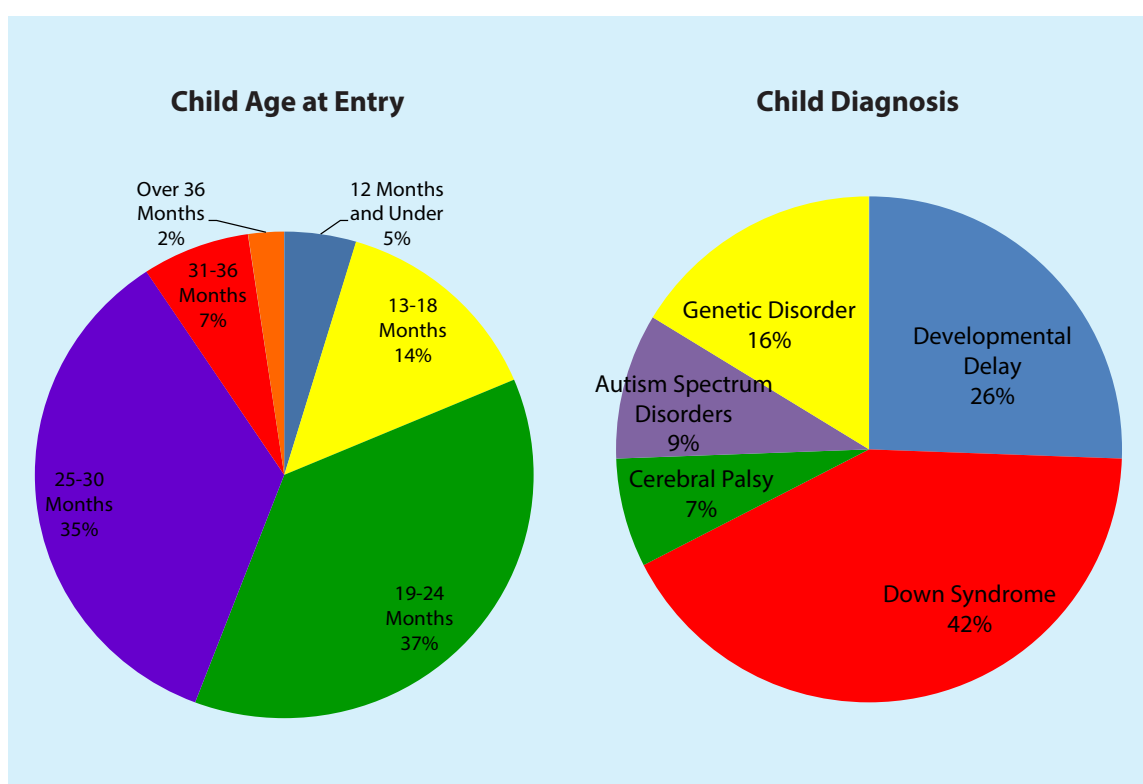
## WHO PARTICIPATED IN KTCP?

This project was designed to address the communication support needs of young children and their families beginning when children were between 15-30 months old. Children in the project qualified for Part C services, and evidenced a significant delay in developing language or communication. Children with a range of communication skills were considered appropriate for the project, including children who were in the pre-linguistic stages of language development, both non-verbal and verbal, and children who used augmentative and alternative communication (AAC), or signs.

KTTP enrolled children with Down syndrome, global developmental delays, language delays, cerebral palsy, Dandy Walker syndrome, Cri du Chat, William's syndrome, Autism Spectrum Disorders, and Vater's syndrome.

The children who participated in the project were generally representative of two groups of children who are identified early for Part C services: children with significant disabilities apparent within the first year of life and children at high risk due to prematurity, poverty, or family risk factors. Children with genetic conditions and who had significant medical events in the first months of life constituted most of the project participants. Forty-two percent of children who participated in KTTP were females and 58% were males. Figure 3 provides summary demographic information of children who participated in the project.

Figure 3.





For families to participate in KTCP, at least one parent was available for one to two home sessions per week, for at least six months. Parents were willing to be taught EMT strategies and consented for their children to participate in assessment and intervention procedures. Each family was given the opportunity to form a communication team with their child's early intervention service providers and was given the option to have other members of the child's communication team taught KTCP strategies to use with their child.

Most of families who participated in this project were Caucasian, middle to upper middle class and highly educated. However, there was some socioeconomic and ethnic diversity in project participants. African-American families made up 9% of project participants and 2% were Hispanic. About 87% of the primary caregivers had at least a college degree. Annual household income varied from less than \$5,000 to over \$60,000. Sixteen percent of families reported an annual household income of less than \$30,000; 10% reported an annual household income of \$30,000 to \$60,000; and 55% reported an annual household income of over \$60,000 (19% of families declined to answer).

Most often, mothers were the primary parent involved in the project; however, fathers participated in EMT training, child assessments, planning for intervention and as members of communication teams. Siblings were frequently present during home visits and other family members (aunts, grandparents, godparents) participated as communication team members. Some families were led by single mothers.

Families participating in the project were enrolled through two methods. First, at one project site, all families whose children were eligible for Part C and who were enrolled at one of two inclusive preschools were invited to participate in KTCP. Because the goal of the project was to provide communication supports for children across natural environments, beginning with inclusive preschools as the core sites ensured access to teachers, therapists and classrooms.

Second, at the other project site, families were recruited through the local Part C programs. Children in these families were not in childcare when their families entered KTCP. The KTCP program was provided as part of the families' Part C services. At this site families were recruited through the local Part C service providers and the KTCP program was provided as part of the families' Part C services.

# Family Guided Routines Based Intervention



1

## Introduction to Chapter

Family guided routines based intervention (FGRBI) is an approach that emphasizes the importance of the family guiding the process that embeds intervention on their child's outcomes within the child's and family's preferred routines, activities and places. It is easiest to explain FGRBI by defining the FG-family guided first. The term "guided" rather than centered is used to clearly identify the family as the team member leading the way. FGRBI maintains the characteristics of family centered practice that are recommended and evidence-based in early intervention or EI (ASHA, 2008; National Early Childhood Technical Assistance Center [NECTAC], 2008; Sandall, Hemmeter, Smith, & McLean, 2005). That is, FGRBI promotes the child's overall development and welfare within the family unit, seeks to develop relationships that promotes parent and professional partnerships, promotes the caregivers' ability to manage their own lives, and affirms the role of culture, values, and family beliefs in their family's community of choice (Winton, Brotherson, & Summers, 2008).



## Chapter 1: Family Guided Routines Based Intervention

### FAMILY GUIDED

Family guided emphasizes the importance of empowerment practices such as family participation in decision-making, enhancement of problem-solving skills, and self-efficacy. There are four things the early interventionist (communication coach) actively engages in when implementing FGRBI (Bernheimer, 1999; Dunst, Trivette, & Hamby, 2007):

1. The early interventionist seeks out and respects the caregivers' views.
2. The early interventionist ensures equal participation of family members in the decision-making process.
3. The early interventionist recognizes the caregivers' rights to make decisions even when decisions are contrary to the professionals' views.
4. The early interventionist individualizes the coaching process to support the caregiver's capacity and confidence.

Central to all definitions of family centered and family guided are respectful and reciprocal practices that promote competence and positive functioning by acknowledging the strengths of families and providing opportunities for their use of practices to enhance their children's development. Simply said, FGRBI seeks to address one of the gaps that has been identified in the research on implementation of family centered supports and services, the role of the family as decision-maker.

Studies consistently indicate that there is a gap between research and practice, resulting in the conclusion that implementing family-centered practices may be easier said than done (Guralnick, 2005). Certain components of service delivery were revealed to continue to be professionally centered, including identification of service providers, outcomes, contexts and intervention strategies to be used, and decision making about transitions in the early intervention system.

### ROUTINES BASED INTERVENTION

And what about the RBI or routines based intervention component? Everyday activities, events and routines are the context for the intervention. As families describe how, when and what they believe are important communication exchanges for their child, they are also identifying when they communicate and how they would like their child to participate with them in functional and meaningful roles by communicating. Gathering information about the families preferred routines for teaching their child provides the opportunity to learn more about how they already communicate. Communication coaches identify and build on what the family is already doing without imposing a prescribed set of activities or a regimen to practice. They help caregivers increase opportunities for practice across routines and not just within a single routine and help the caregiver provide opportunities for the child to communicate without interfering with the routine.

Building on what families already do increases their confidence and helps to build a collaborative relationship with the communication coach. Further, embedding intervention into everyday routines and



## Chapter 1: Family Guided Routines Based Intervention

activities for young children supports functional learning opportunities, allows for sufficiency of systematic intervention, and promotes generalization of skills. Systematic planning helps ensure the intervention embedded within the routines is both effective for the child and efficient for the caregiver. As a part of the joint planning process, caregivers and team members individualize the routine plans to accommodate the child's skills and preferences using the caregiver's sequence and steps of daily routines. Using a systematic process helps the caregiver make embedding intervention a part of their routine and facilitates their ability to plan routines with embedded opportunities as they occur incidentally.

### THE CAREGIVER AND COACH RELATIONSHIP

As in most multifaceted and dynamic relationships, the roles associated with the collaborative consultation approach used in FGRBI vary in their complexity and frequency of use, and some are more challenging to define than others. Some of these roles are more familiar to early interventionists. Learning about the child's communication and generating ideas for how to support the child's communication development are both familiar activities. Yet learning about family goals and priorities, embedding communication goals into their daily routines, and helping caregivers learn to use communication strategies to support their child might be less familiar. The latter role—helping caregivers learn to embed communication strategies into their daily routines—requires the early interventionist to adopt a role frequently described in the literature as a coaching approach (Hanft, Rush, & Shelden, 2004; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007).

In coaching, the early interventionist interacts in a bidirectional and reciprocal manner with the family and assumes roles as both a teacher and a learner. Describing the early interventionist as a coach or teacher of caregivers on behalf of the child may seem inconsistent family guided supports and services. However, the action verbs coach and teach are not used to promote the early interventionist as an expert in the consultative relationship, but rather to remind the early interventionist that the caregiving adults in the relationship are not likely to have expertise or experience in the communication interventions they need to support their child's learning. The words coach and teach, grounded in different theoretical philosophies, both describe one component of the KTCP collaborative consultation process, the piece that involves sharing information intentionally and systematically to promote learning and skill mastery. This occurs when one person shares information or skills with another person with the explicit intention that learning will occur.

For their part, caregivers also act as teachers or coaches in an interactive and participatory relationship (Lave & Wenger, 1991). Caregivers provide at least five types of information to the early interventionist in their role as teacher:

1. Caregivers explain the nature of the child's daily routines.
2. Caregivers inform the early interventionist about the child's interests.
3. Caregivers decide which strategies might and might not work for their child.
4. Caregivers decide whether the strategies fit the culture and values of the family.



## Chapter 1: Family Guided Routines Based Intervention

It is our belief that the manner or format for sharing the information is what makes the process family guided or not. The application of a situated learning model where teaching and learning occur through co-participation in meaningful and relevant activities is appropriate because the early interventionist and caregiver contribute and gain knowledge and skills as partners to support the child's development (Dunst & Trivette, 2009a; Lave & Wenger, 1991).

### PROMOTING ADULT LEARNING

Promoting adult learning becomes a critical skill set for the early interventionist because providing content essential to the child's development and intervention plan is an important role in early intervention (ASHA, 2008; Dunst & Trivette, 2009a). Early interventionists cannot support the caregiver-child relationship if they do not share relevant information with the adult caregiver in formats that promote the adult's learning within everyday routines and activities. As such, early interventionists require knowledge about, and methods for, presentation of instructional strategies that are efficient and effective in teaching adults in order to skillfully integrate these strategies into family-guided practices. A bidirectional teaching and learning relationship between the early interventionist and caregiver is the basis for a truly individualized family-centered KTCP approach. More information on adult learning strategies used in KTCP and the KTCP parent coaching process is found in Chapter 3.

Family-guided routine based interventions are flexible, adaptable and change with the child and family. For some families sequencing and repetition are integral; while for others, it is an accident! While we do know that children learn when the environment provides a predictable framework, it is not necessary to schedule or reorganize (or attempt to!) lives of families. Our purpose is not to design "automatic" or "prescribed" plans, but rather to increase the care provider's ability to incorporate and practice on IFSP (individualized family service plan) outcomes as they occur throughout the child's and family's day in whatever style they choose to live. Predictability does not mean prescriptions for interaction.

### BLENDING FGRBI AND EMT

Family-guided routines based intervention uses what the child and family does and embeds EMT intervention; not the reverse. The family's preferences provide the foundation. EMT is added when and where it is most comfortable and compatible. Our purpose is not to train parents to be interventionists--to do what we do. Our purpose is to include what will help the child learn and gain effective communication in typical activities as they occur within the child's and family's lives.

### COACHING CAREGIVERS

Recognizing the centrality of caregiver-child interactions represents a paradigm shift from viewing the caregiver as a peripheral player in child-focused interventions to a service delivery model where the early interventionist focuses on strengthening caregiver-child communication exchanges. This caregiver-focused approach requires the early interventionist (communication coach) to have two distinct skill sets. First, they must be fluent in evidence-based interventions that help support child development in general, and specifically, communication appropriate for infants and toddlers. Second, they must be proficient in using the consultative process in collaboration with the important communication partners in children's lives—their caregivers. Caregivers inform the early interventionist about the child's strengths.

# Enhanced Milieu Teachings Strategies

2

## Introduction to Chapter

Enhanced Milieu Teaching (EMT) is an evidence-based naturalistic communication intervention for young children (Prelock, Paul, & Allen, 2011; Kaiser & Trent, 2007; Hancock & Kaiser, 2006). Child interests and initiations are used to model and prompt language in naturally occurring contexts. EMT strategies include:

- Set up an interactive context between the adult and child
- Notice and respond to child communication
- Model and expand play
- Model and expand communication forms
- Use time delay strategies to increase child communication
- Use prompting strategies to help children practice using new forms



Key assumptions of EMT and communication goals for all children are summarized in Figure 6.

*Figure 6*

EMT Assumptions
<ul style="list-style-type: none"><li>• All children are communicating NOW</li><li>• Communication is based on the social interaction between the adult and child</li><li>• Communication develops on a platform of shared joint attention and behavior</li></ul>
Communication Goals
<ul style="list-style-type: none"><li>• Increase the rate of functional communication</li><li>• Increase the diversity of functional communication</li><li>• Increase the complexity of functional communication</li><li>• Strengthen social engagement</li><li>• Promote generalization across contexts</li></ul>

Table 1 on the following page gives an overview of EMT intervention components used in the KTTP Model. Handouts A and B at the end of this chapter provide a summary of EMT.





## Chapter 2: Enhanced Milieu Teaching

Table 1

Components of Enhanced Milieu Teaching (EMT)	
Intervention Component	Procedure
Set up an Interactive Context  between the Adult and Child	<ul style="list-style-type: none"> <li>• Be physically available</li> <li>• Follow the child's lead in communication and activity</li> <li>• Limit directions</li> <li>• Comment on shared activity between adult and child rather than asking questions</li> <li>• Choose and arrange toys and activities/routines to support and extend child engagement</li> <li>• Organize the physical environment to help the child focus on the activity and communication</li> <li>• Support positive behavior during the interaction by substituting desired activities for undesired activities</li> </ul>
Notice and Respond	<ul style="list-style-type: none"> <li>• Notice all child communication</li> <li>• Respond to all child communication</li> <li>• Respond by talking about what the child is doing</li> <li>• Relate response to what the child is communicating</li> <li>• Balance communication turns with the child</li> <li>• Mirror and map</li> </ul>
Modeling and Expanding Play	<ul style="list-style-type: none"> <li>• Choose toys that are interesting</li> <li>• Follow the child's lead</li> <li>• Model new play when the child is stuck in a play routine</li> <li>• Model new play when the child is doing something inappropriate</li> <li>• Mirror the child's action and add a different object or action and wait</li> </ul>
Modeling and Expanding  Communication Targets	<ul style="list-style-type: none"> <li>• Model language at the child's target level</li> <li>• Model specific language targets using the child's communication mode</li> <li>• Expand child's communication when child communicates at the target level</li> <li>• Expand by imitating the child's communication and adding target words or signs</li> </ul>
Time Delay Strategies	<ul style="list-style-type: none"> <li>• Provide inadequate portions</li> <li>• Create a situation in which the child needs assistance</li> <li>• Set up a play routine with the child and wait before doing the expected action</li> <li>• Wait with cue in very familiar routine by pausing before doing the expected action</li> <li>• Give non-verbal choices by holding up two objects</li> </ul>
Prompting Strategies	<ul style="list-style-type: none"> <li>• Prompt for targets when the child is making a clear request and not using a target</li> <li>• Prompt only for targets the child does not use independently</li> <li>• Set up a prompt by using a time delay strategy (listed above), an open question, a choice question, or a model procedure ("say" prompt)</li> </ul>



### ENHANCED MILIEU TEACHING STRATEGIES

#### Set Up an Interactive Context between the Adult and Child

Ideal contexts for teaching and learning new forms of communication involve a child who is interested in communicating, an adult who is available to interact with the child, and a shared focus of attention that is the topic for communication. Children are most likely to communicate and most available for learning new functional communication forms when they are engaged in an activity they enjoy. Thus, play and preferred routines and activities are the best contexts for EMT. Adults set up an interactive context with the child by being available to the child and organizing the environment to support communication interactions.

Children are most likely to communicate and most available for learning new functional communication forms when they are engaged in an activity they enjoy.

#### There are seven behaviors that adults do to set up an interactive context for communication:

1. Be physically available and at the child's eye level.
2. Follow the child's lead in the activity and the communication interaction.
3. Limit directions about the activity.
4. Comment on the adult and child's shared activity rather than asking direct questions.
5. Choose and arrange toys and activities/routines to support and extend child engagement.
6. Organize the physical environment to help the child focus on the activity and communication.
7. Support positive behavior during the interaction by substituting desired activities for undesired activities.

Figure 7 on the following page shows an example of a parent establishing an interactive context for communication with her son who uses a wheel chair and has limited independent movement. Handout C at the end of this chapter includes strategies for setting up an interactive context for communication.





### SET UP AN INTERACTIVE CONTEXT FOR COMMUNICATION

#### Principle 1: Be physically available

Bobby's mom, Janey, sits on a chair next to his wheelchair so that she is on eye level with him rather than expecting him to look up to her standing over him.

#### Principle 2: Follow the child's lead

Janey listens and watches Bobby to determine what he is communicating. When Bobby's visual focus of attention shifts from his toy sheep to a mobile hanging near his chair, she follows his focus, spins the mobile and comments to him "Whee! Go!"

#### Principle 3: Limit directions

When Bobby loses interest in the sheep and the mobile, Janey places a ball on the tray in front of Bobby and rolls it back and forth and then offers it to him. She uses non-verbal behaviors to direct his attention to an object, the ball, instead of giving directions such as "look at the ball."

#### Principle 4: Comment on shared activity

Janey comments on the activity by giving language-rich descriptions of what they are both doing. When Bobby is looking at the sheep, Janey says, "I see sheep," instead of asking, "Are you looking at the sheep?" Bobby laughs at the sheep and Janey says, "Silly sheep!" instead of asking, "Is that funny?"

#### Principle 5: Choose and arrange toys and activities/routines to support and extend child engagement

Janey chooses toys that are interesting to Bobby and that allow him to participate in the activity. Bobby's sheep is connected to a big switch, allowing him the support he needs to independently make the sheep go.

#### Principle 6: Organize the physical environment to help the child focus on the activity and communication

Janey allows Bobby to choose one toy at a time and puts other toys away and out of sight. This allows Janey and Bobby to focus on the toy that is in front of them and have focused engagement for language teaching.

#### Principle 7: Support positive behavior during the interaction by substituting desired activities for undesired activities.

Janey uses positive behavior support strategies to help Bobby play appropriately with his sheep. When Bobby tries to activate his switch by mouthing it, Janey redirects him and physically prompts him to use his hand and says, "We use our hand to make sheep go!" She then uses behavior specific praise to increase Bobby's motivation for using his hand, "Good job using your hand to make sheep go!"



### NOTICE AND RESPOND

Noticing and responding to all child communication lets the child know that his or her communication is important. Acknowledging and responding to communication is reinforcing to the child and will encourage the child to communicate more. Increasing the frequency of child communication is the first step in promoting new communication skills. The more the child communicates the more practice he or she gets and the easier it becomes to communicate.

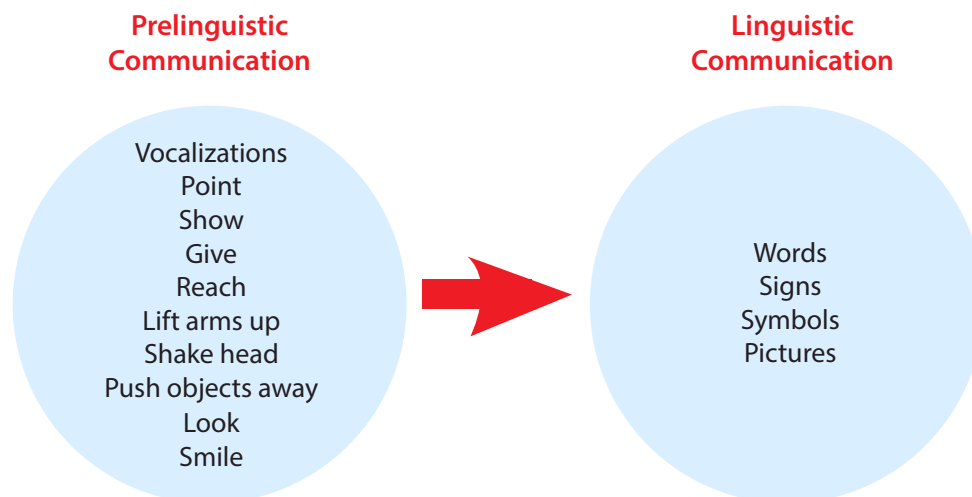
#### Strategies for notice and respond are:

1. Notice all child communication.
2. Respond every time the child communicates.
3. Take balanced communication turns with the child.
4. Mirror the child's actions and map or describe these actions with words, signs, or symbols (AAC).

EMT's notice and respond strategy is based on the key principle all children are communicating now. In EMT, adult communication partners are taught to pay attention and notice the forms of children's current communication. With young children who are learning to communicate, it can be challenging to recognize communicative gestures, vocalizations and sign and word approximations. Handout C at the end of this chapter outlines notice and respond strategies.

Figure 8 shows some prelinguistic and linguistic forms of child communication.

*Figure 8*





## Chapter 2: Enhanced Milieu Teaching

Children communicate to comment and request. Adults are taught to respond to child communication with words and actions that are related to what the child is communicating. Communication is a social interaction between the adult and child. Social interactions ideally have similar contributions by both partners; thus, adults are taught to balance their communication turns with the child. The adult responds when the child communicates and then pauses to give the child an opportunity to take a communication turn.

**The adult responds when the child communicates and then pauses to give the child an opportunity to take a communication turn.**



Most adults need practice identifying children's communication turns when they are beginning to use EMT principles. Intentional communication takes many forms: gestures, vocalizations, words, signs and actions. Early gestures may include broad reaching in the general direction of an object or more specific pointing to the object. For children with limited motor development, eye gaze, vocalizations and increased movement may be communicative. Communicative vocalizations may be difficult to distinguish from ongoing sounds. A general principle in EMT is to treat behavior as if it is communicative and to respond in order to shape children's communication toward forms that are more easily recognized by communication partners.

Adults are also taught to mirror the child actions and map or describe their shared actions. In mirroring, the adult joins the child in his immediate actions and imitates the child's non-verbal behavior. For example, if the child stacks a block, the adult contingently imitates that behavior and stacks a block close to the child's block. The adult then maps language onto their shared activity by talking about what she and the child are doing at that moment (i.e. "we stack blocks"). The sequence is shared action then describe with words: the adult first imitates the child's action and then talks about what they are both doing. This strategy keeps the child engaged in the activity by having the adult follow the child and join in his activity, and makes language meaningful by connecting it to the activity.

Figure 9

### Mirror and Map

#### Principle 1: Mirror

Alice imitates Jackson's non-verbal behavior by putting a block in the giraffe shape sorter immediately after Jackson puts his block in.

#### Principle 2: Map

Alice describes what Jackson and she are doing by saying, "block in."

Mirroring and mapping also allows the adult and child to have balanced turns even when the child is not communicating frequently. Figure 9 shows an example of mirroring and mapping and Handout D at the end of this chapter explains mirroring and mapping.



### MODELING AND EXPANDING PLAY

EMT uses play with objects as a frequent context for adult-child communication interactions. Play is broadly defined to include children's play with objects (manipulative toys such as blocks and shape sorters, cause and effect toys, familiar objects such as babies, dishes, toy cell phones) and play in social routines with adults (peek-a-boo, tickle games, rolling a ball back and forth). Teaching communication in the context of children's play with objects and in social games allows adults to introduce new functional communication forms in the context of engaging activities that are interesting to the child.

#### During play the adult does four key behaviors:

1. The adult continues to follow the child's lead.
2. The adult mirrors the child's actions and maps language onto their shared activity.
3. After the child has done the same action or played with the same objects repeatedly or if the child is doing something inappropriate with the toy, the adult models a new play action or introduces a new object.
4. The adult waits to see if the child is interested. If the child is interested in the play action the adult then goes back to joining the child in play. When the child is not interested in the new play action or object, the adult can try something different or go back to following the child's lead and try to model new play later.

The adult models new play actions when the child is doing the same action over and over or when the child is doing something undesirable with the toy. The adult still focuses on following the child's lead, but suggests a new play action or object and waits to see if the child is interested. If the child is interested the adult continues to model the new action. If the child is not interested, the adult goes back to following the child's lead. Figure 10 illustrates an example of modeling and expanding play.

Figure 10

Modeling and Expanding Play
Alice models and expands Jackson's play by following his lead, mirroring and mapping, and suggesting new play actions.

**Modeling new play:**  
(1) Increases child play skills,  
(2) gives the adult and child more objects and actions to talk about, and  
(3) creates opportunities for new language in a functional context.





## Chapter 2: Enhanced Milieu Teaching



### Principle 1: Follow the Child's Lead

Alice begins the play routine by giving Jackson the materials and waiting to see how he interacts with them. Jackson begins by putting the blocks in the shape sorter.

### Principle 2: Mirror and Map

Alice joins Jackson's play by mirroring his play action by putting a block in after her puts one in and labeling it "block in."

### Principle 3: Model New Play Action

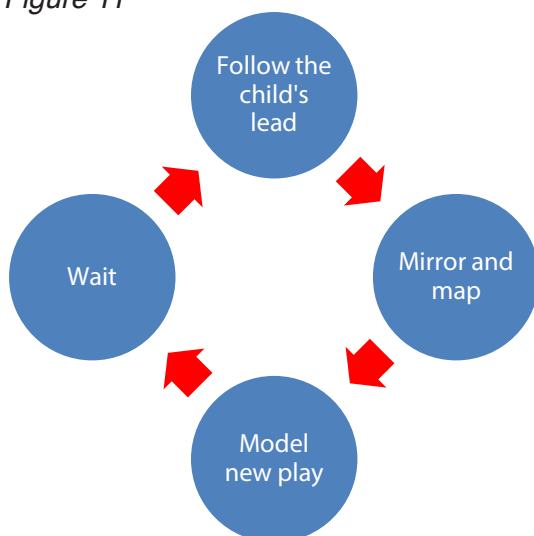
Jackson begins to lose interest in the blocks after Alice and he have had several turns putting the blocks in the shape sorter. Alice models a new play action by starting to stack the blocks.

### Principle 4: Wait

Alice waits to see if Jackson is interested in stacking the blocks. When Jackson begins stacking the blocks, Alice goes back to following his lead and joins him by mirroring and mapping his new action. If Jackson did not want to stack the blocks, Alice might try another action scheme such as putting the blocks in the basket.

Expanding play by modeling new play increases engagement time between the adult and child. Over time, modeling and expanding play increases the length of time that the child plays with a toy, the number of different actions the child does with a toy, and eventually the number and types of toys the child plays with. The diagram in Figure 11 illustrates the process of modeling new play to expand child play skills. Handout E at the end of the chapter explains modeling and expanding play.

Figure 11



## MODELING AND EXPANDING COMMUNICATION

Children learn communication by observing models in everyday contexts. Models of the forms and functions of communication are important for both the development of receptive and expressive language skills. Modeling is most effective as a teaching strategy when the forms modeled are close to the child's current communication level and when they follow child attempts to communicate. In EMT, target level communication and specific communication targets are chosen for each child.





### COMMUNICATION TARGETS

Choosing communication targets is an important component of EMT because it specifies communication that the child is expected to learn and allows the parent to model language at the target level and model specific target forms in the child's mode of communication.

#### Choosing targets is done on three different levels:

1. Identifying a communication target level (gestures, vocalizations, single-word utterances, two-word utterances, ect)
2. Identifying specific target forms (specific gestures, words, signs)
3. Choosing a communication mode (verbal words, signs, augmentative and alternative communication device)

### IDENTIFYING A COMMUNICATION TARGET LEVEL

Communication coaches teach adults to model target level communication for the child in the context of child interest and engagement with activities. Typically, target level communication is slightly above where the child is communicating most of the time. For example, if a child primarily uses gestures and vocalizations to communicate, single word utterances represent his new target level. Adults use "target level communication" in at least 50% of their utterances addressed to the child. The adult always uses at least one word utterances, however, for children whose targets include gestures, the adult will model the use of a gesture with a word. Matching the child's target level allows the child to hear or see models that are easy to imitate. Table 2 shows a summary of communication target levels depending on the child's current communication level.



After the child has done the same action or played with the same objects repeatedly or if the child is doing something inappropriate with the toy, the adult models a new play action or introduces a new object.

Effective models follow child attempts to communicate. Adults using EMT model expanded forms of communication when the child communicates at his current target level. When a child who has 1-word targets communicates with a single word, the adult responds with a 2-word utterance. The adult repeats what the child said and adds a word. Expansions connect the child's current communication to new language. Figure 9 shows an example of Modeling and Expanding Communication for a child in the project.



**TEXT THAT WAS NOT SHOWN ON THE ORIGINAL MANUAL.  
DO YOU WANT THIS IN THE NEW VERSION?**

Table 2

Communication Targets		
Child Current Communication Level	Child Target Level Communication	Adult Target Level Communication
<b>Early Prelinguistic Behavior</b> <ul style="list-style-type: none"> <li>single vowel vocalizations</li> <li>cry,</li> <li>smile</li> <li>reach for objects or people</li> <li>lift arms up</li> <li>turn away</li> <li>look at toys or adults</li> </ul>	<ul style="list-style-type: none"> <li>point</li> <li>show</li> <li>give</li> <li>shake head</li> <li>nod</li> <li>wave</li> <li>push away</li> </ul>	<ul style="list-style-type: none"> <li>single words and gestures</li> </ul>
<b>Late Prelinguistic Behaviors</b> <ul style="list-style-type: none"> <li>push away</li> <li>point</li> <li>show</li> <li>give</li> <li>nod</li> <li>head shake</li> <li>vocalizations that combine consonant and vowels</li> </ul>	<ul style="list-style-type: none"> <li>early single words, signs, or symbols</li> </ul>	<ul style="list-style-type: none"> <li>single words, single words+ sign, single words + symbol.</li> </ul>
<b>Single word user with less than 50 words</b>	<ul style="list-style-type: none"> <li>new single words, signs, symbols</li> <li>early two word utterances</li> </ul>	<ul style="list-style-type: none"> <li>new words, signs, symbols</li> <li>two word, sign, symbol combinations (using words, signs, or symbols the child already has)</li> </ul>
<b>1-2 word user</b>	<ul style="list-style-type: none"> <li>new vocabulary</li> <li>2-3 word utterances</li> </ul>	<ul style="list-style-type: none"> <li>new vocabulary</li> <li>3-5 word, sign, symbol utterances</li> </ul>
<b>1-4 word user</b>	<ul style="list-style-type: none"> <li>new vocabulary</li> <li>complete sentences</li> </ul>	<ul style="list-style-type: none"> <li>new vocabulary</li> <li>4-6 words (complete sentences)</li> </ul>



### IDENTIFYING SPECIFIC TARGET FORMS

Specific words, signs, or symbol targets are chosen for children based on developmental information from assessments and with input from the family. The majority of children participating in KTTP have one-word targets upon entry to the project. Specific target words are early nouns, verbs, protoverbs, pronouns, and others. Target words are words that are easy for the child to produce, can be used across contexts, and are that functional for the family. Table 3 illustrates typical first words that children learn. Some of these words make great targets for children who are currently in the late pre-linguistic stage of communication. This table is a starting point for choosing targets, but families may have additional or other words that are functional for them and therefore will make better targets for their child.

Table 3

Nouns	Verbs	Protoverbs	Pronouns	Others
Mama	eat	up	mine/my	no
Dada	go	down		hi
ball	do	more		bye-bye
baby	open	all done		night-night
dog	look	on		uhoh
cat	play	off		yum
bottle (baba)	drink	again		
milk	help	in		
cookie	potty	out		
cracker				
nose				
eye				
hat				
shoe				
juice				
water				

- Target nouns are typically labels for things in the child's environment
- Target verbs include action words that function across contexts and in multiple routines in the child's environment
- Target protoverbs are early prepositions that function as verbs
- The target pronoun "my" or "mine" is learned early to express possession
- Other targets include other functional words for the child

**Target words are words that are easy for the child to produce, can be used across contexts, and are functional for the family.**



Several children in KTTTP use signs as a primary mode of communication at least at the beginning of intervention. Target signs must also be signs that the child has the motor ability to produce. Table 4 shows signs that are typically the first sign targets in KTTTP.

Table 4

Nouns	Verbs	Protoverbs	Pronouns	Others
ball baby bird boat book car cat cow dog duck fish hat horse puzzle sheep shoe	go push play eat drink open close help	up down in out on off	my	bye-bye (wave) hi (wave) more all done

- Target signs include words that are typical first words children learn
- Target signs include signs that are easy for young children with delayed fine motor skills to learn
- Target signs include signs can be used with young child toys and match play levels of young children
- Target signs include signs that can be used throughout the day and across routines

### CHOOSING COMMUNICATION MODE

In KTTTP, EMT intervention strategies are adapted for children who are non-speaking through the use of signs and or augmentative and alternative communication devices (AAC). All EMT strategies can be used incorporating signs and/or AAC. However, for children who were non-speaking, choosing a communication mode, working closely with a speech and language pathologist, and teaching parents and service providers about the child's mode are a central part of the intervention.

Typically, the child's communication mode is chosen by intervention session 8. This gives the communication



coach time to observe the child, observe a speech therapy session, communicate with the speech therapist, and determine what mode is functional for the child and family. Motor abilities, vision, hearing, choice making, discrimination, and imitation skills are considered when choosing mode. Some of these skills may need to be taught before the child can functionally use his or her mode of communication. Equally as important as assessing what mode will be functional for the child is determining what will be functional for the family. Table 5 outlines some considerations for choosing mode.

Table 5

	Signs	Picture Symbols/ Speech Generating Devices
<b>Who is a good candidate for this mode</b>	<ul style="list-style-type: none"> <li>Children who have the fine motor skills to make or approximate the signs</li> <li>Children who have imitation skills</li> <li>Children who are delayed in the production of verbal words or who are non-verbal</li> </ul>	<ul style="list-style-type: none"> <li>Children who have limited vision skills and need auditory input</li> <li>Children who have limited motor skills</li> <li>Children who are delayed in the production of verbal words or who are non-verbal</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>Signs are portable (no additional materials or devices are required )</li> <li>Low cost</li> </ul>	<ul style="list-style-type: none"> <li>Easy for all of the child's communication partners to understand</li> <li>There are many options of AAC devices to meet each child's unique abilities</li> </ul>
<b>Considerations</b>	<ul style="list-style-type: none"> <li>All of the child's communication partners must learn the child's signs</li> <li>Parents and service providers should have a wide vocabulary of signs to teach new vocabulary</li> </ul>	<ul style="list-style-type: none"> <li>Can be very expensive</li> <li>Child needs to be taught to functionally use the device</li> <li>Parents and service providers may need training on using and programming the child's device for high tech devices</li> <li>The device must be transported with the child</li> </ul>



Identifying target level communication, specific communication and language targets, and communication mode is essential in learning the third set of EMT strategies, modeling and expanding communication.

### MODELING TARGET COMMUNICATION

Adults are taught to model target level communication. At least 50% of the adult's utterances to the child should be at the target level. Adults also model specific target words, signs, or symbols and use the child's communication mode to model targets that the child is expected to use.

### EXPANDING COMMUNICATION

Adults expand the child's communication when the child communicates using a target. For example, when a child who has one-word targets uses a one-word utterance, the adult responds with a two-word utterance. Expansions are a powerful form of modeling. Expansions connect the language skills the child is currently using with slightly higher language skills. This helps children's language increase in complexity (i.e. move from one-word targets to two-word targets). Figure 12 illustrates an example of modeling and expanding communication. Handouts F, G, and H at the end of this chapter focus on modeling and expanding communication.

*Figure 12*

Modeling and Expanding Communication
<p>Polly's communication targets are one-word utterances and one-word signs. To model and expand communication her mom Laura responds to all of her communication and maps language on to their activity by using one-word utterances and/or one-word signs. Laura and Polly are playing with a train and blocks.</p>
<p>Polly puts a block in the train.</p>
<p>Laura mirrors her action and puts a block in. She maps language on to their shared activity and models target communication by signing and saying "in."</p>
<p>Polly pushes the train and signs, "go."</p>
<p>Laura expands Polly's communication by saying and signing "go train."</p>

### TIME DELAY STRATEGIES

Time delay strategies are non-verbal behaviors or cues from the adult that encourage the child to initiate communication. Generally, time delays set up an opportunity for the child to request an object or action, make a choice, or get assistance. These strategies provide the adult with more opportunities



to model communication, to respond to child communication attempts, and to reinforce the child for communicating. Time delay strategies embedded in an ongoing interaction can be used when the child is not communicating frequently to increase initiations. Time delays also can be used to teach choice making without putting direct demands on the child to use language.

### The key steps in time delays are:

1. Arrange the environment so there is a functional, positive consequence for the child's communication (a choice, assistance, a desired object).
2. Pause, focus on the child and wait for the child to make a communicative response.
3. When the child communicates, respond with a target level model.
4. Provide the child's requested consequence. If the child responds with target level communication form, respond by expanding that form to the next level.

### Time delay strategies include:

- **Inadequate portions:** The adult gives the child small or inadequate portions of a preferred material and waits for the child to request more.
- **Assistance:** The adult sets up a context in which the child needs assistance to get a preferred object and waits for the child to communicate for help.
- **Waiting with routine:** The adult creates a routine with the child where the child is interested and knows what to expect within the routine. The adult then pauses before performing the expected action and waits for the child to communicate.
- **Waiting with cue:** The adult uses an associated object and waits before performing the expected action.
- **Giving a choice:** The adult holds up two objects and waits for the child to indicate which he or she wants. The adult then labels the object or expands the child's communication and gives it to the child.

Table 6 shows examples of Time Delay Strategies. Time Delay strategies should be naturally embedded into the routine. If the child does not respond to the time delay, the adult should just model the appropriate communication and continue with the routine. For example, if Aiden did not say "go ball" and instead just looked at his dad, Aaron, or began to lose interest, Aaron would model "go ball!" and throw the ball to Aiden. Handout I at the end of this chapter describes Time Delay Strategies.

Table 6





Time Delay Strategies	
<b>Inadequate Portions</b>	Ellen is having snack with her dad, Mike. Mike gives Ellen one cracker and waits for Ellen to sign “cracker” before giving her the next one.
<b>Assistance</b>	Polly’s mom, Laura, gives her an unopened container with treats for her dog. Laura waits for Polly to sign “open” and then opens the container for Polly to give her dog a treat.
<b>Waiting with Routine</b>	Aiden and his dad, Aaron, are throwing a ball back and forth. After several turns of throwing the ball, Aaron holds the ball up and waits for Aiden to say, “go ball” before throwing the ball back.
<b>Waiting with Cue</b>	Lucas’ mom, Maria, puts Lucas in the tub and looks at him. She waits for him to say, “water” and then turns on the water in his bathtub.
<b>Giving a Choice</b>	Leila’s mom holds up a book and a ball and waits for Leila to point to the one she wants. Leila points to the book and mom says, “book” and reads to Leila.

### PROMPTING STRATEGIES

A prompt is a signal to the child to do or say something. There are four different types of communication prompts in EMT; time delay, open questions, choice questions, and model procedure. These prompts vary in amount of support the adult provides for the child’s communication response.



### BELOW ARE DESCRIPTIONS OF THE 4 TYPES OF PROMPTS:

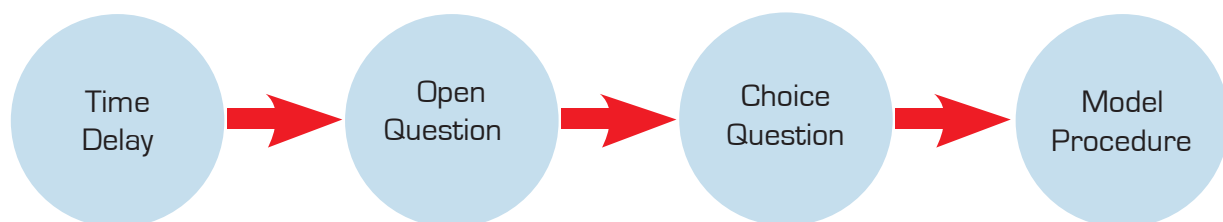
1. **Time delay:** A time delay prompt can be any of the specific Time Delay Strategies described in the previous section (providing inadequate portions, assistance, waiting in routine, waiting with cue, giving non-verbal choices). The adult pauses and waits for the child to communicate. This strategy has the least support because the child only has a pause to indicate communication is expected. Time delays are a bridge between supported communication and independent, or unprompted, use of communication.



2. **Open questions:** Open questions are questions that do not have a single correct answer. Open questions offer slightly more support than a time delay because they verbally cue the child to communicate a request. Examples of open questions include:
  - What next?
  - Where should the car go?
  - What do you want?
3. **Choice questions:** The adult asks the child a choice question that has no single correct answer. These questions offer the child more support by including the answer in the question. For example:
  - Cars or babies?
4. **Model procedure (“say” prompt):** The most supportive prompt strategy is the model procedure. When using this strategy the adult tells the child exactly what to say. For example:
  - Say, “car”

The adult may use one or more prompting strategy in a prompting sequence but the sequence must increase in support. For example, the adult may start with a time delay and then go to a choice question and model procedure, but may not start with a choice question and then go to an open question. Ideally, the adult chooses the prompt that provides the least amount of support and allows the child the most independence in communicating.

Figure 13



**Modeling a communication target several times before prompting increases the probability that the child knows what response is expected and will be able to produce it successfully.**

Generally, prompts are used only when the adult is confident that the child can produce the form being prompted. Modeling a communication target several times before prompting increases the probability that the child knows what response is expected and will be able to produce it successfully. Figure 13 depicts the prompting sequence going from least to most support.

The adult may use one or more prompting strategies in a prompting sequence but the sequence must increase in support. For example,



## Chapter 2: Enhanced Milieu Teaching

the adult may start with a time delay and then go to a choice question and model procedure, but may not start with a choice question and then go to an open question.

Figure 14 is an example from a transcript where the parent correctly uses a choice prompt for a child with two word targets. In this example the adult begins with a choice time delay by holding up two objects. The child requests an object without using a communication target. The adult continues the prompt sequence by labeling the two choice items. The child responds with one word (target is two words). The adult then uses a two-word model prompt. The child gives the correct response and the adult expands the child's communication. The prompting sequence does not disrupt the play.

Figure 14

**adult:** (begins with a time delay, by holding up a hamburger and hot dog)  
**child:** (makes an unintelligible request)  
**adult:** Eat hamburger or eat hotdog?  
**child:** hamburger.  
**adult:** say "eat hamburger"  
**child:** eat hamburger  
**adult :** I eat hamburger

Figure 15 is an example from a transcript of a correct prompting sequence which begins with a child request following a time delay. The adult and child are playing with water. The adult has started a routine of pouring the water over the child's hands. The adult pours the water several times and says, "pour" in the routine before starting this prompting sequence. When the child does not respond correctly after the adult gives the say prompt twice, the adult models the target and continues the play routine. Prompts can be very effective in helping children transition to independent production of new communication forms, but prompts can also frustrate children when not used appropriately.

Figure 15

**adult:** (begins with a time delay, by looking at child and holding up water container)  
**child:** (grabs water container and looks at adult)  
**adult:** say pour  
**child:** (does not respond)  
**adult:** (pours water) pour

Prompts should be used at a relatively low rate. No more than two to three prompts should be used in about five minutes of play. The best prompts are ones that help children communicate requests. Thus, adults should only prompt children to produce their communication targets, when there is a clear request from the child, and when they are not communicating at the target level. Finally, when children respond to prompting, it is important that the adult responds immediately, expands the child's communication attempt, and provides the requested object or assistance.

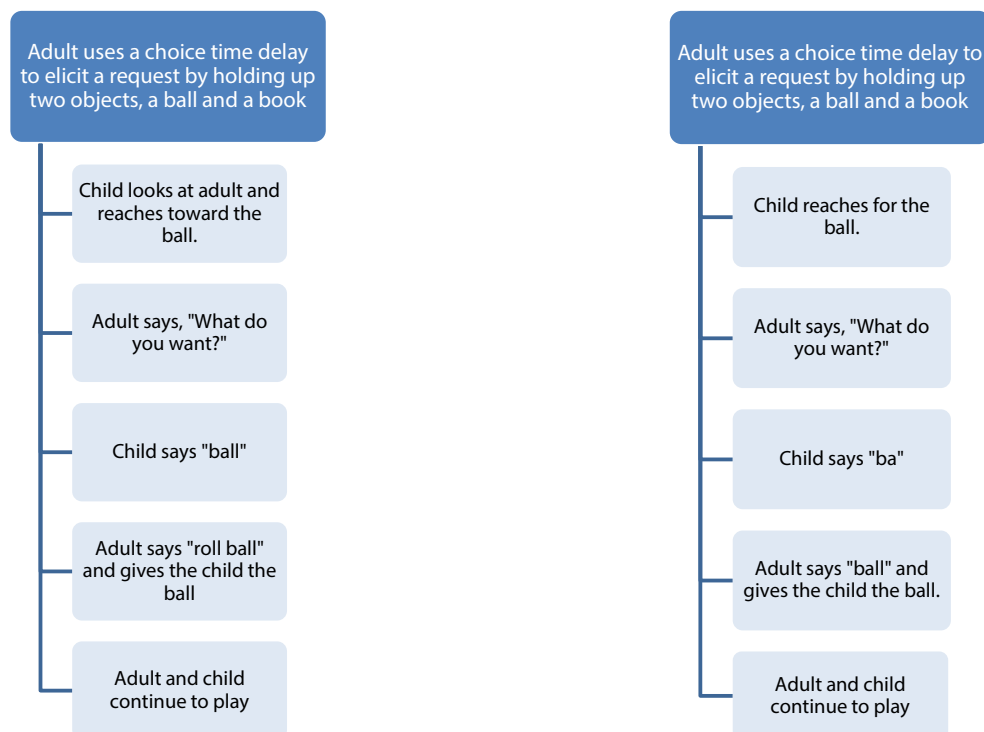


## Chapter 2: Enhanced Milieu Teaching

Simple sequences of prompting are recommended for young children. If the child requests by using a target, respond with an expansion and give the requested object. If the child uses form that is incorrect or lower than his target level, make a simple correction by prompting the child to say the target form one time. Regardless of the child's response (correct or incorrect), end the episode by verbally responding (say the target or provide an expansion if the child said the target) and provide the child's requested object or assistance. Prompting under these conditions gives children opportunities to practice language and communication in highly motivating context. Figure 16 shows the two examples of a simple version of prompting. Handouts J and K focus on prompting.

Simple sequences of prompting are recommended for young children. If the child requests by using a target, respond with an expansion and give the requested object. If the child uses form that is incorrect or lower than his target level, make a simple correction by prompting the child to say the target form one time. Regardless of the child's response (correct or incorrect), end the episode by verbally responding (say the target or provide an expansion if the child said the target) and provide the child's requested object or assistance. Prompting under these conditions gives children opportunities to practice language and communication in highly motivating context. Figure 16 shows the two examples of a simple version of prompting. Handouts J and K focus on prompting.

Figure 16



# Chapter 2 Summary

## Things to Remember:

The KTCP intervention includes teaching Enhanced Milieu Teaching strategies to parents, teachers, and other service providers in naturally occurring contexts, such as family and classroom routines.

EMT strategies are broken down into six categories:

1. Setup an interactive context between the adult and child,
2. Noticing and responding to child communication,
3. Modeling and expanding play,
4. Modeling and expanding communication,
5. Using time delay strategies, and
6. Using prompting strategies.

Teaching across contexts provides continuous communication support for children. The next chapter, Chapter 3, describes the process of teaching parents to use EMT strategies at home. Chapter 5 explains how teachers and other service providers are taught to use EMT strategies in the classroom and therapy contexts. The following pages contain EMT handouts.



## Enhanced Milieu Teaching

### Why Learn EMT?

- EMT is an evidence-based intervention with 20+ years of research.
- EMT is a naturalistic, conversation-based intervention that uses child interests and initiations as opportunities to model and prompt language in everyday contexts.
- EMT can be used throughout the day as part of your everyday life.

### What is EMT?

- EMT is a set of language tools to help you facilitate your child's communication growth.
- EMT strategies include:
  - Setting up an Interactive Context: enhancing opportunities for communication.
  - Noticing and Responding to Child Communication
  - Modeling and Expanding Play
  - Modeling and Expanding Communication
  - Using Time Delay Strategies
  - Using Prompting Strategies

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Hancock, T. B., & Kaiser, A. P. (2006). Enhanced Milieu Teaching. In R. McCauley & M. Fey (Eds.), *Treatment of Language Disorders in Children*, (pp. 203-233). Baltimore: Paul Brookes.

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Kaiser, A. P., Yoder, P. J., & Keetz, A. (1992). Evaluating milieu teaching. In S. F. Warren & J. Reichle (Eds.), *Causes and effects in communication and language intervention Vol. 1*, (pp. 9-47). Baltimore: Paul H. Brookes.





## Enhanced Milieu Teaching Terms

### Enhanced Milieu Teaching:

A naturalistic, conversation-based intervention that is centered around using child interests, initiations, and communication in play and in other meaningful routines as opportunities for modeling and teaching new language. EMT has been shown to be effective in enhancing the language and communication development of long children, as supported by 20 years of research.

EMT Strategies		
EMT Term	Definition	Example
Set up an Interactive Context for Communication	Organize the environment (have materials ready, only a few toys out at a time) to help the child focus on the activity. For play routines, choose toys that are developmentally appropriate for the child and that the child likes. Be physically at the child's eye level.	A teacher gets ready to read with her class by choosing a couple of books that are developmentally appropriate for the children in her class. She chooses a quiet area of the classroom that is clear of other toys. Once she is ready for the reading routine, she lets the children know it is time to read stories. The teacher sits on the floor where she can have eye contact with the children and the children can interact with her and the books.
Notice & Respond	Observe child, notice all of the ways they communicate, and respond to all of the child's communicative attempts in a way that is related to what the child is communicating.	Bobby: Reaches for a block and vocalizes.  Mom: "block!"
Balance Turns	Say one thing in response to the child's communication; wait (at least 5 seconds) for child to communicate again before you say something else. You may take another turn after 3-5 seconds if the child does not communicate.	Maria: book! Teacher: read book. Maria: turn. Teacher: turn page. {5 second pause} Teacher: read book.
Follow the Lead	Follow the child's interest. Limit questions and instructions. Join the child in play or engage with the child in a routine.	Charlie and his teacher are playing in the block center stacking blocks and knocking them over. Charlie starts to put the blocks in a box. His teacher follows his lead and puts blocks in the box with him.







# KidTalk Tactics Project

## EMT Strategies (continued)

EMT Term	Definition	Example
Mirror & Map	Imitate the child's action and describe what you are both doing.	Jackson's occupational therapist imitates his non-verbal behavior by putting a shape in the shape sorter immediately after Jackson puts a shape in the shape sorter (mirror). She describes what Jackson and she are doing by saying "shape in" (map).
Model Language and Communication	Use language at the child's target level (1 word utterances, 2 word utterances, 3 word utterances) and model specific words, gestures, signs that you are trying to teach the child.	Patty currently uses about 50 1-word sign utterances to communicate. Her target level communication is new signs and 2-word sign combinations. Patty's teacher models 2 word signs as she changes Patty's diaper in response to Patty.  Patty: signs "potty" Teacher: says and signs "go potty" Patty: vocalizes Teacher: says and signs "diaper on" Patty: signs "diaper" and vocalizes Teacher: says and signs "diaper on"
Expand Communication	Repeat child's communication and add new communication	Patty's teacher expanded Patty's communication two times in the diaper changing example. Patty signed "potty" and Patty's responded by saying and signing "go potty." Patty signed "diaper" and her teacher responded by signing and saying "diaper on."
Model Play	(1) Non-verbally show the child how to play with a toy if the child is not appropriately interacting with the toy.  (2) Non-verbally show the child a new action to do with the same toy or add in new materials into the play routine when the child is stuck in the same play for an extended period of time.	(1) Bobby's dad models coloring with a crayon on a piece of paper when Bobby tries to put the crayon in his mouth.  (2) Cara is squishing playdoh in her hands, her teacher follows her lead, mirrors her action, and maps language on to their shared activity by squishing the playdoh and saying "squish." After doing this for several times, the teacher tries rolling the playdoh. Cara is interested in rolling the playdoh. Her teacher rolls the playdoh after Cara rolls the playdoh and says "roll."





# KidTalk Tactics Project

## EMT Strategies (continued)

EMT Term	Definition	Example
Time Delay Strategies	<p>Time delay strategies are overt non-verbal situations set up by the adult to encourage the child to communicate. There are 5 types of time delay strategies.</p> <ul style="list-style-type: none"><li>(1) Inadequate portions</li><li>(2) Assistance</li><li>(3) Waiting with routine</li><li>(4) Waiting with Cue</li><li>(5) Giving a non-verbal choice</li></ul>	<p>(1) Ellen is having snack. Ellen's dad gives her one cracker and waits for Ellen to sign "cracker" before giving her the next one.</p> <p>(2) Rodney's teacher gives him his closed yogurt container at lunch. He gives it to his teacher and vocalizes. His teacher responds by saying "open" and opening his yogurt.</p> <p>(3) Aiden and his mom are throwing a ball back and forth. After several turns throwing the ball, his mom holds up the ball and looks at Aiden. Aiden says "ball" and his mom responds "throw ball" and throws Aiden the ball.</p> <p>(4) Lucas' teacher is helping him wash his hands. He holds the soap pump close to Lucas' hand and waits for Lucas to reach for the soap before labeling "soap" and putting soap on his hand.</p> <p>(5) Lucy's speech therapist holds up a drum and some bells. Lucy reaches for the bells and vocalizes. Her therapist responds "bells" and gives Lucy the bells.</p>
Milieu Prompting Strategies	<p>A prompt is a cue for a child to say or do something. There are 4 levels of prompt which increase in amount of support offered to the child.</p> <ul style="list-style-type: none"><li>(1) Time Delay (adult sets up one of the time delay strategies, offers least amount of support)</li><li>(2) Open question</li><li>(3) Choice question</li><li>(4) Say "prompt" (most amount of support)</li></ul>	<p>Jade has 1-word targets. She is playing with her teacher with a bus and little people. They are putting little people in the bus.</p> <p>(1) Jade's teacher holds up a boy and girl figure. Jade looks toward the boy.</p> <p>(2) Jade's teacher asks, "Who should go in next?" Jade keeps looking at the boy.</p> <p>(3) Jade's teacher says, "boy or girl?" Jade reaches for the boy.</p> <p>(4) Jade's teacher says, "say, boy." Jade says "buh." Jade's teacher responds, "boy" and gives Jade the boy figure.</p>





## A Context for Communication

### Play and Engage

Why?

- Children learn best when they are engaged and interacting with a communication partner
- Children are more likely to be engaged and learn language when they are doing an activity they enjoy
- When the adult plays with the child at his/her level, the adult optimizes the opportunity for communication to occur

How?

- Be at your child's eye level and do whatever your child is doing.
- Follow your child's lead, avoiding directions and letting your child lead the play.
- Avoid questions and let your child initiate the communication.
- Choose toys that are interesting and engaging and put toys away that aren't being used
- If you don't want your child to do something, give him or her another option.

### Notice and Respond

Why?

- Noticing and responding to all communication teaches your child that their communication is important to you.
- By acknowledging all communication and communicative attempts you reinforce your child for communicating.
- The more your child communicates the more practice he or she receives and the easier communication becomes.

How?

- Notice and respond every time your child communicates.
- Respond by talking about what your child is doing.
- Language is most meaningful when it's related to what your child is doing OR in response to what your child is communicating.

### Take Balanced Turns

Why?

- Taking turns allows your child more opportunities to communicate.
  - More opportunities = more practice = growth in communication skills
- Taking turns teaches your child how to have a conversation.
- Waiting signals to the child that it is his or her turn to communicate.

How?

- Take turns communicating with your child and wait for your child to communicate.
- Play a game of "communication catch."
  - Your child communicates; You respond (and wait)
  - Your child communicates; You respond (and wait)
- Only say something after your child communicates



## Mirroring and Mapping

### What is Mirroring and Mapping?

- Mirroring: when the adult imitates the child's non-verbal behavior
- Mapping: when the adult “maps” language onto these behaviors by using words to describe what they are both doing.

### Why use Mirroring and Mapping?

- Mirroring allows the adult to join the interaction with the child.
- Mirroring allows the adult to be responsive when the child is not communicating.
- When the adult “mirrors” or imitates the child, the child is more likely to orient toward the adult since the adult is doing what is of interest to the child.
- Mirroring provides the child with a language rich description of the activity.
- Mirroring allow the adult and child to have balanced turns
  - Child: {drives car}
  - Adult: {drives car} I drive the blue car.
- What the adult says is more meaningful to the child since the adult and child are both engaging in the same activity and language is “mapped” right on top of what the child is doing.

### How and When to Mirror and Map?

- Use mirroring and mapping when the child is not communicating.
- Mapping must come after mirroring: First imitate the action and then label the action with words.
  - Child : {feeds baby}
  - Adult: {feeds baby} we feed the baby some milk.
- Mirror the child's actions close to the child's actions to make language more salient.
- Avoid mirroring behaviors that are unacceptable (e.g., throwing toys, hitting).





## Learning Language Through Play

### Play Goals:

- Extend the time your child plays with a toy.
- Expand the different play actions your child does with the same toy.
- Expand the types of toys your child uses.

### Why do we teach play?

- Linking words with engaging activities maximizes opportunities for teaching language.
- Choosing toys at the child's play level help keep the child engaged.
- Expanding play activities and objects allows us to use, model, and teach more language.

### How to model new play actions?

- Continue to follow your child's lead.
- Do what your child does and try to add a different action or object.
- Set a new toy object in sight or model a new action and WAIT to see if your child shows interest.
- If your child shows interest, model a new play action with the object.
- As always, follow your child's lead and if he/she is not interested, try again later with a different object or action.

### When to model new play?

- When your child is doing the same action with the same object multiple times.
- When your child is doing an undesired action with the toy (e.g., eating play-doh, hitting the baby, mouthing toys, throwing toys).

### Choosing Toys:

- Choose toys according to your child's play targets and toy preferences.
- Use toys that will lengthen engagement and maintain interest.
- Below are ideas of items that can be added to toy sets to extend and expand play:
  - water, sponge, foaming kids soap
  - people figures
  - pretend food, utensils, flatware
  - blocks





## Modeling Language

### Language Goals:

- Increase the rate at which your child communicates.
- Increase the diversity of communication.
- Increase the child's independence.
  - Increase spontaneous communication.
  - Decrease the dependence on adult cues.

### Why do we model language?

- Children learn language through modeling.
- Contingent modeling that is in response to your child's communication is the most powerful form of modeling.
- Simplifying language to match your child's language targets helps him/her learn language more quickly.
- Modeling makes it easier for your child to imitate and understand language.

### How to model language?

- We pick targets based on the language your child is already using and what he/she should learn next.
- Refer to the communication targets table to answer these questions:
  - How does your child communicate now?
  - What is your target level?

### Using your child's targets:

- 50% of what you say should be your child's targets
- 50% of what you say should be slightly higher than your child's targets
  - 1-2 words above his/her level
  - All words should be teaching words (nouns, verbs, modifiers)

### When to model language:

- After your child communicates (expanding)
- Respond with a language target
- When you are doing the same action or have the same object as your child (mirroring and mapping)
  - Child: {drives car}
  - Adult: {drives car} car
- While taking communication turns





## Communication Targets Table

<b>Early Prelinguistic Behavior</b> <ul style="list-style-type: none"> <li>• single vowel vocalizations</li> <li>• cry,</li> <li>• smile</li> <li>• reach for objects or people</li> <li>• lift arms up</li> <li>• turn away</li> <li>• look at toys or adults</li> </ul>	<ul style="list-style-type: none"> <li>• point</li> <li>• show</li> <li>• give</li> <li>• shake head</li> <li>• nod</li> <li>• wave</li> <li>• push away</li> </ul>	<ul style="list-style-type: none"> <li>• single words and gestures</li> </ul>
<b>Late Prelinguistic Behaviors</b> <ul style="list-style-type: none"> <li>• push away</li> <li>• point</li> <li>• show</li> <li>• give</li> <li>• nod</li> <li>• head shake</li> <li>• vocalizations that combine consonant and vowels</li> </ul>	<ul style="list-style-type: none"> <li>• early single words, signs, or symbols</li> </ul>	<ul style="list-style-type: none"> <li>• single words, single words+ sign, single words + symbol.</li> </ul>
<ul style="list-style-type: none"> <li>• Single word user with less than 50 words</li> </ul>	<ul style="list-style-type: none"> <li>• new single words, signs, symbols</li> <li>• early two word utterances</li> </ul>	<ul style="list-style-type: none"> <li>• new words, signs, symbols</li> <li>• two word, sign, symbol combinations (using words, signs, or symbols the child already has)</li> </ul>
<ul style="list-style-type: none"> <li>• 1-2 word user</li> </ul>	<ul style="list-style-type: none"> <li>• new vocabulary</li> <li>• 2-3 word utterances</li> </ul>	<ul style="list-style-type: none"> <li>• new vocabulary</li> <li>• 3-5 word, sign, symbol utterances</li> </ul>
<ul style="list-style-type: none"> <li>• 1-4 word user</li> </ul>	<ul style="list-style-type: none"> <li>• new vocabulary</li> <li>• complete sentences</li> </ul>	<ul style="list-style-type: none"> <li>• new vocabulary</li> <li>• 4-6 words (complete sentences)</li> </ul>





## Expanding Communication

### What is an expansion?

- Expansion: adding more words to your child's communication.
- The most powerful expansion includes one of your child's communication targets.

### Why do we expand communication?

- Expansions immediately connect the child's communication to additional new communication.
- The more your child hears and practices language that is more complex, the better his/her language skills become.
- When you give your child a little more language than he/she gives you, he/she hears more about the topic in which he/she is interested.
- Expansions help your child learn new vocabulary and talk in more complex sentences.

### How to expand communication?

Expanding Gestures: imitate the gesture or take/point to the object

- Point/reach:
  - Child: {points to/reaches for ball}.
  - Adult: {points to/reaches for ball} ball.
- Show
  - Child: {holds up block}.
  - Adult: {points to block} block.
- Give
  - Child: {gives adult car to drive}.
  - Adult: {takes the car} car.

Expanding Vocalizations: replace the vocalization with the word you expect your child to say in the context

- Child: {says "ah" and is walking the cow}.
- Adult: {walks the cow} walk.

Expanding Words: use the word your child uses and a target word

- Child: car.
- Adult: drive car.





## Time Delay Strategies

### What are time delay strategies?

- Non-verbal strategies that encourage your child to communicate with you.
  - Inadequate Portions: providing small or inadequate portions of preferred materials.
  - Assistance: creating situations in which the child needs the adult's help.
  - Waiting with Routine: setting up a routine in which the child expects certain actions and then waiting before doing the expected action again.
  - Waiting with Cue: using associated objects (e.g., shoe to foot) and then waiting before completing the expected action.
  - Choice Making: holding up two objects and waiting for the child to communicate about which item he/she wants.

### Why use time delay strategies?

- Provides the child with more opportunities to practice communicating.
  - Increases the child's rate of communication
- Provides the adult with more opportunities to teach new language by
  - Responding
  - Expanding the child's communication

### How to use time delay strategies?

- Set up the opportunity to encourage your child to communicate by using one of the time delay strategies.
- Wait until your child communicates (gestures, vocalizes, says a word).
- Expand this communication with a target.

### When to use time delay strategies?

- Set up a time delay strategy when your child is not communicating frequently
- Some strategies work better than others for different children
  - Use the ones that work best for your child.
  - Avoid time delay strategies that frustrate your child.





## Prompting Strategies

### What is a prompt?

- A prompt is a signal to the child to do or say something.
- In EMT, there are 4 types of prompts:
  - Time delay: set up one of the time delay strategies as an overt non-verbal cue for the child to communicate
  - Open question: the adult asks an open question, “what do you want?”
  - Choice question: the adult asks a choice question “baby eats or baby drinks?”
  - Model procedure: the adult tells the child exactly what to say, “say cookie”

### Why prompt language?

- Gives children an opportunity to practice language targets during a highly motivating context.
- Gives the child functional practice and reinforcement for communication.

### How to prompt?

- Prompt for targets that your child does not use independently (new words)
- Wait for your child to request OR use a time delay strategy to elicit a request.
- Prompts can be used in a sequence from least (time delay) to most support (model procedure)
- Stop prompting when the child has said what you wanted him/her to say, has become frustrated, or has lost interest
- End the prompt by giving the child the desired object or action

### When to prompt?

- Only when the child is requesting and not using a target.
- Only as one of the many tools (not the only tool) of Enhanced Milieu Teaching.
- No more than three times per minute 15 minute session
  - Too many demands may cause the child to become frustrated.





## Prompting Checklist

The prompting episode begins when the child makes a request and does not use a target

The adult prompts the child's communication target

The adult prompts for the same target throughout the episode

The adult uses the correct prompting sequence (moves for less to more support)

The adult stops prompting when the child loses interest in the prompted action/object or when the child uses the prompted target

The adult gives the child adequate time to respond to the prompts

The episode is natural and does not disrupt the play or routine

The adult gives the child the desired object/action at the end of the episode

The adult ends the episode correctly (repeats the target if the child does not use it or expands if the child uses the target)



# Coaching Parents

## Chapter Topics

Four different categories of routines are the contexts in which parents are taught to use EMT strategies:

- Play Routines
- Pre-Academic Routines
- Caregiving Routines
- Community and Family Routines

3

## Introduction to Chapter

### Why Teach Parents EMT Strategies?

Parents are their child's first communication partners. Children typically learn to communicate in the context of caregiving and everyday living activities. Across the day, parents have many opportunities to help children learn to communicate. Because parents are invested in their children and likely to be sensitive to their children's communication attempts, they may be the most motivated and most effective teachers.

### Why Use Routines As a Context for Parent Training?

Every day is a series of daily living routines in families of young children. Many specific caregiving, play, pre-academic, and community activities are everyday occurrences. Routines such as these make it easy to link words and other forms of communication with meaningful activities and maximize opportunities for teaching new ways to communicate. Additionally, because routines are repetitive, these familiar activities allow the child multiple opportunities to use language modeled and to practice communication. Parents are more likely to use strategies in the context of routines that naturally occur because the need for communication is obvious and a small set of specific communication forms can easily be taught.



### WHY EMPOWER PARENTS?

Parents are the single continuing source of communication support in their child's life. Importantly, families frequently must guide their children's early intervention to ensure that high quality services fitting their child's needs are provided. Therefore, helping parents feel empowered was a major goal of the KTCP intervention for families. Communication coaches provide parents with information and referrals, go to appointments with families, model and role play interactions with families, and support parents in making and implementing their decisions.

### COACHING PARENTS

KTCP parent coaching involves three main components: (1) getting to know the child and family, (2) teaching parents to use EMT strategies in home routines, and (3) empowering parents as leaders in their child's communication.

#### GETTING TO KNOW THE CHILD AND FAMILY

The first steps in beginning the KTCP project involve:

- Assessing the child's current communication skills
- Getting to know the family and their home routines
- Identifying team members
- Planning for parent training
- Selecting goals for the child and family

Coaching parents begins with an introduction to the project in which the coach describes the project and the parent identifies family routines and members of the child's communication team. Following this introduction, the communication coach administers developmental assessments to the child, observes identified routines, and facilitates a family story interview. The parents and communication coach co-construct child communication goals by considering assessment information, observed routines, and the family culture. After assessments, observations, and family story, the communication coach compiles an assessment report with child goals and reviews the report with the family. Based on the information obtained from the family and the child's assessments, an initial plan for teaching parents EMT strategies is developed.

This process takes about 2 to 3 weeks with the communication coach seeing the family twice each week. During the parent training phase, families are seen once or twice each week for at least 24 intervention sessions (3-6 months) then about once a week for up to 48 sessions, and then once every other week or on a consulting basis depending on family needs and preferences.



### INTRODUCTION TO THE PROJECT AND CHOOSING ROUTINES

During the first meeting with the family, the communication coach provides an overview of KTCP, explains the basic principles of EMT, explains the reasons for training in home routines and what constitutes a family routine, and answers questions from the parent. Together, the parent and communication coach choose routines for the initial observations. In general, a conversational rather than formal process is used for selecting routines. Figure 17 shows some questions that are used to help the communication coach learn about family routines. Appendix A contains a handout for coaches on learning about family routines.

Figure 17

#### LEARNING ABOUT FAMILY ROUTINES

Consider using some of these questions/comments to open a conversation with parent about potential routines and activities for intervention:

- Tell me about your day. What happens from the time \_\_\_\_ (child's name) gets up to the time she/he goes to bed?
- If the caregiver is having difficulty identifying activities or routines, ask more specific questions about some of the following:
  - dressing
  - preparing meals
  - nap
  - bedtime
  - breakfast
  - household chores
  - bath
  - hanging out
- Discuss care giving routines that occur at different times. For example, snack routines may be different than lunch or dinner; dressing routines have several parts- putting on shoes, putting on clothes; observe for incidental and brief care giving routines such as hand washing, combing hair, putting on lotion. These may occur more often than we realize and could be potential activities for intervention.
- What does \_\_\_\_ enjoy doing?
- How long do these routines last?
- What is your role typically in these routines?
- Who else is involved in taking care of your child and what are some activities they like to do together (such as "what does \_\_\_\_ (child name) like to do with dad? With sister? Grandma?")? These will give you clues about routines that may not be easily observable in your session.
- What are some places/activities that occur in your family on a regular basis?







After talking to the family about their routines, the communication coach may also offer a menu of options for routines across categories, as shown in Handout L at the end of this chapter. Routines are selected to include activities children and their parents enjoy so that the first experiences using EMT in routines that are positive and fun. Parents are encouraged to use the following criteria when picking routines:

- Communication by their child is important to them
- The child communicates and has a role
- The routine occurs regularly
- The parents are able to give the child one-on-one focused attention
- The routine is fun for the child and parent

Initially, parents choose at least three routines from at least three categories (play, family/community, pre-academic, and care giving). Table 7 depicts examples of family routines. Routines are different for every family. For most families, routines change over time as child interests and abilities change.

Table 7

Child	Routines
<p>Leila:</p> <p>Leila entered the project with limited gross motor, fine motor, and play skills. She primarily used vocalizations to communicate. Feeding times were very frustrating for mom and Leila. Leila loved mom’s voice and being close and snuggly with mom. Throughout intervention, Leila’s fine motor, gross motor, play, and feeding skills improved and her routines changed.</p>	<p>Initial Routines:</p> <p>Singing</p> <p>Bouncing on therapy ball</p> <p>Reading books</p> <p>Additional Routines:</p> <p>Playing blocks</p> <p>Eating lunch</p> <p>Swinging and sliding at the park</p> <p>Playing playdoh</p> <p>Rolling a ball back and forth</p>
<p>Bobby:</p> <p>Bobby is in a wheelchair and has limited gross and fine motor movement. Bobby’s mom wanted to be able to incorporate some of his therapy activities into routines for EMT. His routines stayed consistent throughout intervention.</p>	<p>Looking at books</p> <p>Getting dressed and putting on lotion after bath</p> <p>Stretching his muscles</p> <p>Making his toys on switches “go”</p>
<p>Polly:</p> <p>Polly has Down syndrome. She entered the project with limited interests and play skills, although she was very social and loved any interaction with her mom. As her play skills and interests became more diversified, more routines were added.</p>	<p>Initial Routines:</p> <p>Riding her toy horse</p> <p>Reading books</p> <p>Eating snack</p> <p>Additional Routines:</p> <p>Feeding the dog a treat</p> <p>Playing dress up with mom’s shoes</p> <p>Playing with babies and pretend foods</p>



### ASSESSING CHILD COMMUNICATION SKILLS

Prior to beginning the coaching in home routines phase of KTCP, a comprehensive set of assessments are completed to provide a complete picture of the child's communication development (See Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress for more information on assessment measures).

#### Assessment measures include:

- Individual Growth and Development Indicator/Early Communication Indicator (IGDI/ECI)
- Communication and Symbolic Behavior Scales Developmental Profile (CSBS-DP)
- Mullen Scales of Early Learning
- MacArthur Bates Communication Development Inventory (Words and Gestures or Words and Sentences)
- Preschool Language Scale 4th Edition (PLS-4)

The communication coach explains each assessment to the parent and a written summary of assessments is provided to the families as a handout. In addition to gathering information about the child's communication through these standardized assessments, the communication coach observes the parent and child in family routines chosen by the parent over three home visits.

The parent and child participate in two activities designed to provide brief sample of parent-child interaction in a standardized context, the KTCP Picnic Routine and the KTCP Play Probe. A brief description of these two activities is below and more information is provided for communication coaches on setting up these interactions in Appendix A.

- KTCP Picnic Routine: 10 minute routine with standard set of materials for care giving, pre-academic, and play routines
- KTCP Play Probe: 5 minutes of play with toys and materials chosen by the parent

### FAMILY STORY AND GOAL SETTING

After assessments and observations have been completed and before EMT training begins, the communication coach conducts a family story interview. During the family story, the communication coach asks the parent to tell their family's story about their young child, and to recount important events in the child's life. The informal telling of this story allows the communication coach to get to know the family and child in a more holistic way than from assessments and observations alone. Near the end of the family story, the communication coach asks the family what their communication goals are for the child. Using the family's preferences, the communication coach helps the family identify specific, realistic, and positive goals for the child's communication development over the next 3 to 6 months.



The family story allows the communication coach to get to know the family and child in a more holistic way.

The family story also offers an opportunity for the communication coach to point out to the family the importance of their behavior and their parenting in their child’s development. It is especially important that the coach recognizes and names the strengths, skills, and attitudes that the family members bring to the task of parenting and supporting their child’s communication development. The KTTP philosophy is all families have strengths and talents and that reflecting about these and naming them for the family provides a foundation for learning new skills while still valuing their existing strategies.

To prepare for the family story, communication coaches must:

- Review child assessment information
- Review developmental information as related to the child (child current skills, skills that typically develop next)
- Review the Interview Guidelines for Family Stories (found in Appendix A)

Part of the family story involves helping the family set goals for their child. Table 8 shows examples of communication goals. The first column shows the family stated goal and the second column gives the specific, positive, measurable, and developmentally appropriate goal. The following section describes the goal setting process for one family in the project. Guidelines for communication coaches on setting goals with families is included in the Guidelines for Family Stories handout in Appendix A.



Table 8

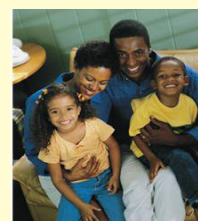
Family Stated Goals	Communication Goals
We would like Aiden to be able to respond when people talk to him.	Aiden will wave “hi” and “bye” in response to vocal prompts and models.
We want Aiden to let us know when he wants something.	Aiden will use signs, gestures, and vocalizations to indicate preferences when offered a choice during snack and play routines.
We want Lucas to be able to tell us what he wants when we are playing.	Lucas will spontaneously initiate signs to indicate preferences in toys during play using one-word nouns, actions, request words, and protoverbs (ball, book, block, go, sing, more, on, off, open, want).
We want Leila to use her AAC to communicate, and not just push the buttons like a toy.	Leila will use her AAC device to make choices during bedtime routine and to say goodnight to her mom and dad.



The first two goals shown in table 8 are goals for a child, Aiden, who mainly uses gestures (reach, point, give), vocalizations, and a few signs (more, all done, go) to communicate. When Aiden's parents were asked what some of their goals were for his communication, they said they would like for Aiden to be able to respond to people when they talk to him and to let them know when he wants something. The next page shows an example goal setting dialogue between Katrina, Aiden's communication coach, and Lucy, Aiden's mom. As is illustrated, it is important that the communication coach have knowledge of the child's current skills and developmental knowledge to be able to set appropriate goals with families. It is also important that the family's priorities for their child are addressed during goal setting. Goals should be important to the parents.

### SETTING COMMUNICATION GOALS

In the following dialogue, the communication coach, Katrina, begins the goal setting process for Aiden with his mother, Lucy.



**Katrina:** "I heard you describe two main goals for Aiden. The first is you would like Aiden to respond when people talk to him, and the second is you would like him to let you know when he wants something. It is important to think about how Aiden is currently communicating and what the next steps would be for him. This allows you to create more readily achievable goals. These goals are changeable and as Aiden achieves his initial goals you will come up with new more appropriate goals. So what are some ways Aiden is currently communicating?"

**Lucy:** "He uses sounds, points to things, and uses a few signs."

**Katrina:** "Yes, I have observed that vocalizations and gestures are his main ways of communicating as well. Let's think about the first goal. What would it look like if Aiden could respond when people talk to him?"

**Lucy:** I would like Aiden to be able to respond when adults came up to him and said things such as "hi," "how are you?" and "you are so cute."

**Katrina:** "Sounds like you would like for Aiden to have more appropriate social interactions with adults, since Aiden is primarily using gestures and vocalizations to communicate, the most currently developmentally appropriate thing to teach him would be to wave 'hi' and 'bye' in response to when people talked to him."

**Lucy:** "I think that sounds like a great goal for Aiden."

**Katrina:** "You also said you would like Aiden to be able to tell you when he wants something, can you give me some examples of times when you feel he wants something?"

**Lucy:** "He will sometimes get frustrated and throw a tantrum during snack or play times. I believe he knows what food or toy he wants but can't tell me."

**Katrina:** "Since Aiden can point to objects, we can teach him to make a choice by showing him two objects and letting him point to the one he wants. Giving Aiden a choice will allow him to be more independent and he will likely be less frustrated by feeling like he has more control over his environment."



### SHARING ASSESSMENT INFORMATION WITH FAMILIES

Figure 17

After completing assessments, observations, and the family story, the communication coach writes an assessment report for the family that includes the child's communication goals written in a realistic, positive, measurable, and developmentally appropriate way (assessment report templates are included in Appendix A). The communication coach and the family meet to review the assessment results and the goals for the child identified in the family story. A copy of the report is given to the family and additional copies may be sent to other team members, if the parents request this. The assessment report is updated after each evaluation of child progress and becomes an archive of child progress over time. Figure 17 summarizes the process of sharing assessment information with families.

- ✓ **Write** assessment report
- ✓ **Meet** with family to review assessment results and goals
- ✓ **Give** copy of report to parent
- ✓ **Send** additional copies of report to other team members
- ✓ **Update** assessment report after each evaluation

### TEACHING PARENTS TO USE EMT STRATEGIES IN HOME ROUTINES

One important goal of KTCP is to teach parents to use EMT to support the child's communication at home in daily living routines. Thus, parent training occurs at home and focuses on the routines parents have selected. These home visits are the heart of the KTCP intervention.

### GUIDELINES FOR COACHING PARENTS AT HOME

Communication coaches use coaching and feedback strategies with parents at home to help the parent implement EMT strategies at predefined levels of parent intervention implementation fidelity. Guidelines for coaching parents at home are provided for coaches in a fidelity checklist (additional information about fidelity is included in Chapter 8, and fidelity checklists are found in Appendix B).

#### Home visits with the family involve 3 steps:

1. **Setting the stage**
2. **Observation and Opportunities**
3. **Problem solving**

The communication coach begins by setting the stage for what will happen in the intervention session. This step involves greeting the parent and child, answering parent questions, listening for concerns, and offering additional resources and materials to the family as needed. Next, the communication coach checks for any parent concerns since the most recent intervention

session, reviews intervention progress, provides feedback about parent and child outcomes and implementation since last session. Finally, the communication coach clarifies goals, routines, and strategies that will be practiced in that intervention session. The communication coach can use the Kitchen Table Top handout to outline what will happen in the session. An example of a completed Kitchen Table Top handout is shown in Figure 18 and a blank handout is found at the end of this chapter.



Figure 18







The second step, observation and opportunities, is where the teaching of strategies occurs. The communication coach observes family routines that the parent has chosen for training. The communication coach talks to the parent about opportunities for using EMT strategies in those routines. The parent is coached on strategies during at least two routines. The communication coach may use several techniques for coaching the parent depending on the parent's preference for learning.

Coaching strategies used in KTTP are shown below:

1. Guided practice with feedback: As the caregiver and child interact in the routine, the coach provides live coaching to assist the caregiver in using strategies.
2. Parent practice with feedback: The coach is silent during the routine and provides feedback once the routine is completed.
3. Modeling: The coach models using KTTP strategies with the child and the parent observes.
4. Videos: Videos of the parent and child or example videos of strategies may be used.
5. Data sharing: Graphs, assessment results, or other data of parent and child progress.
6. Direct teaching: The coach provides specific instructions, role plays with the parent, and provides specific feedback before beginning the routine.
7. Visuals: The coach prepares handouts specific to the family.
8. Problem solving: The coach helps the parent problem solve strategy use in the routine.



The third step of home visits is problem solving. The communication coach talks to the parents about barriers to using the strategies taught, ways to increase strategy use, and how the strategies taught can be used in other routines. The next section explains how KTTP strategies are taught during home visits in two different methods, training with workshops and training without workshops.





### TRAINING WITH WORKSHOPS

Parent training with workshops includes four individualized workshops for families. The communication coach presents EMT strategies in interactive workshops. EMT strategies are divided into four sequential workshops, beginning with the most basic skills (engaging and responding) and progressing to the most complex (prompting).

#### The four workshop topics are:

1. Engaging and Responding
2. Modeling and Expanding Play and Communication
3. Using Time Delay Strategies
4. Using Milieu Prompting Strategies

Each workshop lasts about one hour and includes video examples from home observations of the child and parent, principles for using the strategies, and planning specific to the family and child and their home routines. Handouts, video examples, and planning sheets are tailored to the family. Workshop templates are found in Appendix A.

Following the workshop, the communication coach helps the parent practice the skills taught in the workshop doing several intervention sessions within the family routines that the parent chooses. The communication coach provides some additional support for using the strategy at home that fits with the family's routines and their child's communication skills. When the parent is fluent in the strategies taught in the first workshop, the next workshop is offered. Across the four workshops, all components of EMT are taught.

In this training model, the first seven intervention sessions are dedicated to set up an interactive context for communication strategies and notice and respond strategies. These strategies taught in Workshop 1 are fundamental EMT skills. It is important that the parent be confident in these strategies before moving on to teaching additional EMT strategies. The next seven intervention strategies are devoted to modeling and expanding play and communication. Time delay strategies and prompting strategies are related; however, time delays are taught first because parents learn prompting more easily after learning to recognize and set up requests. Time delays are often used instead of prompting sequences for young children because they do not put as much of a demand on the child. Table 9 shows an intervention schedule for EMT training with workshops. All strategies are taught within the first 24 intervention sessions, but families are typically seen for longer than 24 sessions.



Table 9

EMT Parent Training Intervention Schedule with Workshops	
Session	Topic
Workshop 1	Workshop 1: Engaging and Responding <ul style="list-style-type: none"> <li>Set Up an Interactive Context for Communication</li> <li>Notice and Respond</li> </ul>
Intervention 1	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Set up an Interactive context for communication strategies</li> <li>Notice and respond to ALL child communication</li> </ul>
Intervention 2	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Respond to all child communication</li> <li>Respond by talking about what the child is doing</li> <li>Relate response to what the child is communicating</li> <li>Balance communication turns with the child</li> </ul>
Intervention 3	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Mirroring and mapping</li> </ul>
Intervention 4-7	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Set up an interactive context for communication strategies</li> <li>Notice and respond strategies</li> </ul>
Intervention 8 Progress Assessment	<ul style="list-style-type: none"> <li>IGDI/ECI</li> <li>KTTP Picnic Routine</li> <li>KTTP Play Probe</li> </ul>
Workshop 2	Review data from session 8 Workshop 2: Modeling and Expanding Play and Communication <ul style="list-style-type: none"> <li>Modeling and Expanding Play</li> <li>Modeling Communication Targets</li> <li>Expanding Communication</li> </ul>
Intervention 9	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Modeling and expanding play</li> <li>Modeling communication targets</li> </ul>
Intervention 10	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Expanding communication</li> </ul>
Intervention 11-15	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Modeling and expanding play strategies</li> <li>Modeling and expanding communication strategies</li> </ul>
Intervention 16 Progress Assessment	<ul style="list-style-type: none"> <li>IGDI/ECI</li> <li>KTTP Picnic Routine</li> <li>KTTP Play Probe</li> </ul>
Workshop 3	Review data from session 16 Workshop 3: Using Time Delay Strategies
Intervention 17-18	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>Choose appropriate time delay strategies for child</li> <li>Practice setting up a request using time delay strategies</li> </ul>



EMT Parent Training Intervention Schedule with Workshops (continued)	
Session	Topic
Workshop 4	Workshop 4: Using Prompting Strategies
Intervention 19-23	Practice strategies in 3 routines <ul style="list-style-type: none"> <li>• Prompting</li> </ul>
Intervention 24 Progress Assessment	<ul style="list-style-type: none"> <li>• IGDI/ECI</li> <li>• KTCP Picnic Routine</li> <li>• KTCP Play Probe</li> </ul>

## TRAINING WITHOUT WORKSHOPS

Training without workshops is a more informal, family centered approach to training which is completely situated in families' everyday routines. In this approach, the communication coach teaches EMT strategies appropriate to the parents' chosen routines on the day of the home visit. In general, EMT strategies are taught in the same sequence followed in workshop training, but examples of later strategies are sometimes introduced earlier if useful to the parent in immediately supporting their child's communication in routines. EMT strategies are linked to specific child goals for each routine (as shown in Figure 18). Table 10 shows an intervention schedule for training without workshops.

Table 10

EMT Parent Training Intervention Schedule without Workshops	
Session	Topic
Intervention 1-7	Teach strategies for Setting Up an Interactive Context for Communication and Notice and Respond as applicable to family routines. Practice strategies in at least 3 routines per intervention session.
Intervention 8 Progress Assessment	<ul style="list-style-type: none"> <li>• IGDI/ECI</li> <li>• KTCP Picnic Routine</li> <li>• KTCP Play Probe</li> </ul>
Intervention 9-15	Teach strategies for modeling and expanding play and communication as applicable to family routines. Practice all strategies taught in at least 3 routines per intervention session.
Intervention 16 Progress Assessment	<ul style="list-style-type: none"> <li>• IGDI/ECI</li> <li>• KTCP Picnic Routine</li> <li>• KTCP Play Probe</li> </ul>
Intervention 17-23	Teach time delay strategies and prompting strategies as applicable to family routines. Practice all strategies taught in at least 3 routines per intervention session.
Intervention 24 Progress Assessment	<ul style="list-style-type: none"> <li>• IGDI/ECI</li> <li>• KTCP Picnic Routine</li> <li>• KTCP Play Probe</li> </ul>



### EMPOWERING PARENTS

Helping parents feel empowered is a major impact of the KTTP intervention for families. Most families enter the project while their child is still very young (between 12-18 months) and have little information about what resources were available to them or how to use them. These families are often still in the early stages of the grieving process over their child's disability and feel relatively powerless to influence their child's developmental outcomes. Parents often rely heavily on others for the best early intervention options for their child (therapists, teachers, pediatricians, family members).

#### Communication coaches empower parents to become their child's advocate and to make active decisions about their child's intervention by:

- Providing written and verbal information to address parents questions or concerns
- Providing referrals to appropriate high quality services
- Going to information sessions or appointments with families
- Modeling and role playing interactions before going to meetings or appointments
- Supporting parents in making and implementing their decisions

Typically, parents need more support (referrals, information, the communication coach to accompany them to appointments) in the beginning. Most parents gradually take more of a leadership role in decisions about their child and rely less on input from the communication coach. Every family negotiates the development of a system of services for their child in different ways. Communication coaches are often involved in helping families problem solve and find solutions to meet their child's unique needs. The case study of Leila's mom, Meredith, in the next section illustrates this empowerment process for one family.





### MEREDITH AND LEILA: A CASE STUDY

Meredith and Leila entered into KTCP when Leila was 27 months old. Leila was enrolled in preschool and attended speech and physical therapy. Meredith took Leila to her therapies and watched when service providers came to their home. She did things as she was told by service providers, but was discouraged and did not feel like Leila was making much progress. Leila's speech therapist was working on having Leila produce words and sounds. Leila had several open vowel vocalizations, but was unsuccessful at producing different sounds. As Meredith learned EMT intervention strategies she started asking several questions about Leila's communication to her coach, Jill. Jill and Meredith talked about different communication mode options for Leila (signs, pictures, and AAC devices) and began trying out different modes.

Meredith relied on Jill to share information with Leila's teachers and therapists about Leila's abilities and progress at home. Jill coached Leila's teachers and shared videos from sessions at home and show them some of her emerging new skills. Meredith would share concerns with Jill about Leila's communication and felt that she was not being supported at school. Jill let Meredith know that she could schedule a meeting with Leila's teachers to discuss things she wanted to happen at school or invite Leila's teachers to come to the house and observe their sessions together. Jill also offered to attend the meeting with Meredith. Meredith said that having Jill there would make her feel more comfortable and scheduled the meeting. This meeting was important for Meredith because she began to realize that she could ask for things for her daughter.

Additionally, Meredith noticed Leila was making more progress with her at home than in therapy, and started suggesting strategies for the therapist to try with Leila. The speech therapist was open to suggestions from Meredith. It was much less threatening to the speech therapist that ideas were coming from the parent than the KTCP coach. After trying some different communication modes with Leila, Jill gave Meredith a referral for a weekend training about AAC devices. Meredith attended the training and decided that a Dynavox would be a good fit for Leila. Meredith shifted from asking Jill for information and suggestions to taking on providing information to others. She approached the speech therapist about getting the process started for Leila to get a Dynavox.

Leila was referred to a new speech therapist who was more knowledgeable about AAC devices and who was able to teach Leila the prerequisite skills she needed to be able to functionally use her Dynavox. Meredith was thrilled with the progress her daughter had made and became a strong advocate for Leila. Below is an excerpt of an email Meredith sent to Leila's teacher and speech therapist asking them to incorporate Leila's Dynavox into classroom routines.

*"We have started working with the Dynavox and I think it is going to be a great tool for Leila at school. I would like to meet with you both and talk about how Leila can use it in the classroom in a productive way. I want the Dynavox to be a means of communication for Leila and be helpful in the classroom dynamic. I have to admit it has been a little overwhelming for me at home, but is slowly getting easier to incorporate into our daily routines the more we use it."*



### CHALLENGES AND CONSIDERATIONS FOR COACHING PARENTS

KTTP coaches and staff encounter many different situations and challenges as they work with families. Challenges and considerations include: differing parent progress in learning intervention strategies, time and travel for home visits, consistency of training, family culture, and family dynamics. These challenges and considerations are discussed in the following sections in further detail.

#### PARENT PROGRESS IN LEARNING EMT

Parents vary in the ease with which they are able to learn EMT strategies and implement them in home routines. Although KTTP follows a specific sequence and teaches the primary EMT strategies within the first 24 sessions, some families require additional practice and adaptations of procedures to use them fluently with their child. Child communication skills vary widely, and adaptations are made as needed to fit the child and family. KTTP's primary goal is to have a positive, supportive relationship with the family and to adapt the teaching of EMT strategies to fit the families and children. The range and level of skills that are required of communication coaches is considerable and coaches frequently need the support of the entire KTTP team to generate appropriate adaptations to fit children's and families' needs.

#### TIME AND TRAVEL FOR HOME VISITS

Many families that participate in KTTP have two parents who work outside of the home; therefore, communication coaches often have to be available in the evening hours for home visits. Additionally, KTTP enrolls families that are relatively geographically dispersed (more than 60 minutes from the KTTP office, with few families living close together). Time and travel are a challenge for coaches who see an average of four to six families, once or twice each week, depending on the phase of intervention.

#### CONSISTENCY OF HOME VISITS

Consistent home visits are challenging for some families, particularly families with other children, who have a child who is medically fragile, or who travel often. Coaches have to be flexible and willing to reschedule visits while training to maintain regular sessions and ensure that children make progress in meeting communication goals.

#### FAMILY PREFERENCES, CULTURE, AND CUSTOMS

Communication coaches also have to be sensitive to the families' preferences, cultures, and customs when going into their homes. Communication coaches are available to facilitate family routines, but should be careful not to disrupt them. Coaches are sensitive to ensure that the family's agenda is met in intervention sessions and not the coach's agenda by asking the parent what they want to do instead of telling the parent what to do. Communication coaches also pay attention to small family customs, such as taking shoes off inside the house, and abide by those family rules.





### FAMILY DYNAMICS

Family dynamics are taken into consideration when planning for home visits. Many families have other children and communication coaches find creative ways to involve siblings. Two successful strategies to involve siblings are bringing a toy to allow the sibling to play with during the session as a reward or giving them special helper roles. These roles include having the sibling help support the child if the child was not independent in sitting or having the sibling help with the video camera or keep time. Another option is to teach older siblings some intervention strategies and allow them to play with their sibling for part of the session. In rare cases, conflict within the family system such as separation or divorce poses a challenge for seeing families at home. The communication coach focuses on providing EMT training for the primary parent being trained.

### EVALUATION OF PARENT TRAINING

KTTP evaluates parent training in several ways:

- Completing fidelity checklists for workshops and home visits
- Monitoring parent use of strategies with the KTTP Picnic Routine and KTTP Play Probe
- Assessing parent satisfaction in formative and summative evaluations



### FORMATIVE EVALUATIONS

Communication coaches give parents an opportunity for informal feedback of coaching after every session by asking the parents what coaching techniques work best to support their learning (visuals, handouts, video examples, live modeling, practice with feedback) and any additional support strategies they would like for the next session. This important part of the home visit is assessed on the home visiting fidelity checklist (see Appendix I).

### SUMMATIVE EVALUATIONS

Additionally, KTTP provides the parent with the opportunity to give more thorough and confidential feedback at session 24 (once the coach has had the opportunity to teach all EMT strategies) and every 10 intervention sessions following intervention 24. The KidTalk Tactics Parent Satisfaction Survey is found in Appendix A: Materials for Communication Coaches. The communication coach brings this form to the parent with an addressed and stamped envelope, so that the parent can mail the form back directly to the KTTP data coordinator. The communication coach explains to the parent that KTTP values their honest feedback and that their evaluation and responses are used to improve the quality of KTTP services. The KTTP data coordinator then summarizes the information received from parents and gives global feedback to all coaches based on this information.





Parents are also offered the opportunity to participate in an interview about their experiences with KTCP at the completion of the project. Interviews are conducted by a skilled interviewer who is not involved with the families in any other way. By having an individual who was not involved with the family or the communication coach conduct the interview makes it more likely that parents will feel comfortable being completely honest about their experiences with KTCP. Interview questions are found in Appendix A: Materials for Coaches. Some responses by parents to interview questions are shown below.

### WHAT FAMILIES SAY ABOUT KTCP

*“It’s well worth it and there’s some great teaching for you the parent which you don’t usually get from therapy and other stuff. It’s your opportunity to be there all the time. You’re not there all the time when they’re in the classroom or other therapies. So this is your chance to be there and you get trained and it’s great because he’s learning right along while I’m learning so it’s definitely a unique opportunity.”*

*“Of all the things we do, from her speech therapists and everything, by far we’ve seen the most benefit from the strategies that we learn through KTCP and everything that (our coach) has done for us, from coming to the house to going to therapy to going to the school to teach the teachers to going to the IEP meeting, I mean just everything. (Our coach) has been like our own personal advocate. it is a time commitment but you get so much more back in return- much more back in return than it’ll every require you time-wise. It’s been a fabulous program and we’re dreading the day that we’re not a part of it anymore.”*

*“In my mind, the best thing about your study is that it’s not just a study for the kid. It’s KidTalk Tactics, it’s KidTalk, but it’s not just for the kids. It’s for the parents. It’s for the entire family.”*

*“It’s been a really good support system for me and really encouraging and supportive... You need that, especially with a special needs child and I feel like I could call (my coach) at any time if I had a question or needed help with something. It’s just been a wonderful experience.”*



# KidTalk Tactics Project

## Family Routine Categories

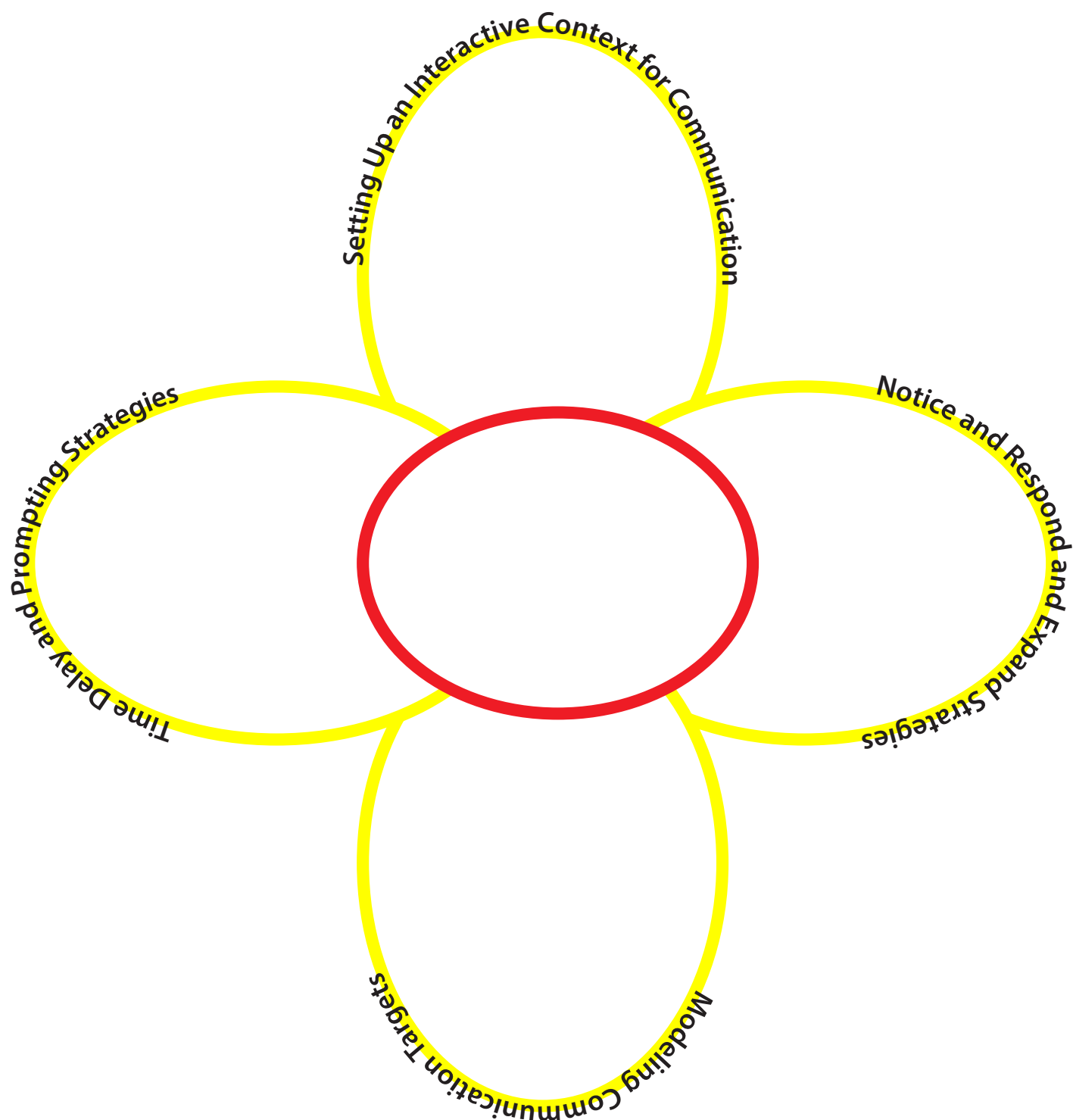
PLAY ROUTINES		CAREGIVER ROUTINES	
Play with Objects/ Constructive Play <ul style="list-style-type: none"> <li>• play-doh</li> <li>• blocks</li> <li>• stacking rings</li> <li>• shape sorter</li> </ul>	Pretend Play <ul style="list-style-type: none"> <li>• feed baby</li> <li>• cook a meal</li> <li>• pretend to be an animal</li> </ul>	Comfort/Disability <ul style="list-style-type: none"> <li>• Related Routines</li> <li>• breathing treatments</li> <li>• adjustment to wheelchair</li> <li>• massage</li> </ul>	Dressing Related Routines <ul style="list-style-type: none"> <li>• shoes on/off</li> <li>• shirt on/off</li> <li>• coat on/off</li> <li>• brushing hair</li> </ul>
Physical Play <ul style="list-style-type: none"> <li>• running</li> <li>• bouncing on a ball</li> <li>• going down a slide</li> <li>• swinging</li> </ul>	Social Games <ul style="list-style-type: none"> <li>• playing tag/chase</li> <li>• game of tickle</li> <li>• peek-a-boo</li> <li>• songs with partners (ring around the rosie)</li> </ul>	Hygiene Related Routines <ul style="list-style-type: none"> <li>• diapering</li> <li>• bathing</li> <li>• hand-washing</li> </ul>	Food Related Routines <ul style="list-style-type: none"> <li>• mealtime</li> <li>• snack</li> <li>• setting table</li> <li>• bottle feeding</li> </ul>
PRE-ACADEMIC ROUTINES		COMMUNITY AND FAMILY ROUTINES	
Reading with Books <ul style="list-style-type: none"> <li>• reading a book</li> </ul>	Songs/Rhymes <ul style="list-style-type: none"> <li>• dancing to music</li> <li>• listening to music</li> <li>• playing instruments</li> <li>• singing to child</li> </ul>	Community and Family Errands <ul style="list-style-type: none"> <li>• grocery shopping</li> <li>• going to doctor</li> </ul>	Family Chores <ul style="list-style-type: none"> <li>• washing dishes</li> <li>• doing laundry</li> <li>• vacuuming</li> <li>• gardening</li> </ul>





# KidTalk Tactics Project

## Kitchen Table Top Handout



# Building Communication Teams

## 4

### Introduction to Chapter

KTTP emphasizes the formation of communication teams so that parents and service providers can share information, coordinate intervention efforts and ensure continuity in communication supports for children. Communication teams include families, service providers across agencies, and communication coaches. Teachers, speech and language pathologists, occupational therapists, physical therapists; and other service providers are taught to support child communication across settings using EMT strategies to increase intervention dosage and teach functional communication skills in context. Transition planning provides continuity in communication intervention between Parts C and B services as children change settings and have new needs and goals for communication intervention. Communication teams ensure that supports for children's communication development occurs across settings and over time. Ideally, communication teams are formed when children enter KTTP. Teams continue until the child has successfully transitioned into Part B, with changes in team membership reflecting the changes in the services and service delivery settings that occur over the preschool years.



## Chapter 4: Building Communication Teams



The concept and purpose of communication teams is introduced to families at the beginning of their participation in the project. The communication coach describes teams and gives examples of some teams that have been formed for children in the project. The goal is for parents to lead their children's communication teams with assistance from their communication coach. Together parents and communication coaches identify initial

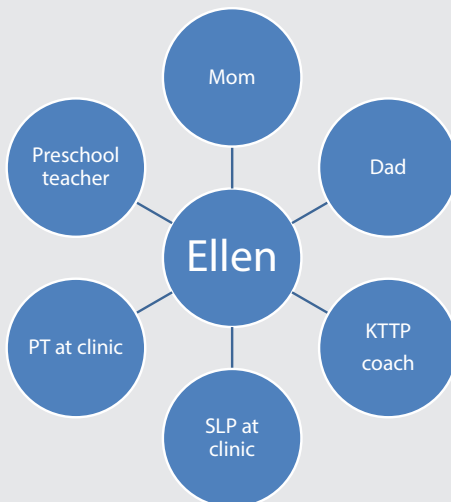
### Purpose of Communication Teams:

- (1) Share information
- (2) Coordinate intervention efforts
- (3) Insure continuity of supports

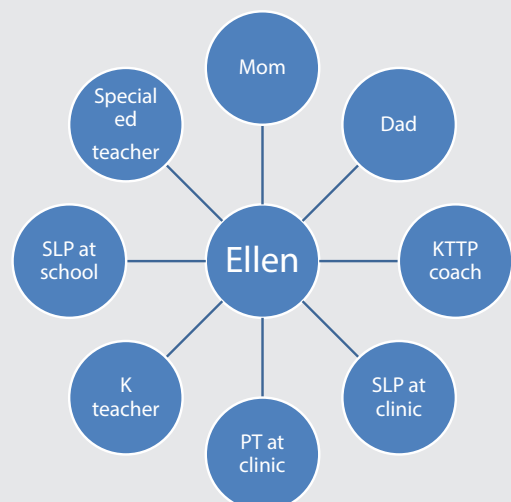
members of the communication team, invite them to participate and choose the strategies that will be used to share information about their children with team members. Membership on teams varies based on the children's needs and services and family preferences. Teams change over time as children change classrooms, agencies, or service providers. All team members are involved in supporting the child's communication goals, but not all members receive training in EMT. Figures 18 shows the communication team for Ellen during Part C early in her enrollment in the project and after her transition to Part B services.

## BUILDING COMMUNICATION TEAMS

### ELLEN'S COMMUNICATION TEAM AT ENTRY



### ELLEN'S COMMUNICATION TEAM AFTER TRANSITION INTO PART B





### Communication coaches play several important roles in team building:

1. They empower parents to be leaders in their child's communication intervention.
2. They share information about child progress at home, in the classroom, and in therapies among team members.
3. They provide information about strategies for supporting children's communication across settings and providers. Communication coaches may provide training in EMT, support in using the child's communication mode or assist service providers in including the child in classroom activities.
4. They collaborate with service providers in Part C, support the transition process into different settings and Part B, and collaborate with service providers in Part B.

In summary, communication coaches empower parents to make decisions about their own training to use EMT at home, to guide their children's communication supports across settings by consulting with teachers and therapists, and to be a continuing source of support for their children's communication development by collaborating with new service providers throughout Part C, during transitions across settings and service delivery models and during Part B.

## COMMUNICATION AMONG TEAM MEMBERS

Communication among team members about child's communication goals and progress is one of the most important aspects of insuring continuous support for the child's communication development.

### Communication with team members has been addressed in several ways, based on family preferences:

- Team meetings
- Informal consultations and collaborations
- Sharing training materials
- Sharing child progress reports through informal conversations and emails
- Providing written copies of assessment and progress reports
- Using Google Sites to share information and videos of child progress

Because communication coaches may be the only team member who regularly observes the child across settings (home, classrooms, therapies), it is important that they share their observations with parents and other team members through conversations, reports, and ongoing posts to the child's communication page on Google Sites.



### TEAM MEETINGS

Communication team members communicate through formal or informal team meetings.

#### Formal team meetings include:

- IFSP (Individual Family Service Plan) meetings
- IEP (Individual Education Plan) meetings
- Assessment meetings
- Transition meetings

Communication coaches often help parents plan for these meetings and may prepare materials for the meeting. For example, before Patsy's IFSP meeting around her second birthday, her mother and her communication coach review Patsy's recent KTCP progress assessments, make copies of Patsy's word and sign list, and formulated several suggestions for new communication goals.



Informal meetings are meetings called by the parent, teacher, or communication coach to share information or problem solve. For example, Patsy is having difficulty at meal times, so her mother, her teachers, and a consulting SLP with expertise in feeding issues meet to problem solve across school and home mealtime settings. Although communication is not the primary concern, communicating clear expectations for meal time behavior, assessing oral motor skills, and planning effective mealtime routines are topics that closely relate to the KTCP project and the communication coaches are able to help the team problem solve.

### CONSULTATIONS AND COLLABORATIONS

Informal consultations and collaborations include emails, informal conversations, and visits to the child's classroom or therapies by the parent or communication coach. These visits include from observations, information sharing, and professional development consultations. Table 11 on the following page gives examples of informal consultations and collaborations for teams.







Table 11

Consultations and Collaborations	
<b>Observations</b>	<ul style="list-style-type: none"><li>• Suzy’s communication coach, Nadine, observes Suzy’s speech therapy sessions to see how Suzy’s speech therapist is teaching Suzy to use her AAC device. In this situation, Nadine is in the speech therapy session as a guest to learn from the speech therapist and be able to help Suzy to use the device at home.</li><li>• Polly’s mom, Laura, and her communication coach, Eve, observe Polly in the classroom to see how she is communicating with her teachers and peers. These observations help them to plan for strategies to help Polly’s teachers notice and respond to her communication and support Polly’s communication with peers.</li></ul>
<b>Information Sharing</b>	<ul style="list-style-type: none"><li>• Jason’s mom, his teacher, and his communication coach meet with a company representative for a high tech AAC device to learn how to use the device and make it functional for Jason.</li><li>• Bethany, Bobby’s teacher, gives Bobby’s communication coach and mom ideas about strategies to try at home to sooth him when he is throwing tantrums.</li></ul>
<b>Professional Development</b>	<ul style="list-style-type: none"><li>• Lyndsey, Maria’s communication coach, visits Maria’s teachers once a week while they are in Level 2 EMT Professional Development to help them implement EMT strategies into classroom routines for Maria.</li><li>• Caren, a communication coach, goes to Brandon’s physical therapy sessions to support his physical therapist to incorporate EMT strategies into physical therapy routines while his therapist is participating in EMT professional development.</li></ul>

### SHARING EMT TRAINING MATERIALS

Communication coaches share EMT parent training materials with teachers and therapists in the form of handouts, workshop materials, and video examples of the strategies and of the child communicating. Sharing these materials, along with discussion about the child’s communication targets, allows teachers and therapists to stay informed about child progress and about strategies that are being used at home. Figure 19 is an example email note from a communication coach to a teacher with accompanying materials.



Figure 19

Hi Kathy,

We are working on expanding language and play, and using signs with Polly. This week, Polly's mom played with pretend cookies, a cookie sheet, and dolls during their play time. She modeled the signs for "eat," "drink," and "baby." She supported Polly in continuous play for more than 4 minutes! A new record for Polly! Polly's mom used some of the same signs (eat, drink, more) and additional words during snack. Below is a hanout that shows the snack routine we have been working on at home.

### SNACK ROUTINE FOR POLLY

Words/signs:

Snack, up, cracker, yogurt, eat, drink, milk, water, juice, good

Expansions:

eat + (snack, cracker, yogurt)

drink + (milk, water, juice)

(want, drink) +milk

mmm+ (good)

more + (snack, crackers, yogurt, milk)

- Expand Polly's signs by signing back to her when she uses a sign and adding a sign+word
- Remember to respond to all of Polly's communication (gestures, vocalizations, signs) with a word+sign

Sequence of Routine	Target Signs and Expansions
Let Polly know it is time for snack	"snack time"
Give Polly a choice of snacks	"crackers or yogurt?" "eat crackers" or "eat yogurt"
Eating snack Pause to give Polly an opportunity to initiate communication	"eat" "cracker" or "yogurt" "good" "more cracker" "more yogurt"
Give Polly a choice of drink	"milk or water?"
Drinking Pause to give Polly an opportunity to initiate communication	"drink" "milk" or "water" "more milk" or "more water" "drink milk" or "drink water"
End snack	"all done" "all done eating"



### SHARING CHILD PROGRESS REPORTS

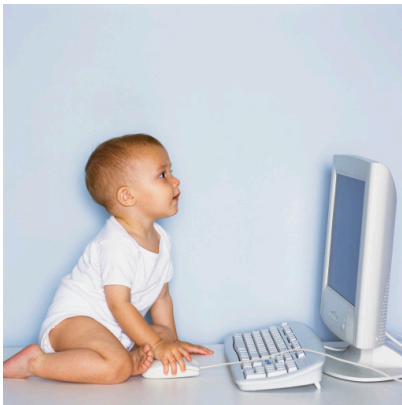
Communication coaches also share progress reports and assessment results with team members. This is done by delivering copies of reports in person, via email, or through uploads and posts to the child's Google Site page. Children in the project are assessed about every three months, so these updates supplemented yearly child assessments and provided ongoing information about child progress. Informal summaries, like lists of words or signs; or video examples of the child communicating, parent or service provider implementing strategies, or new routines are shared regularly.

### GOOGLE SITES FOR COMMUNICATION TEAMS

KTTP forms online Google Sites for families who choose to have a website as a means of sharing written and video information about the child with all team members. Parents consent to the formation of the group, and suggest communication team members, family members, and friends who are invited to the group. Communication team members are invited to join the group and to share information about the child. Team members receive a welcome letter and instructions on how to join the group.

Each webpage includes a description of the KTTP project, a discussion board in which members can post information, a list of team members with descriptions of how they are related to the child; and a files section in which videos, photos, and documents can be uploaded and viewed by all. The communication coach facilitates the site by posting frequent updates about children's progress, selecting video clips for posting and responding to comments from team and family members that are posted on the site.

Google Sites for Communication Teams: An Example Dialogue illustrates how Google Sites can facilitate communication among team members. EMT strategies and materials are provided for all members. Additional materials about the child's communication mode and examples of the child communication are available on the page.



### GOOGLE SITES FOR COMMUNICATION



### TEAMS: AN EXAMPLE DIALOGUE

When Polly entered KTCP, her mother chose to have herself, Polly's father, Polly's teachers, Polly's communication coaches, Polly's physical therapist, Polly's TEIS provider, Polly's grandparents, her aunt, and her godmother on her communication team webpage. Each team member received the invitation below to join the group:

*"Hello,  
Welcome to Polly's communication team group page! You have been invited to join this site because you are a valued person in supporting Polly's communication. Information and videos uploaded to this website are private and only intended to be viewed by the persons invited to join the group. By accepting the invitation to join this group, you agree to keep all information confidential. Please feel welcome to post messages and information about Polly's progress with the group. Thank you for being part of this group!"*

Polly's communication coaches and teacher regularly post information about Polly's development for all of her team members to see. Materials from workshops with the family and videos from sessions at home are often included in these posts. Discussion posts allow for interactive communication among team members. Below are some examples of conversations on Polly's page.

### "GREAT PEER INTERACTIONS"

**Teacher:** *"Polly is beginning to have some great peer interactions that are not initiated by an adult. What a great milestone! She seems to be hitting a lot of milestones these days. It's been fun to watch her blossom over the last couple months. We have a large motor area in our classroom made out of the large soft mats. There is a 'slide' that the kids like to slide down. There were two other friends on the mats with Polly taking turns sliding. Polly climbed up the slide and sat on top. I helped her with the first slide down. We said 'go' and off she went. She would sign 'more' immediately at the bottom and begin to climb back up. Then it was another friend's turn. This friend sat down and Polly said 'go.' This friend rolled down the slide. Polly and friend both laughed. Polly signed more. Then we signed 'my turn.' Polly had her turn. Polly ended up telling the friends when to go and would laugh when they reached the bottom.*

**Dad:** *"Wow! Thank you for sharing. I am really glad to get these and thank you for all you do!"*

**Mom:** *"Thank you ! You are SO GREAT!"*

### "NEW VIDEO"

**Communication Coach:** *"Hello everyone, I have just added a new video of mom and Polly from our session last week called 'Polly and Mom balanced turns.' This video is a great example of mom taking balanced turns with Polly while looking at a book. Polly will point, point and vocalize, or vocalize to comment on the book and mom responds by giving her a word. Notice mom waiting for Polly to take another communicative turn before she talks again. Amazing job! Enjoy the new video and let me know what you think!"*

**Teacher:** *"Thanks for sharing! Super cute! Polly is loving the game of 'that' and it being labeled for her :) Great job!"*

**Grandmother:** *"Enjoyed!! Congratulations to all! Now, I understand why I saw so much progress this past week when I visited Polly. I last saw her in October, and I was amazed at all the new things she can do! You are a great Team!! Thank you for permitting me to join your group! Now, I can follow her progress regularly. Thank you too for the wonderful work you do!"*



### CHALLENGES AND CONSIDERATIONS IN TEAM BUILDING

#### Challenges and considerations in team building include:

- Helping parents establish communication teams
- Building relationships with other professionals
- Maintaining consistent communication among team members

### HELPING PARENTS ESTABLISH COMMUNICATION TEAMS

Parents often need guidance deciding who should be a part of their child's communication team. It is common that the communication coach gives the parent more support at first around building and maintaining teams and that parents gradually become leaders of their child's communication team. Communication coaches often, with the parent's permission, observe other service providers that worked with the child (teachers, speech therapists, occupational therapists, physical therapists). This allows the communication coach to build relationships with other professionals, be able to talk to parents about strategies that other professionals are working on, and be able to communicate what the child and parents are doing at home to other service providers.

### BUILDING RELATIONSHIPS WITH OTHER PROFESSIONALS

One challenge for KTCP communication coaches is building relationships with professionals who are sometimes uneasy about the role of KTCP communication coaches. This is particularly true with Speech and Language Pathologists. It is very important for communication coaches to be able to explain the value of different services provided to children to families and for communication coaches to focus on the benefits of having a supportive communication team for the child. Often, the emphasis of communication teams is to share information about the child and have a positive working relationship among team members. The communication coach initially focuses on building relationships with other service providers and not on teaching EMT strategies. It is very important to first have a good relationship with teachers and therapists before introducing training for those team members that were also trained in the intervention. Ideas for building positive relationships with service providers are summarized Figure 20 on the following page.



Figure 20

### Tips for Building Successful Working Relationships with other Service Providers

#### OBSERVING OTHER SERVICE PROVIDERS

1. Let the parent know that you are interested in observing their child at school or in therapy to get a more comprehensive view of their child's communication across settings and ask for their permission to do so.
2. With the parent's permission, contact the person you would like to observe with at least 3 days notice. Give them a brief introduction of KTTP and yourself and let them know that you are interested in observing the child's communication across settings (it is better to frame the observation in terms of what the child is doing and not what the service provider is doing).
3. Be available to schedule an observation at a time that is convenient for the service provider. Also, understand that childcare centers and children can be unpredictable, so you might arrive and find out it is not a good day for an observation (for example, it may be a day where the center is understaffed, the child is not feeling well, or someone else is in there observing). Be flexible and let the service provider know you are happy to come back at another time.
4. When you arrive at the observation site greet the service provider and thank them for allowing you to come and observe.
5. Throughout the observation be conscious to smile, maintain an open posture (avoid crossing legs and arms), and refrain from taking notes. Notes can be intimidating to service providers because it may feel like you are critiquing their job. Remember that your main goal for this visit is to start a positive working relationship with the child's service provider.
6. When you are finished observing, make at least 2 positive comments about the service provider's interaction with the child. For example, "I can tell Charlie really enjoys working with you, he was having so much fun singing songs with you!" or "Having those visual supports for Charlie seemed really helpful for him to be able to pick songs. What a great way to include him in the activity!"
7. Let the service provider know you will be working with the parent and child at home and ask if there is anything they are working on with the child that they would like for you to introduce at home. Be open to any suggestions they may have.
8. Thank the service provider again for allowing you to observe their interaction.
9. After the observation, follow up with the service provider through email or their preferred mode of communication. Let them know that you enjoyed being able to observe them and would like to continue to work with them. If the child has a Google page invite them to be a part of the page.



### Answering Parent Questions/Concerns

Parents often have questions or concerns about interactions between the therapist or teacher with their child. Sometimes parents will ask for the communication coach's opinions about the interactions. Unless the therapist or teacher is doing something that is harmful to the child, the communication coach should remember that their goal is to build a positive relationship with both the family and other service providers, and avoid any negative statements about the therapist or teacher. It is best that the communication coach gives the parent a positive response about the interaction or gives the parent the information and support they need so that they are empowered to bring up concerns with the teacher or therapist. Below are some practical steps the communication coach can take towards maintaining a positive relationship.

1. Be diplomatic when answering parent questions. Give them a positive thing that the therapist or teacher is doing with their child. Below is a sample dialogue:

**Parent:** *I've noticed that my son's speech therapists talks almost the entire time during the speech session, and you've taught me to pause after I say one thing, which I feel has increased Charlie's communication, how come the speech therapist doesn't do that?*

**Communication coach:** *I'm not a speech therapist and it's great to have someone on Charlie's team that has that expertise, so I don't know that I can give you the best answer about her rationale for the strategies she uses. I'd encourage you to ask the speech therapist what her goals are for Charlie and how her strategies apply to those goals. You may suggest that she try pausing after saying one thing by letting her know that you've found this strategy has really helped Charlie at home.*

2. Be supportive of the parent's concerns and listen to them, but avoid telling them what to do. It is your job to empower the parent to come up with the best decisions for their child and family, not to make these decisions for them.
  - Be supportive of the parent's concerns and listen to them, but avoid giving advice. It is your job to empower the parent to come up with the best decisions for their child and family.

## MAINTAINING CONSISTENT COMMUNICATION AMONG TEAM MEMBERS



It is often challenging for families and communication coaches to facilitate communication among all team members. One way communication coaches address this need is to ask every member of a child's communication team their preferred method for communication. Communication coaches and parents may facilitate team communication in several different ways to address all team members' needs.

For example, some families choose to use Google Sites but their child's teachers or other service providers have organizational policies against posting information or against joining the site. Parents may call for informal team meetings, have a two-way communication journal with some service providers, or invite communication coaches to observe in the classroom or therapy session. KTCP emphasizes teams as a way to provide children with continuous communication support across settings; therefore, it is important to find ways to have two-way communication with everyone on a child's communication team.



# Professional Development for Service Providers

## 5

### Introduction to Chapter

KTTP supports children's communication across environments to provide continuity in intervention. Professional development is provided to teachers and childcare providers so that children receive communication support throughout the school day. Therapists (occupational therapists, speech therapists, and physical therapists) are taught EMT strategies that can be embedded into therapy sessions to provide communication support in the therapy context.



## Chapter 5: Professional Development for Service Providers

Teachers, teacher assistants, and therapists are taught to implement EMT strategies across classroom routines and therapy activities so that they can teach children functional communication skills in context. Teachers and therapists use of EMT promotes generalization from communication interventions in other settings and provides consistent support for communication across settings.

### KTTP offers 3 levels of professional development for service providers as outlined below:

1. Level 1: A general 1-hour introduction to the project
  - The goal of Level 1 is to make teachers and therapists aware of the KTTP project and services offered by KTTP
  - Service providers are able to refer families to the project after participating in Level 1
2. Level 2: Service providers are taught the core EMT strategies
  - The goal of Level 2 is to teach service providers EMT strategies to criteria
  - Level 2 training can be completed with or without accompanying workshops
  - Four 2-hour group workshops (for workshop training)
  - Four to eight individualized coaching sessions
3. Level 3: The third level of professional development is centered on specific children enrolled in KTTP
  - The goal of Level 3 is for service providers to implement EMT strategies to criteria as well as to provide any additional needed supports for participation in routines across the day for children enrolled in KTTP
  - Level 3 training can be completed with or without accompanying workshops
  - 1 2-hour group workshop (for workshop training)
  - At least three classroom consultations with feedback

Ideally, service providers receive the three levels of professional development sequentially. Service providers trained in this way are more confident in their use of KTTP strategies. When children are enrolled in settings where no other project children are enrolled and as children enter Part B programs, service providers may receive a hybrid of Level 2 and Level 3 training focusing on consultation and feedback from the child's communication coach.



### LEVEL 1 PROFESSIONAL DEVELOPMENT

Level 1 professional development introduces service providers to KTCP. Level 1 is a group informational meeting about the KTCP project. The purpose, goals, and timeline of the project are explained. This introduction also describes children that qualify for the project and general plans for training parents, teachers, and other services providers.

The Level 1 presentation briefly answers the questions below (see Level 1 Presentation in Appendix A):

1. What is KTCP?
2. What are KTCP model components?
3. Who can participate in KTCP?
4. Who delivers the KTCP intervention?
5. What is the KTCP intervention?
6. What is FGRBI?
7. What is EMT?



### LEVEL 2 PROFESSIONAL DEVELOPMENT

The purpose of Level 2 professional development is to teach service providers to use EMT strategies at criterion levels of fidelity with a single child in the classroom or in the therapy context. There are two options for training offered in Level 2.

8. Professional development with workshops
9. Professional development without workshops

### LEVEL 2 PROFESSIONAL DEVELOPMENT WITH WORKSHOPS

Level 2 workshop training includes:

- Pre-training activities focused around child communication and adult learning
- Four small group workshops
- Four to eight one-on-one coaching sessions
- In-person or email feedback



### PROCEDURES BEFORE WORKSHOPS

Prior to beginning workshops, communication coaches spend time in the classroom getting to know the classroom environment, and teacher, as well as familiarizing themselves with the child's communication in the classroom context. Procedures that occur prior to the first workshop are outlined in Table 11.

Table 11

Week 1	<ul style="list-style-type: none"><li>• Service providers are given KTCP: An Overview handout (Handout N)</li><li>• Service providers complete the Learning Preferences Survey (Handout O)</li></ul>
Week 2	<ul style="list-style-type: none"><li>• Communication coach spends 1-2 hours in the classroom (for teacher training)</li><li>• Communication coach gives the service provider the Child Communication Narrative: Example (Handout P)</li><li>• Service provider completes the Communication Narrative (Handout Q)</li></ul>
Week 3	<ul style="list-style-type: none"><li>• Communication coach gives the service provider the Routine Options Handout (Handout R)</li><li>• Communication coach and service provider discuss possible routines for implementation of strategies</li><li>• Communication coach films service provider in two routines</li></ul>

### WORKSHOPS

Each workshop follows a similar format. Workshops are conducted by one or more communication coaches who have observed the service providers and are familiar with the implementation context (classroom or therapy setting). Principles of EMT strategies and routines are introduced and specific strategies are taught using video examples, handouts, demonstrations, and other activities. The communication coach leading the workshop invites service provider discussion and questions. Additionally, during workshops, guidelines for using the strategies are summarized and the criteria for fidelity are reviewed. Coaches and service providers schedule the observation and feedback sessions at the end of the workshop session, and service providers complete the workshop evaluation form (Handout S). Workshops last two hours and are conducted during naptime when training teachers or childcare providers. Templates for workshops 1-4 are found in Appendix A.

### COACHING AND FEEDBACK

Service Providers receive individualized coaching and feedback following workshops. Coaching and feedback focus on the strategies introduced in the workshop. The service provider practices using EMT strategies with a child in the classroom or therapy setting. Email feedback is often used for teachers because of the extremely busy nature of classrooms. A fidelity checklist for coaching and writing email feedback is found in Appendix A (adapted from Snyder & Crow, 2006). An example email is shown on the following page. Table 12 outlines topics of workshops and coaching focus for each topic.



### EMAIL FEEDBACK: AN EXAMPLE

*Hi Mallory,*

*Nice work practicing EMT today! It shows that you have been practicing in the classroom and I hope that you have found the strategies to be really useful. [Open with general positive statement about observation]*

*You did great following Henry's lead, modeling communication for Henry, mirroring and mapping, and taking balanced turns. An example of you using these strategies was when you were giving him hand over hand guidance with putting the Legos together and pulling them apart and saying "push" and "pull." You were following Henry's lead by staying with his pace and letting him choose what to do with the Legos, modeling language with those one-word utterances when you were both doing it (mirroring and mapping) and pausing to give him a turn to communicate (taking balanced turns) [Give supportive feedback/first example of strategies done correctly]*

*The second time delay strategy that we practiced, where you just held up the truck and lego, looked at Henry and waited, and then labeled "block" when he reached for the lego was exactly right! [Give supportive feedback/second example of strategy done correctly]*

*As part of this email feedback system I give you constructive feedback to help you learn EMT strategies [mention intent of constructive feedback]. Try to maintain your affect and engagement with Henry throughout the routine. He responds really well to you and gets more engaged and vocal when he notices you are doing what he is doing and you sound more excited about it. [Point out connection between child and service provider behavior]*

*Remember to respond to all of his vocalizations with a language rich 1-word description of what you think he is communicating, there were a few times when your utterances were too long. Instead of saying "we are pushing the blocks" just say "push." [Give constructive feedback/example of strategy done incorrectly]*

*You also mentioned that he makes a lot of vocalizations during lunch, so that is a great time to practice responding and modeling communication (give him one word for the food item, for example "cheese" or "yogurt" or "eat" or "drink"). Use one word to describe what you think Henry would say if he had the word for it. Try it out and let me know how it goes! [Suggestion for additional practice routine].*

*As far as my coaching, what can I do to be more helpful? [Ask for feedback on coaching] Do you have any questions for me? [Ask for questions] Please reply and let me know you've received this email and what questions you have about this feedback. [Ask for a reply]*

*You are doing a fabulous job! [Close with a general, positive, encouraging closing statement]*



## Chapter 5: Professional Development for Service Providers

Table 12

Level 2 Workshop, Coaching, and Feedback Topics		
Workshop	Strategies Covered	Coaching
Workshop 1: <i>Setting the Foundation for Communication</i>	<ul style="list-style-type: none"> <li>Setup an Interactive Context for Communication strategies: organize the environment, choose toys and routines to extend child engagement, be physically at the child's level</li> <li>Notice and Respond strategies: notice <i>all</i> child communication and respond, take balanced communication turns, follow the child's lead, mirror and map</li> </ul>	<ul style="list-style-type: none"> <li>Environmental arrangement: Does the environment optimize opportunities for communication?</li> <li>Respond to child communication: Does the adult respond when the child communicates?</li> <li>Following child's lead: Does the adult notice child interests and follow their lead?</li> <li>Balanced turns: Does the adult say one thing in response to child's communication and wait?</li> <li>Mirror and map: Does the adult join the child's activity and describe what they are both doing?</li> </ul>
Workshop 2: <i>Modeling and Expanding Play and Communication</i>	<ul style="list-style-type: none"> <li>Modeling Communication: identify child target communication; model target communication</li> <li>Expanding Communication: expand the child's communication when the child uses a communication target</li> <li>Modeling and Expanding play: model new play when the child is doing the same things or doing something inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>Modeling communication: Does the adult model target level communication when responding to the child and mirroring and mapping?</li> <li>Expanding communication: Does the adult respond by using the child's communication and adding a word when the child uses a communication target?</li> <li>Modeling and expanding play: Does the adult model a new action or add an object when the child is stuck in a play routine or doing something inappropriate?</li> </ul>



## Chapter 5: Professional Development for Service Providers

### Level 2 Workshop, Coaching, and Feedback Topics

Workshop	Strategies Covered	Coaching
Workshop 3: <i>Using Time Delay Strategies</i>	<ul style="list-style-type: none"> <li>Set up a time delay to create an opportunity for the child to communicate: inadequate portions, waiting with cue, waiting with routine, assistance, choice</li> </ul>	<ul style="list-style-type: none"> <li>Choosing time delays: Does the adult choose appropriate time delays for the child and the activity?</li> <li>Setting up a time delay: Does the adult use a time delay when the child is not communicating frequently and in a situation where the child is likely to make request?</li> <li>Ending time delays: Does the adult respond with a target and continue the activity when the child makes a request?</li> </ul>
Workshop 4: <i>Prompting Communication</i>	<ul style="list-style-type: none"> <li>Types of prompts: time delay, open question, choice question, model “say” prompt</li> <li>What to prompt: prompting only for communication targets</li> <li>When to prompt: recognizing and eliciting clear requests,</li> <li>How to prompt: use appropriate prompting sequence, use prompts sparingly and skillfully to not frustrate child</li> </ul>	<ul style="list-style-type: none"> <li>What to prompt: Does the adult identify appropriate targets for prompting?</li> <li>When to prompt: Does the adult recognize when the child makes a request? Does the adult use a time delay to set up a request?</li> <li>How to prompt: Does the adult only prompt to clear requests? Does the adult follow the correct prompting sequence? Does the adult respond with a target or an expansion and give the child the requested object/ action?</li> </ul>





### LEVEL 3 PROFESSIONAL DEVELOPMENT

Level 3 professional development is centered around providing needed adaptations or supports for the child and embedding EMT strategies into specific routines. Ideally, service providers have completed Level 1 and Level 2 and are familiar with the KTTP project and implementing EMT strategies. Level 3 involves one two-hour group workshop (optional) and at least three routine observations with the service provider and child with feedback from the coach.

### WORKSHOP

The group workshop is divided into two parts. The first hour of the workshop is a general introduction to routine adaptations. The workshop is found in Appendix A. During the second portion of the workshop, service providers meet with coaches individually to make a plan for embedding EMT strategies and adaptations for their target child in specific routines. Coaches follow the Level 3 individual consultations fidelity checklist in Appendix A. Teachers are given a set of materials to plan for implementation in classroom routines.

#### Below is a list of materials:

- Materials from CARA's Kit for classroom centers and routine adaptations (Milbourne & Campbell, 2007)
- Classroom Routines Checklist (adapted from CARA's Kit, Handout T)
- Example Plan for Communication Support Handout (Handout U)
- Blank Plan for Communication and Support Handouts (Handout V)
- Sign and AAC resources (as requested)



### COACHING AND FEEDBACK

Level 3 workshop is followed by at least three coaching sessions. The sequence of the coaching and feedback process is outline below.

1. The coach observes the service provider implementing adaptations and communication support into the chosen routine.
2. The service provider and coach problem solve about the routine and discuss any additional supports needed or changes that should be made.
3. The coach provides detailed feedback via email using the Level 3 email feedback fidelity checklist (found in Appendix A).



## Chapter 5: Professional Development for Service Providers

After completing the Level 3 workshop and follow-up coaching, service providers may request more planning and coaching sessions with their coaches. Because of limited workshop time, service providers and their coaches may only be able to make a plan for implementation and practice in one or two routines. However, service providers are given a packet of materials for routine support during the workshop. Service providers can use these materials to plan for additional routines and request feedback from the coach as needed.

### PROFESSIONAL DEVELOPMENT FOR THERAPISTS

Professional development for therapists follows a similar, but more concise process than professional development for teachers. Some therapists attend the Level 1 workshop provided at the centers as an introduction to the project. Below is a summary of how Levels 2 and 3 professional development differs for therapists.

- All therapists work with a child who is a participant in the project and practice EMT strategies with project participants.
- The workshop contents for Level 2 are the same, but coaching and implementation of strategies differs based on strategies therapists think are appropriate to embed into the therapy context.
- Only EMT strategies that can be embedded into the therapy context without disrupting therapy goals are practiced. For example, a physical therapist may use all responsive interaction strategies but never use prompting strategies. For some children prompting may be too demanding on top of the physical demands on the child.
- The communication coach relies on the therapist's expertise about the therapy context and the coach and therapist discuss which strategies are appropriate to embed into the therapy context and make a plan for implementation.
- Level 3 for therapists involves observations of the child in the therapy context by the coach and consultations between the parent, coach, and therapist. There is no formal training, rather a consultative, goal sharing approach is used.

Table 13 summarizes the levels of KTCP professional development for service providers.

Table 13

KTCP Professional Development			
Level	Goal(s)	Instruction Time	Coaching
1	Project awareness and ability to refer families to the project	1 hour presentation	none
2	Implementation of EMT strategies to criteria	4: 2-hour workshops (optional)	4-8 coaching sessions in classroom or therapy setting
3	Individualized communication supports and EMT strategies for target child enrolled in KTCP	1: 2-hour workshop (optional)	At least 3 coaching sessions in classroom or consultations in other setting



### CHALLENGES AND CONSIDERATIONS FOR CONDUCTING PROFESSIONAL DEVELOPMENT FOR TEACHERS

There are several issues that should be considered in training teachers. One of the challenges is finding time for the group training workshops when all teachers are available. This may involve having extra staff or volunteers available to cover classrooms. Another challenge is arranging for individual coaching sessions at times when teachers can have one-on-one interactions with a practice child or a child enrolled in the project. Again, additional staff may be needed to interact with other children so that the teacher can focus on the target child while she practices. Children's therapy schedules and absences may also be factors in scheduling teacher practice times.

### CHALLENGES AND CONSIDERATIONS FOR CONDUCTING PROFESSIONAL DEVELOPMENT FOR THERAPISTS

There are a few unique considerations in training therapists. Therapist workshops are smaller and more interactive. After presentation of EMT strategies in each workshop, therapists brainstorm with the coach how they can implement EMT strategies into therapy sessions without compromising therapy goals. Some parents are concerned that incorporating EMT strategies into a therapy context is too demanding for a child or that it distracts the therapist's focus. EMT strategies are used in the therapy context as opportunities present themselves. EMT strategies supplement the child's therapy session; strategies do not take away from therapy focus and goals.

Another challenge in training therapists is finding times for workshops where all therapists are able to attend, since all therapists have different schedules for seeing children. Therefore, some workshops are during the lunch hour with meals provided.

### EVALUATION

In addition to the short workshop evaluation form (Handout S) there are two other forms of evaluation of professional development. Informally during coaching visits and as part of email feedback, coaches ask for service provider feedback on coaching methods. A more formal summative evaluation takes place once service providers complete Level 2 and Level 3 professional development. This form is included at the end of this chapter as Handout W.



# KidTalk Tactics Project

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## KTTP: An Overview

### What is KTTP?

KidTalk Tactics Project (KTTP) is funded by the Department of Education. Our goal is to develop an early communication intervention model that can be effective in supporting communication development in children from ages 12 -60 months. The KTTP model involves teaching parents, working with teachers and therapists, and coordinating communication support as children transition from home to preschool and later to school. In this model, communication coaches work with children, parents, teachers, and therapists to ensure that communication is supported throughout the children's everyday environments.

### What is a communication coach?

A KTTP communication coach is an early childhood special educator who has been trained in the KTTP model and is very familiar with child communication skills and skills for teaching adults. Communication coaches teach skills and strategies that support children's rapid development of communication skills during the preschool years.

### What are the goals of KTTP?

Our goal is to teach you strategies that will support communication with children in your classroom and accelerate children's development of new communication skills. Over the next few months, we are going to teach you a set of naturalistic communication intervention strategies called Enhanced Milieu Teaching (EMT). A number of studies have shown that EMT consistently facilitates development in the language of young children who have communication delays. By teaching you strategies that you can use in your daily schedule with children, we will help you facilitate your children's communication development in a very natural way.

### General communication goals for all children include:

- Increase rate of communication
- Choose communication mode (verbal words, signs, Augmentative and Alternative Communication)
- Increase diversity of communication
- Increase complexity of communication
- Increase independence
- Use communication skills across contexts (at home, at school, in therapy)

### When, what and how often?

We will have four EMT workshops that are followed by at least one individualized coaching session for you. Workshop dates are to be announced and you will work out a time with your coach for your individualized training that works for your schedule.





# KidTalk Tactics Project

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## Learning Preferences Survey

*Dear (Center Name) Teachers,*

*As you may know, KTTP Enhanced Milieu Teaching training will begin on (training date). We have attached some information about our project to this letter for those of you who are not yet familiar with us. We would like some input from you so that this training feels enjoyable and useful to you. We will be teaching a language intervention that you can use in your classroom in several routines throughout the day and would really appreciate it if you could answer the questions below to help us better our training curriculum.*

*Thank you!*

1. Please indicate teaching methods that you most enjoy or that are most beneficial to your learning:

lectures	individual hands on activities
discussions	live demonstrations/role playing
video examples	group activities
handouts	other(s): _____
2. Please think about the class or professional development training that you most enjoyed. What made it enjoyable to you?
3. In terms of communication/language development and communication/language intervention, what would you like to get out of this training?
4. Is there anything else that you would like for us to know or any other related topics you would like to learn more about?





## Narrative Record: Example

Child Initials: AB

Observer: Mary S.

Date: 09/01/10

Context	Child Communication	Intention	Consequences
<i>Free play:</i>  <i>Playing ball, going in and out of tent</i>	<ul style="list-style-type: none"><li>• <i>Ball play: AB gives ball to adult and vocalizes</i></li><li>• <i>Tent: smiling, pointing, vocalizing, pushing</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Ball: request that the adult play ball, indicate adult's turn to throw ball</i></li><li>• <i>Tent: smiles to say "I'm having fun," telling adult "come in here" by pointing to adult and pointing to tent and vocalizing, pushed away peer and vocalized to say "I don't want you in here"</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Adult plays ball with AB</i></li><li>• <i>Adult laughs, goes in and out of tent with child</i></li><li>• <i>Time out for pushing</i></li></ul>
<i>Potty/</i>  <i>diaper changing</i>	<ul style="list-style-type: none"><li>• <i>Signing "more"</i></li><li>• <i>Giggling</i></li><li>• <i>Vocalizing</i></li><li>• <i>Pointing</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Adult was playing a tickle game with AB while changing her diaper, she was signing "more" to say "I want more tickles"</i></li><li>• <i>Giggling "this is fun!"</i></li><li>• <i>Vocalizing and pointing to clothes and body parts, maybe labeling "shoes" or asking "what's this called?"</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Adult gives "more tickles"</i></li><li>• <i>Adult gave her name for things "those are your shoes", "feet", "diaper"</i></li></ul>





## Additional Questions about Child Communication

1. List the activities the child appeared to enjoy during this observation:

*The child thought it was really funny to make the adult go in and out of the tent, she also really liked being tickled.*

2. List the peers with who the child appeared to enjoy during this observation:

*The child did not interact with peers, except to protest when a peer was coming into the tent.*

3. List any “rough spots” or potential problems in child’s communication observed:

*Not communicating with peers or not using appropriate communication with peers, words or more signs would be easier for adults and peers to understand. She was put in time out because she didn’t have the words to say, “my turn” or “No” to indicate to her peer she didn’t want him in the tent.*

4. How well was the child able to communicate with adults across settings and activities?

*Child was able to communicate well with her teacher, but might not be as clear to other adults.*

5. How well was the child able to communicate to peers across settings and activities?

*Child did not show interest in peers and did not have the appropriate communication to let her peer know she did not want him in the tent with her.*

6. Was this child easy for adults to understand when he/she communicated?

*The child was pretty clear about what she wanted, but did not have the words to express it. It was easy for this adult to understand her, but probably would not be easy for an adult who did not spend as much time with her.*

7. Was this child easy for other children to understand when he/she communicated?

*This child only communicated with a peer to protest when he was coming into the tent by pushing and vocalizing.*







# KidTalk Tactics Project

## Narrative Record

Child Initials:

Observer:

Date:

Activity descriptions: Free play & potty

Context	Child Communication	Intention	Consequences





## Additional Questions about Child Communication

1. List the activities the child appeared to enjoy during this observation:
2. List the peers with who the child appeared to enjoy during this observation:
3. List any “rough spots” or potential problems in child’s communication observed:
4. How well was the child able to communicate with adults across settings and activities?
5. How well was the child able to communicate to peers across settings and activities?
6. Was this child easy for adults to understand when he/she communicated?
7. Was this child easy for other children to understand when he/she communicated?





# KidTalk Tactics Project

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## Routine Options

Your coach will videotape you in two different routines with your target child before we begin training. We will also use these routines for your individualized coaching sessions. Please choose one play routine and one classroom routine in which you would like to be trained. Routine choices should be: (1) fun for you and the child, (2) an activity in which the child communicates and has a role, (3) an activity that you do regularly, and (4) an activity where you are able to give the child one-on-one focused attention. Your coach can help you find the best routine choices for you and the child.

**Play routine:** The play routine can be play with objects, pretend play, social games, or physical play. You may use more than one toy/material but it should be an activity that lasts at least 5 minutes. Below are some examples of play routines (you may choose one of these or come up with your own):

- Play with objects: play dough, blocks, stacking rings, shape sorter
- Pretend play: dress up, feeding babies, cooking a meal
- Social games: game of tickle, peek-a-boo
- Physical play: bounce on therapy ball, swing

**Classroom routine:** Please choose one of the activities below for your classroom routine. These routines can involve a large group, but your training will be focused on your target child.

- Art or sensory activity
- Potty/diaper change and hand washing
- Snack or lunch
- Book (reading to the target child only)

### My routines:

1. Play routine(s): \_\_\_\_\_

2. Classroom routine: \_\_\_\_\_





# KidTalk Tactics Project

## Workshop Evaluation

Session Number: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Presenters: \_\_\_\_\_

Please answer the following questions:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
1. The information was presented in a clear and understandable way.	1	2	3	4	5
2. The information presented will be helpful for me to use with my target child.	1	2	3	4	5
3. I feel confident about my ability to use the information presented today.	1	2	3	4	5
4. The presenters were knowledgeable on the topics being presented.	1	2	3	4	5

5. What was most helpful about today's presentation?

6. What was least helpful about today's presentation?

7. Is there anything else we could add to this presentation to better support your learning?





# KidTalk Tactics Project

## Classroom Routines Checklist

How well does \_\_\_\_\_ participate in the following classroom routines?

	Exceeds classroom expectations for participation	Meets classroom expectations for participation	Occasionally meets classroom expectations for participation	Does not meet classroom expectations for participation
Art/ Small Group	O	O	O	O
Circle Time	O	O	O	O
Lunch/Snack	O	O	O	O
Potty	O	O	O	O
Hand-washing	O	O	O	O
Free play/Centers	O	O	O	O
Outside/Gross Motor	O	O	O	O



## Communication and Support Plan for Art

Routine Sequence	Expectations for Child Participation (What are children expected to do/communicate during the activity)	Supports Needed for Participation for <u>Leah</u>	Communication Targets		EMT Strategies (What EMT strategies can I use to better support child communication in this routine)
			What I will say	What I expect the child to communicate	
Beginning	Teacher tells children to find a seat at the table. Children are to go find a seat. Leah has trouble finding her seat.	Environment: place pictures of the children on their chairs.  Instruction: teacher gives instructions to Leah at her level, one step at a time.	"Time for art" (notice if Leah has attended to this, if not look at her and say "time for art")  "Find your picture"  "Sit down"	Look at teacher, point to picture on chair	Respond to all of Leah's communication (vocalizations, gestures, and signs) with one word utterances and signs. Respond to other children at their target level.  Give choices in the routine
Middle	Teacher passes out art materials (paper, crayons, stickers, paint, ect) and gives instructions for the art project. Children listen to instructions quietly. Children stay seated at the table. Children appropriately use materials. Children appropriately interact with peers. Children ask for "more" or "help" if they need. Leah is not interested in materials and sometimes throws paper and crayons.	Environment: add blocks to the floor, so Leah's feet touch.  Materials: give Leah thick crayons she can hold, tape paper to the table.  Instruction: use positive instruction and model "we color with crayons" instead of "no throw"	"color"  "crayon"  "paper"  "art"	Vocalize and point to things (crayon, paper)	"white or pink "  "crayon or sticker"  Model language for children at their level. Leah points to paper, I'll say "paper." Evan says, "fish" I'll say, "draw fish." Andy says "I making a picture" I'll say "I'm drawing a picture"
End	Children let the teacher know they are all done and go wash hands. Leah gets up from the table without permission.	Adapt Activity: Let Leah and other children who get restless take breaks and come back to the activity, or allow children to stand up and color. Instruction: notice when Leah is getting up or throwing things and label "all done" for her	"All done Art"	Sign "all done"	Mirror and map (do the project with Leah and other children and talk about what we are doing)



## Communication and Support Plan for \_\_\_\_\_

Routine Sequence	Expectations for Child Participation (What are children expected to do/communicate during the activity)	Supports Needed for Participation for _____	Communication Targets		EMT Strategies (What EMT strategies can I use to better support child communication in this routine)
			What I will say	What I expect the child to communicate	
Beginning					
Middle					
End					







# KidTalk Tactics Project

## KTTP Training Feedback

Please give us your evaluation of the training that KidTalk Tactics provided for you. Circle the answer that best reflects your thoughts and opinions. We value your feedback and will use this information to improve our training. Thank you for your time!

Rate how the following activities were helpful in learning KTTP strategies:

1. The workshops and small group presentations by KTTP staff were helpful in learning KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
2. The videos of teachers/ therapists using KTTP in the classroom were helpful in learning KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
3. Printed materials describing the KTTP procedures were helpful in learning KTTP strategies	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
4. Individual coaching by a KTTP staff member was helpful in learning KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
5. Practicing with my target child by myself was helpful in learning KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
6. Role playing with other adults was helpful in learning KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
7. I think KTTP has helped my target child communicate more often.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
8. I think KTTP has helped me understand how my target child communicates.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
9. I think KTTP has taught me how to respond to my target child's communicative attempts.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
10. I think KTTP has helped my target child ask for help or tell me what he/she wants.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
11. I think KTTP has helped my target child expand his/her form of communication.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>





# KidTalk Tactics Project

12. I think KTTP has helped my target child use longer utterances.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
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Rate how well you think KTTP has worked overall.

13. I think the time requirements for the training were reasonable.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
14. I was satisfied with the specific suggestions and information from my communication coach.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
15. I feel comfortable using KTTP strategies.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
16. I will use the KTTP strategies with other children in my classroom.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
17. I feel comfortable explaining the KTTP strategies to families.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>
18. I would recommend this training to other teachers.	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly agree</i>

19. What was the most useful aspect of this training?

20. What was the least useful aspect of this training?

21. What can we do to improve this training?

22. What other specific information do you need about implementing the KTTP strategies in your classroom?

23. Is there any additional information you would like from the KTTP project?



# Supporting Families through Transitions

## 6

### Introduction to Chapter

Before early intervention providers can support families as communication coaches, it is important to understand and appreciate some basic characteristics of transition. Families will approach transition differently. Some look forward to seeing their child in a group setting or focusing on more academic activities. However, many are reluctant to lose the support, knowledge, and reassurance given by the first providers. They have developed a relationship with their provider, shared good days and bad, laughed and cried. The provider has encouraged them, offered information and resources, and supported their decisions. To support families in the process of moving to a new setting or situation, communication coaches should reflect on the following ideas: transition is a lifelong process, transitions are inevitable, transition is a continuous process, early transitions vary for families, transitions involve change, and transitions usually involve some stress. This chapter discusses these transition ideas and outlines the KTCP transition process.



## Chapter 6: Supporting Families Through Transitions



### TRANSITION IS A LIFELONG PROCESS

Life is a series of transitions: from hospital to home, from home to child care, from preschool to kindergarten, from residence to residence, from class to class, from school to school, from education to work, from job to job, and from employment to retirement. The way individuals and families learn to approach and manage early transitions will ultimately determine the course of later transitions. For families of young children

with disabilities, a positive and proactive transition from birth-3 to 3-5 year old programs can be encouraging and set the stage for future family transitions.

Positive and proactive early transitions can set the stage for positive future transitions.

### TRANSITIONS ARE INEVITABLE

Transitions cannot be avoided. All children and families who enter early childhood intervention programs must eventually move on. Approaching the transition from an early intervention program to a community program or service as an established procedure can reduce worry and increase confidence. Identifying opportunities for new experiences prior to the transition, practicing together, and being systematic in the plan development can result in positive outcomes for everyone involved. Being proactive and providing regular attention to the process of transition helps families prepare for the coming change. One important KTCP strategy is celebrating communication successes as they occur throughout the intervention process.

### TRANSITION IS A CONTINUOUS PROCESS

Early intervention providers are involved in a continuous process of receiving children and their families from other programs and sending them on to future services. Soon after children and families have settled into one program, planning ideally begins for transition to the next. Good transitions require that each child and family have a transition plan that is individualized to meet their needs and preferences. This requires shared information, trust, and a great deal of communication between personnel and families. Thus, transition procedures need to incorporate plans and policies for both sending and receiving children, families, and staff. Policies should include both strategies that empower parents to advocate for the needs of their children and a process for providers to ensure that adequate information and supports for the family's success are provided. Because transition is continuous, the transition process must be evaluated periodically in order to improve.

### EARLY TRANSITIONS VARY FOR FAMILIES

Transitions vary for families in and out of KTCP and may or may not involve changing the site of services or personnel. Therefore transition requires a process that can be individualized and be flexible for family needs. Families transitioning from home to community for the first time will need different supports than families transitioning from one classroom to another within the same setting.

Altering or changing an environment may be unsettling to both child and family or it may be a celebration for another. Some families who have successfully learned to navigate one service system must now



## Chapter 6: Supporting Families Through Transitions

explore others and may be surprised by the differences. Providers need to stay apprised of the transition process with the family as changes can occur unexpectedly. A placement within a preferred community program can become unsatisfactory due to staff changes or due to fewer than anticipated opportunities for social interaction. Progress should be monitored on child and family outcomes.

The need for problem solving and alternate planning should be available after the transition. Successful completion of early transitions can promote confidence and encourage success with later transitions. Effective reflection and problem solving skills are typically used repeatedly throughout life to make transitions.

### Tips for Success:

1. Share information
2. Establish trust
3. Keep communication open
4. Stay apprised of the transition process
5. Monitor progress
6. Develop good problem solving skills

## TRANSITIONS INVOLVE CHANGE

For both children and their families, new programs involve interacting with new people, meeting new expectations, exploring new settings, and mastering new schedules. New programs usually imply that children are growing older-and so are the parents. Transitions may entail accepting new “labels” for disabilities, new qualifying criteria to obtain services, and even new challenges to ensure that education and services are adequate and appropriate. Strategies used in KTCP to help families prepare for change are important to both immediately reduce stress and to assist with later transitions.

## TRANSITIONS USUALLY INVOLVE SOME STRESS

Stress frequently accompanies transitions because so many elements are changing at once. Children may worry about going to “the big school.” Families may worry about the availability of services, their child’s safety, or the congruity between their child and the new program, therapist, or teacher. Alternatively, community personnel may worry about children’s opportunities to succeed in certain classes, their own ability to meet the special needs of a given child, or the reactions of the other children or their families to newcomers.

### Tips for Success:

1. Help ease stress by preparing families to expect changes and new challenges
2. Empower parents to participate in the transition process by educating them about their child’s needs.

Family members empowered to participate in the transition and preschool program are better armed to manage the stress and turn it into a productive opportunity to support their child’s communication needs. Starting early in KTCP to develop the parent’s understanding of communication and language development and intervention and their ability to engage in goal setting and implementation facilitates a proactive approach to the intervention as well as the transition processes. KTCP beliefs about the transition process are outlined on the following page.



### **BELIEFS THAT LAY THE FOUNDATION FOR AND GUIDE THE TRANSITION PROCESS:**

- Families are integral to children's development.
- Children learn through everyday routines and activities.
- Communication intervention can be embedded throughout natural routines.
- Parents and caregivers can support their children's communication in various routines and settings.
- Parents are partners and decision makers in all aspects of their children's development and education.
- The values, priorities, and dreams of each family should guide their children's plans and programs.
- Communication between families, providers, teachers, and program staff is essential for maximized positive child outcomes.
- Families, providers, teachers, and program staff can all learn from each other.
- When provided with the appropriate support and resources, parents can share and problem solve communication strategies with the team to promote coordinated intervention.
- Generalization of strategies and skills can be strengthened by team members working together with respect, honesty, and open communication.







### TRANSITION PROCESS

The “KTTP Transition Process” provides a guide for the transition process by outlining activities and resources. In the left column of Table 14, activities are listed and the corresponding materials are listed in the right column (pages 82-83). The letters following the activities provide a link to the recommended forms and resources found at the end of the chapter. It is important to individualize each transition component to the specific child, family, and transition program. The type and amount of support and guidance provided by the Communication Coach will vary based on each family’s unique strengths.

#### The overall goals of the transition process are:

1. For the child and family to have a successful transition
2. For the parents to be empowered to truly partner in the planning and implementation of the child’s communication intervention



### BEGINNING THE DIALOGUE

In this stage, the parents discuss their child’s current communication and routines, the people and places that comprise their child’s community, and their dreams and goals for the child. This discussion can take place by revisiting the family story that was obtained at the start of KTTP intervention. To update the family story, the communication coach can start the discussion with open-ended questions about the child and family to understand the parent’s perspective of the child’s communication (see “Family Story Guidelines” in Appendix A as a guide). During or following this discussion, the information can be added to the “Family Dreams,” “Communication Across My Community,” and “Getting to Know Me” forms (found at the end of this chapter). The transition options and process are discussed with the parents and the parents are encouraged to think of which options they would like to explore.

#### The goals for this stage of the transition process are:

1. Parents will feel comfortable sharing information about their child’s communication
2. The parents and communication coach will collaboratively develop materials that can support the descriptions of the child’s communication.
3. The parents will think of potential transition programs.

### ESTABLISHING THE PLAN

After beginning the transition dialogue, the Communication Coach supports the family in observing potential programs and completing an individualized transition portfolio. Framing the observations by discussing what to look for in each program is crucial in order to give the parents the tools needed to make the best decision. Providing the “Observation Checklist” (Handout AB) is a way for the observations to be meaningful. The Communication Coach and parents should discuss the opportunities for and barriers to communication within each program.





## Chapter 6: Supporting Families Through Transitions

By using the “KTTP Strategies” (Handout AC) summary sheet as a guide, the parent can identify the most effective and frequently used strategies for the child. The individualized communication strategies can be listed in the left column of the “Activity Dreams and Scenes for Community Routines and Strategies” (Handout AD). How the identified strategies promote the child’s communication in specific routines can be described using Handout AE. It is recommended to outline strategy use in at least two different home routines. The parents and communication coach compile the completed handouts and discuss the purpose of handouts for the transition portfolio. The parents decide on which current and future team members will be present, and the transition meeting is scheduled.

### CONDUCTING THE TRANSITION MEETING

The family shares information about their child’s communication with the new program members. The parent illustrates intervention strategies that have been effective for the child and leads the team in discussing ways that those strategies can be implemented in the new program. The use of the following “KTTP Strategies”, “Activity Dreams and Scenes for Community Routines and Strategies”, “Problem Solving: Strategies to Promote Communication During Program Routines”, and “Strategies Used During the Program Routine of \_\_\_\_\_” can provide a guide for these discussions. To establish the foundation for ongoing collaboration, “Moving Along” and “Exploring Communication Preferences” can be completed as plans for both the family and the program members.

### WORKING ACROSS TEAMS

As the child integrates into the new program, the parents facilitate the continual exchange of information and updates about the child between the new program and the rest of the child’s community. This ongoing communication provides a means for generalization of strategies and skills. The Communication Coach can work with the program by providing KTTP trainings, coaching, and/or handouts as appropriate. The service providers complete a survey about the transition process to reflect on the experience.



Table 14

KTP Transition Process	
Transition Step	Forms and Resources
<b>Beginning the Dialogue</b> <ul style="list-style-type: none"> <li>Review and update the family story, including current dreams for the child (Family Story Guidelines and Handouts X, Y, and Z)</li> <li>Discuss the child's current community and how he/she communicates throughout those environments (Handouts Y, Z)</li> <li>Discuss options for transitions by talking about settings that match the family's dreams</li> <li>Develop a list of potential programs to explore</li> <li>Develop transition timeline (Handout AA)</li> </ul>	<ul style="list-style-type: none"> <li>Family Dreams Handout (X)</li> <li>Communication Across My Community Handout (Y)</li> <li>Getting to Know Me (Z)</li> <li>Timeline (AA)</li> </ul>
<b>Establishing the Plan</b> <ul style="list-style-type: none"> <li>Family observes possible transition programs or settings (Handout AB)</li> <li>Communication coach supports the family during observation phase by framing the observations, providing relevant checklist (Handout AB), accompanying the family to observation(s), and/or debriefing after observation(s)</li> <li>Discuss communication opportunities and barriers within each program</li> <li>Family decides on appropriate program for their child</li> <li>Discuss KTP communication strategies that are most effective for the child and describe successful home routines (Handouts AC, AD, AE)</li> <li>Prepare family to be the leader for their child's communication</li> <li>Decide on team members (both current and future) to include in the transition meeting</li> <li>Complete individualized transition portfolio by including all relevant forms and examples (electronic, hardcopy, or both)</li> </ul>	<ul style="list-style-type: none"> <li>Observation Guide for Classroom or Community Setting Visits (AB)</li> <li>KTP Strategies (AC)</li> <li>Activity Dreams and Scenes for Communication Routines and Strategies (AD)</li> <li>Strategies Used during the Routine of _____ (AE)</li> </ul>



## Chapter 6: Supporting Families Through Transitions

Table 14

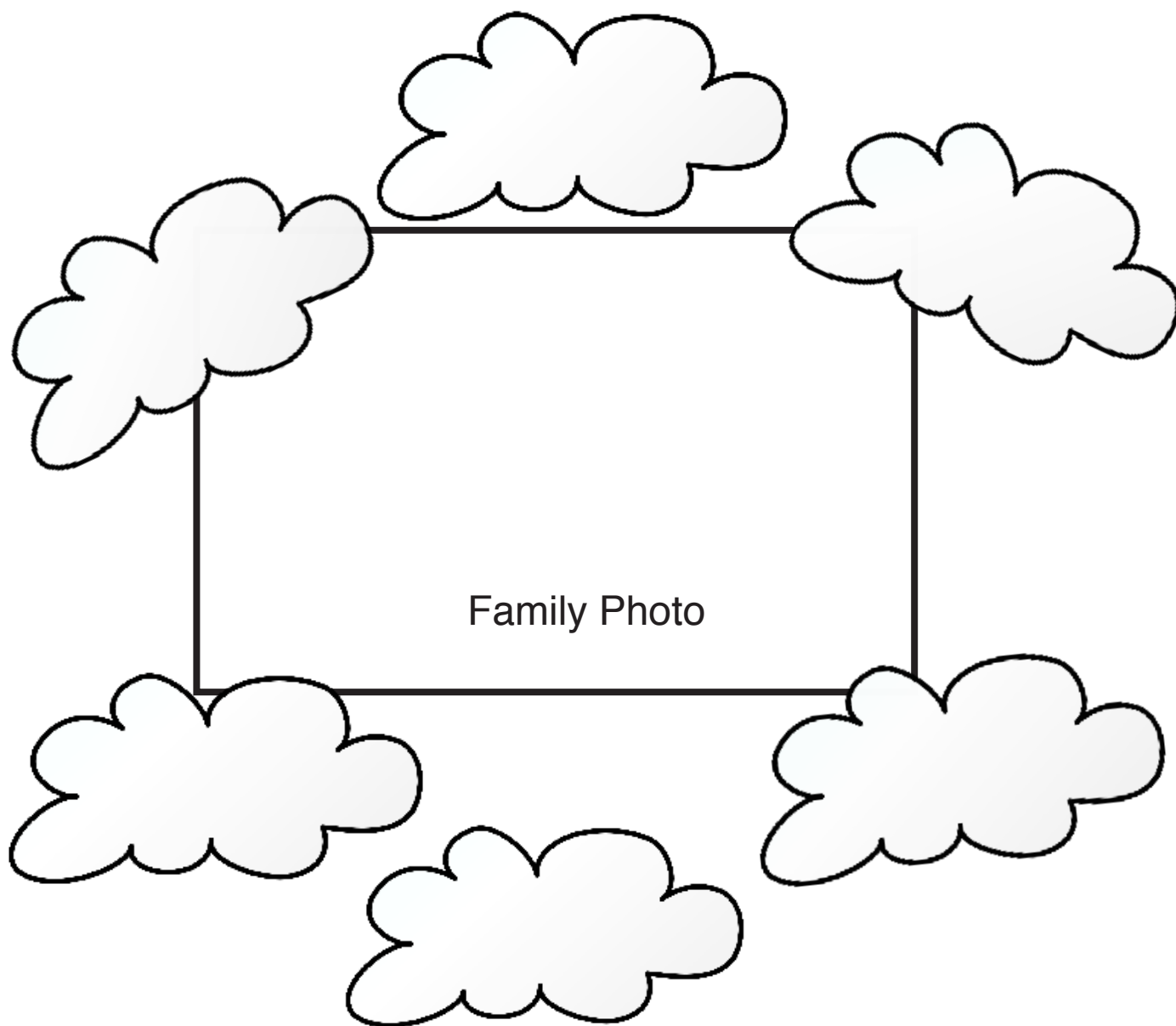
KTPP Transition Process (continued)	
Transition Step	Forms and Resources
<b>Conducting the Transition Meeting</b> <ul style="list-style-type: none"> <li>Family shares portfolio with program members as a way to share information about their child's communication</li> <li>Discuss ways to incorporate effective KTPP strategies into routines the child will participate in as part of the new program</li> <li>Establish plans for communication between the family and program members</li> </ul>	<ul style="list-style-type: none"> <li>Problem Solving: Strategies to Promote Communication during Program Routines (AF)</li> <li>Strategies Used during the Routine of _____ (AE)</li> <li>Exploring Communication Preferences (AG)</li> <li>Moving Along (AH)</li> </ul>
<b>Working across Teams</b> <ul style="list-style-type: none"> <li>Family coordinates with teams as the leader for their child's communication by sharing strategies and progress updates accross settings</li> <li>Communication coach is available to conduct trainings and ongoing coaching in new site</li> <li>Service providers reflect on the family's leadership during the transition process</li> </ul>	<ul style="list-style-type: none"> <li>KTPP Transition Activities Family and Child Options (AI, AJ)</li> <li>KTPP Training Materials (select materials from chapters 3-5)</li> <li>KTPP Strategy Handouts (select materials from chapters 1-2)</li> <li>KTPP Communication Transition Process: Service Provider's Feedback on the Process</li> </ul>



# KidTalk Tactics Project

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These are our family's dreams for  
\_\_\_\_\_ 's communication





# KidTalk Tactics Project

## These are our family's dreams for Sean's communication





# KidTalk Tactics Project

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## Communication Across \_\_\_\_\_’s Community

My community is expanding as I am getting ready for a new program !

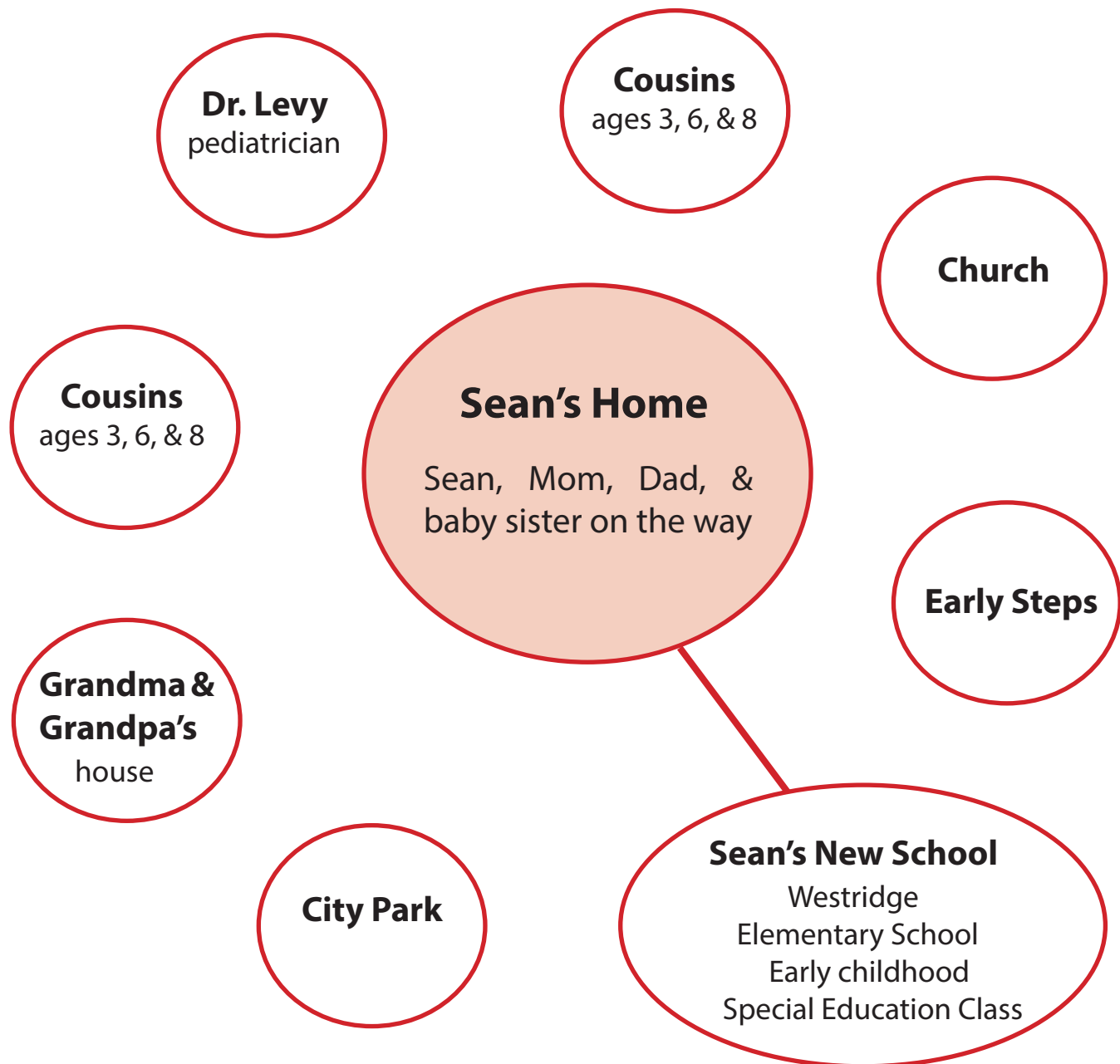




# KidTalk Tactics Project

## Communication Across Sean's Community

My community is expanding as I am getting ready for a new program !







# KidTalk Tactics Project

Getting to Know \_\_\_\_\_

Child's Photo

I can:

I am  
working on:

I enjoy:

What

Where

When

With

How



## Getting to Know Sean



### I can:

- Sign: tickle, eat, cookie, all done, car, milk
- Verbally say: Mama, Dad, ball, go, more
- Pull, point reach, and guide you to what I want
- Use jargon with lots of different sounds
- Follow simple directions
- Get my shoes, ball, and hat when asked to

### I am working on:

- Using specific words (signed or verbal) to ask for food & drink items (ex: cracker, chicken, noodles, cereal, juice)
- Answering choice questions with a verbal word
- Requesting items and activities without crying
- Putting my cup on the table when asked
- Get my shoes, ball, and hat when asked to

### I enjoy:

#### What

#### Where

#### When

#### With

#### How

- Dancing in the car when picking up cousins from school with Mom by moving my arms and head
- Playing ball outside in the evenings with Dad, neighbors, and cousins by kicking & throwing the ball and saying "ball" and "go"
- Laughing during tickle games with Dad in my bed when waking up by signing "tickle" and saying "more"
- Eating at the table for all meals and snacks with Mom and Dad by using my fork, spoon, and open cup and saying "more"

## KTTP 0-3 Program Transition Timelines

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Communication Coach \_\_\_\_\_

Transition Activity	Entry to KTTP Date	IFSP Re-views Date	6 mo. prior to age 3 Date	5 mo. Date	4 mo. Date	3 mo. Date	2 mo. Date	1 mo. Date	Transition Date/ Birthdate Date	3 mo. post Transition Date	Date Initiated Date	Date to be completed





## Observation Guide

### Schedule

- ☐ Is a schedule posted or shared with you?
- ☐ Look at amount of time spent for each activity, variety of activities and sequence of activities with opportunities for communication and social interaction.

### Duration

- ☐ How many hours per day is the program? Number of days?
- ☐ Are there additional opportunities for home visits, parent conferences or parent participation activities a the program?

### Membership

- ☐ Number of children in the group?
- ☐ Number of children with disabilities in the class?
- ☐ Number of adults interacting with children within various activities?
- ☐ Does the program have a polilcy about supportuing children with special needs?

### Seating Routines

- ☐ Do children play or work while sitting:
  - ☐ On the floor
  - ☐ As a cluster for group discussion?
  - ☐ Individual spaces (e.g., carget squares or taped spots)
  - ☐ In chairs or at small tables?
- ☐ Do children sit in assigned places at any time during the day?
- ☐ Is conversation encouraged during seating routines?





# KidTalk Tactics Project

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## Classroom Interactions

- ☐ To what degree does instruction reflect children's individual developmental levels?
- ☐ To what degree does the environment encourage children's choices and communication?
- ☐ In what way does the classroom environment encourage children to engage with learning materials?
- ☐ What evidence is there that children are actively involved in learning?
- ☐ To what degree are activities cooperative? Individualized?
- ☐ When and how do children receive feedback on their accomplishments?
- ☐ For how long are children expected to listen and converse in a large group setting?
- ☐ What kind of opportunities are provided for children to interact with one another?
- ☐ Is there a defined system for behavior and guidance? What is that system?
- ☐ Does the teacher describe and demonstrate how to do a task after assigning it?

## Comments:





## KTTP Strategies

### Routines

- |  |   |
|--|---|
| <input type="checkbox"/> Beginning and ending    | <input type="checkbox"/> Repetition         |
| <input type="checkbox"/> Meaningful material use | <input type="checkbox"/> Functional outcome |
| <input type="checkbox"/> Logical sequence        |   |

### Set Up an Interactive Context for Communication (Environmental Arrangement)

- |  |   |
|--|---|
| <input type="checkbox"/> Interesting materials           | <input type="checkbox"/> Be physically at the child's level                         |
| <input type="checkbox"/> Materials in view, out of reach | <input type="checkbox"/> Organized environment, few toys/materials, materials ready |

### Notice and Respond Strategies

- |  |  |
|--|--|
| <input type="checkbox"/> Notice and respond to all child communication           | <input type="checkbox"/> Take balanced communication turns |
| <input type="checkbox"/> Join in the child's activities/ follow the child's lead | <input type="checkbox"/> Mirror and map                    |

### Model and Expand Communication

- |  |   |
|--|---|
| <input type="checkbox"/> Use language at the child's target level (1-word, 2-words, 3 words) | <input type="checkbox"/> Expand the child's communication by imitating it and adding 1 word |
|--|---|

### Time Delay and Prompting (Practice) Strategies

- |   |   |
|---|---|
| <input type="checkbox"/> Choice making        | <input type="checkbox"/> Prompt for targets to clear requests |
| <input type="checkbox"/> Assistance           | <input type="checkbox"/> Use time delay                       |
| <input type="checkbox"/> Inadequate portions  | <input type="checkbox"/> Open questions                       |
| <input type="checkbox"/> Waiting with cue     | <input type="checkbox"/> Choice questions                     |
| <input type="checkbox"/> Waiting with routine | <input type="checkbox"/> "Say" prompt                         |





## KTTP Strategies

### Routines

- |  |  |
|--|--|
| <input type="checkbox"/> Beginning and ending    | <input checked="" type="checkbox"/> Repetition |
| <input type="checkbox"/> Meaningful material use | <input type="checkbox"/> Functional outcome    |
| <input type="checkbox"/> Logical sequence        |  |

### Set Up an Interactive Context for Communication (Environmental Arrangement)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interesting materials           | <input type="checkbox"/> Be physically at the child's level                         |
| <input checked="" type="checkbox"/> Materials in view, out of reach | <input type="checkbox"/> Organized environment, few toys/materials, materials ready |

### Notice and Respond Strategies

- |   |   |
|---|---|
| <input type="checkbox"/> Notice and respond to all child communication                      | <input checked="" type="checkbox"/> Take balanced communication turns |
| <input checked="" type="checkbox"/> Join in the child's activities/ follow the child's lead | <input checked="" type="checkbox"/> Mirror and map                    |

### Model and Expand Communication

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Use language at the child's target level (1-word, 2-words, 3 words) | <input type="checkbox"/> Expand the child's communication by imitating it and adding 1 word |
|---|---|

### Time Delay and Prompting (Practice) Strategies

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Choice making | <input type="checkbox"/> Prompt for targets to clear requests |
| <input type="checkbox"/> Assistance               | <input checked="" type="checkbox"/> Use time delay            |
| <input type="checkbox"/> Inadequate portions      | <input type="checkbox"/> Open questions                       |
| <input type="checkbox"/> Waiting with cue         | <input type="checkbox"/> Choice questions                     |
| <input type="checkbox"/> Waiting with routine     | <input checked="" type="checkbox"/> "Say" prompt              |







# KidTalk Tactics Project

## Activity Dreams & Scenes for \_\_\_\_\_'s Community Routines & Strategies

**At Home**

**At Program**

### Establish Routines

--	--

### Set Up an Interactive Context for Communication (Environmental Arrangement)

--	--

### Responding

--	--

### Modeling

--	--

### Prompting (Practice)

--	--





## Activity Dreams & Scenes for Sean's Community Routines & Strategies

### At Home

### At Program

Establish Routines	
<ul style="list-style-type: none"><li>• Set beginning &amp; ending</li><li>• Use same words &amp; materials</li></ul>	
Set Up an Interactive Context for Communication (Environmental Arrangement)	
<ul style="list-style-type: none"><li>• Out of reach in view (top shelves &amp; clear toy bins)</li><li>• Offering choices</li></ul>	
Responding	
<ul style="list-style-type: none"><li>• Pause after adult's turn for several seconds</li><li>• Imitate what Sean is doing</li></ul>	
Modeling	
<ul style="list-style-type: none"><li>• Use single words &amp; 2-3 word phrases</li><li>• Add another word to Sean's single words</li></ul>	
Prompting (Practice)	
<ul style="list-style-type: none"><li>• Wait before giving him what he wants</li><li>• Prompting Sean to "say _____" when he points</li></ul>	



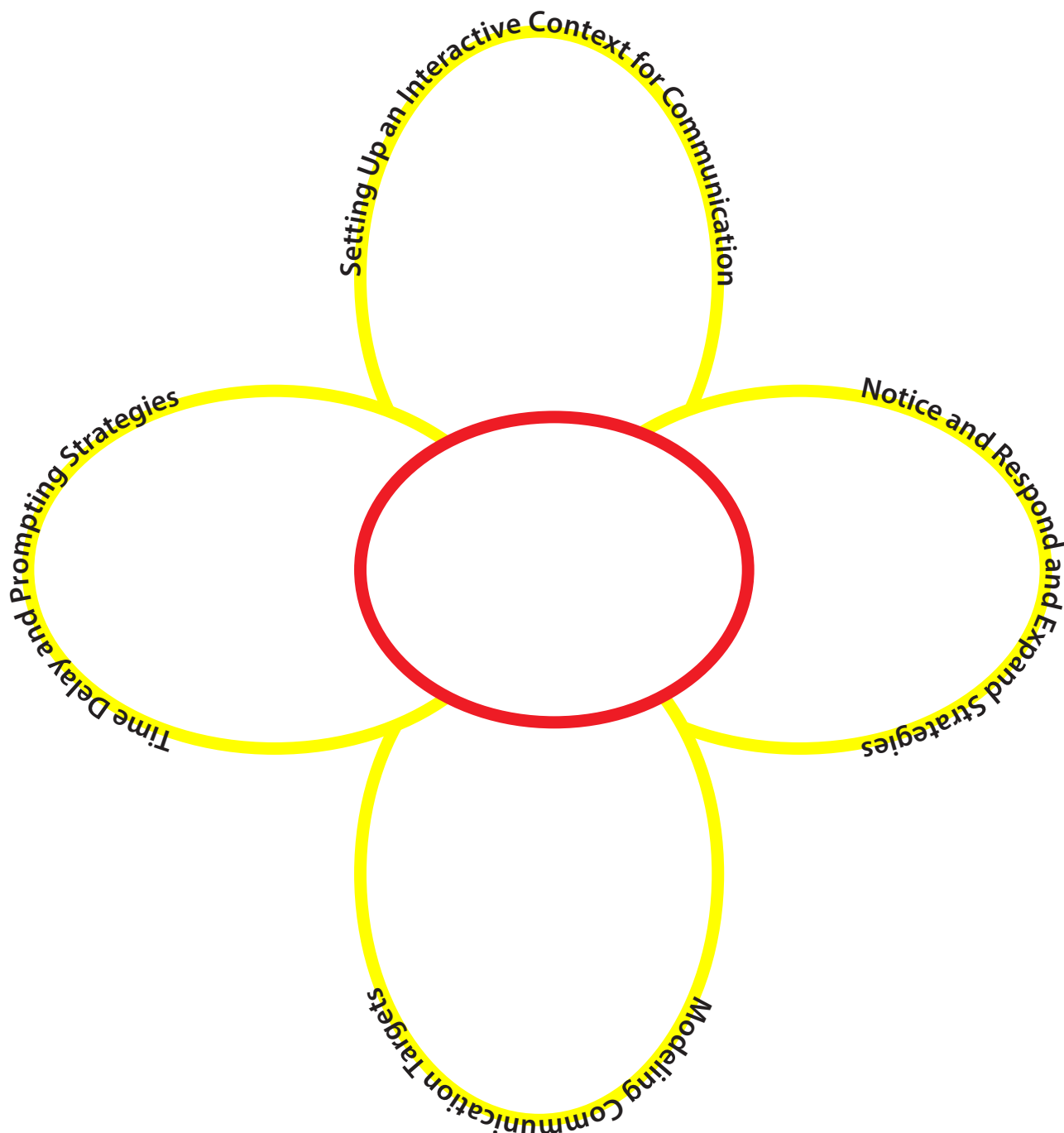


# KidTalk Tactics Project

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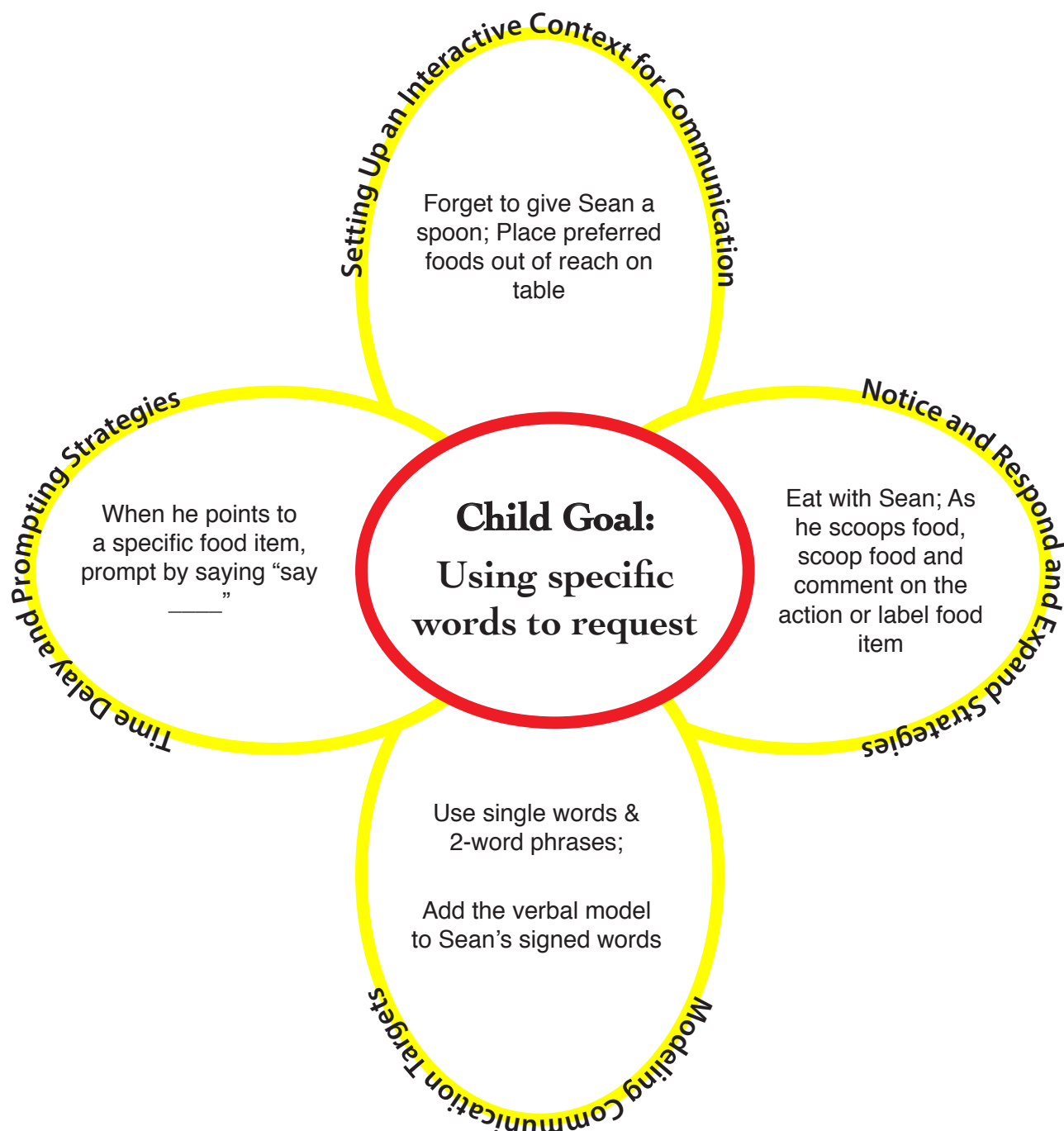
## Strategies used during the routine of

---





## Strategies used during the home routine of eating breakfast





## Problem Solving: Strategies to promote \_\_\_\_\_'s communication during program routines

1. What routines will \_\_\_\_\_ be a part of?
2. Let's start by exploring 2 routines as possibilities for embedding strategies.
3. Are any of those routines similar to \_\_\_\_\_'s current routines? If so, let's consider the possibility of using similar strategies.
4. Who is involved in these routines? (i.e. teachers, volunteers, therapists, classmates, etc.)
5. What would be expected of \_\_\_\_\_ in these routines?
6. What is the goal for \_\_\_\_\_ in these routines?





# KidTalk Tactics Project

## Exploring Communication Preferences

### Program Member's Preferred Communication Methods

- ☐ Phone calls
- ☐ Written notes
- ☐ Face to face
- ☐

- ☐ Email
- ☐ Video clips
- ☐ Data charts
- ☐

- ☐ Text messages
- ☐ Blog entries
- ☐ Shared notebook
- ☐

### Family's Preferred Communication Methods

- ☐ Phone calls
- ☐ Written notes
- ☐ Face to face
- ☐

- ☐ Email
- ☐ Video clips
- ☐ Data charts
- ☐

- ☐ Text messages
- ☐ Blog entries
- ☐ Shared notebook
- ☐





# KidTalk Tactics Project

## Exploring Communication Preferences

### Program Member's Preferred Communication Methods

- ☐ Phone calls
- ☐ Written notes
- ☐ Face to face
- ☐

- ☐ Email
- ☐ Video clips
- ☐ Data charts
- ☐

- ☐ Text messages
- ☐ Blog entries
- ☐ Shared notebook
- ☐

### Family's Preferred Communication Methods

- ☐ Phone calls
- ☒ Written notes
- ☒ Face to face
- ☒

- ☐ Email
- ☐ Video clips
- ☒ Data charts
- ☐

- ☐ Text messages
- ☐ Blog entries
- ☐ Shared notebook
- ☒







# KidTalk Tactics Project

## Moving Along

### Action List for Parents

### Action List for Program Members

### Materials and Resources Needed

### Team Communication Plan

Favely, M.A., Forest, M., Pearpoin, R.L. (1997). *All of my life's a circle: Using the tools, map and paths*. Toronto: Inclusion Press.





# KidTalk Tactics Project

## Moving Along

### Action List for Parents

- Spend 10 minutes transitioning in morning circle for first week
- Share vocabulary list in daily notes
- Call when questions arise
- Send diet-specific snacks

### Action List for Program Members

- Call when questions arise
- Take photos of friends to learn names
- Provide schedule script to help Sean tell about his da

### Materials and Resources Needed

- Visual schedule
- CD of favorite songs

### Team Communication Plan

- Note from PT & ESE weekly to family
- Family & program members update communication log at least weekly
- Family & program members upload videos of successes and challenges
- Weekly phone call

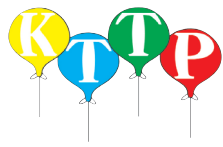




## KTTP Transition Activities: Family Options

- Development of KTTP Transition Timelines – Transition is identified in the initial intake and during the development of the family story. It may be mentioned depending upon the child's age or family questions periodically. As the intervention approaches the 18th-20th visit, KTTP interventionist initiates the development of a more detailed timeline and a discussion of their interest in social, community or formal preschool options.
- Veteran Parent Visits- KTTP interventionist may link with veteran KTTP parents to share the experiences they had when their child changed to a community based program or a preschool setting.
- Classroom Visits- Parents observe potential options for placement with or without KTTP interventionist. Prior to visit, the KTTP interventionist discusses what the parent is interested in observing and they plan questions to ask. A checklist may be offered to support visit.
- Parent Volunteers- Parents are given the opportunity to participate within a community program and learn the routine and activities. This may be as simple as participating in a Library Story Hour or a Tot Lot at the Y. It provides a context for parents that are totally unfamiliar with what teachers do with groups of children in a social environment.
- Work on New Skills at Home that will Support the Transition- Parents, KTTP and receiving community education team work together on necessary skills which the child will need to ensure a successful transition into the new program.
- Small Group- Two or more children meet in a home or facility giving them an opportunity to interact and play with other children and giving the careprovider initial opportunity to separate from the child. KTTP interventionists may participate or simply identify the activity with the family.
- Mother's Morning Out- Mothers bring their children in one morning a week to a local church or community setting for child care and the mothers have a brief respite.
- Transition Portfolio- KTTP interventionist and parents share observations and information in a child profile that draws from their initial family story. Will include KTTP samples and video.





# KidTalk Tactics Project

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## KTTP Transition Activities: Child Options

- Preschool Visitation- Child is given the opportunity to visit the new program.
- Transition Book- Pictures are taken of the new program and made into a transition book to familiarize the family and child with the new environment.
- Transition Buddies- Child is given the opportunity to make friends with another child who is currently attending the new preschool.
- Home Visit- Receiving program's teacher visits the child and family at their home, to get acquainted with the teacher and for the parent and child to illustrate their communication strategies in their home environment.
- Preschool Books- Parents read books to their child about preschool and talk about the program.
- Preschool Shopping- Parents take their child to purchase school supplies/clothes to help prepare him or her for a new setting.



# Assessing and Monitoring Child, Parent, and Service Provider Progress

## 7

### Introduction to Chapter

KTTP uses several assessment instruments and observational data to assess and monitor child communication progress and parent and service provider progress in learning EMT strategies. Some developmental assessments are used to gauge the child's communication abilities and parent skills at entry into the project, and others were used throughout intervention. Assessment of service provider skills is done in observational form as a pre-post measure.

Child assessment information allows communication coaches and families to co-construct child goals and to change goals as the child makes progress. Observational data of parent implementation and generalization of strategy use aids the communication coach and parent in planning learning of new strategies, review of previously taught strategies, and choosing new routines for training.



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

### ASSESSING AND MONITORING CHILD PROGRESS

#### Assessment Instruments

Child measures include the Communication and Symbolic Behavior Scale Developmental Profile (CSBS-DP), Individual Growth and Development Indicator's Early Communication Indicator (IGDI/ECI), the Mullen Scales of Early Learning, Preschool Language Scale, 4th edition (PLS-4), the MacArthur-Bates Communicative Development Inventories (CDI), the Peabody Picture Vocabulary Tests (PPVT), and Language Samples. Table 15 describes the assessments used for children KTTP and what each assessment is intended to measure.



The CSBS-DP, IGDI/ECI, Mullen Scales of Early Learning, PLS-4, CDI, and PPVT are used because they are tools that have been widely used in research, have normative comparison data, are appropriate for this population, and are easy to administer. The Language Sample was created for this project as a measure of complexity of communication for children who were 48 months or older.



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

Table 15

Child Measures	
Assessment Measure	About Measure
Communication and Symbolic Behavior Scale--Developmental Profile (CSBS-DP)	<p>This assessment measures language and symbolic communication development (children's gestures, facial expressions, and play behaviors) for children from 6 months to 2 years old. Scoring for the CSBS is organized into 7 parts:</p> <ol style="list-style-type: none"> <li>1. Eye gaze and emotion when communicating</li> <li>2. Gestures to communicate</li> <li>3. Sounds to communicate</li> <li>4. Words used</li> <li>5. Communication initiations</li> <li>6. Understanding word labels</li> <li>7. How children use objects</li> </ol> <p>Information for the CSBS is collected through both direct observations and parent report.</p>
Individual Growth and Development Indicator/ Early Communication Indicator (IGDI/ECI)	A tool used to determine frequency in rate per minute of a child's verbal and non-verbal communication behaviors. During this assessment the child plays with a responsive adult play partner for 6 minutes with a standardized set of toys (a barn or a house and small figures). This assessment is videotaped so each of the child's gestures, vocalizations, and spoken words can be counted. Children's scores are compared to scores from a normative group of children across ages 12 to 42 months.
Mullen Scales of Early Learning	A five-scale assessment that covers gross motor, fine motor, expressive language, receptive language, and visual reception. This assessment is used to determine the global development of the child in these domains at the start of the project.
Preschool Language Scale--4th Edition (PLS-4)	An assessment to measure a child's auditory comprehension skills (what a child understands) and expressive communication skills (gestures, sounds, and words a child uses). Parent report contributes to the assessment, and scores are based on developmental milestones.
MacArthur-Bates Communicative Development Inventories (Words and Gestures or Words and Sentences)	The MacArthur-Bates Communicative Development Inventories are parent reports of the child's words and gestures or words and sentences. These assessments cover developmental norms for acquiring language and communication skills. Words and Gestures was designed for use with typically developing 8 to 16 month olds and Words and Sentences was designed for use with typically developing 16 to 30 month olds. However, both forms can be used with developmentally delayed children of any age.
Peabody Picture Vocabulary Test (PPVT)	The PPVT measures receptive language skills of children. A series of pictures are presented and the child is asked to identify individual pictures. The child is given a score that is based on their age and vocabulary displayed during the assessment.
Language Sample	A language sample is the 6-minute IGDI/ECI plus 4 minutes of the communication coach playing with the child with a child preferred toy. Child communication is counted and transcribed during this 10-minute interaction with a responsive adult.



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

### ASSESSMENT SCHEDULE

Assessment tools are used at different times during intervention. Some child assessment measures are only used once prior to beginning intervention. These instruments are used to assess the child's abilities before beginning intervention to plan goals and intervention strategies. Other assessments are used periodically throughout the intervention process to measure child progress. Table 16 outlines a schedule of when child assessments are completed.

Table 16

Child Measures	
Assessment Tool	How often it is completed
Communication and Symbolic Behavior Scale Developmental Profile (CSBS-DP)	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Every six months by child's age up to 30 months (12 months, 18 months, 24 months, 30 months)</li></ul>
Individual Growth and Development Indicator's Early Communication Indicator (IGDI/ECI)	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Intervention sessions 8, 16, and 24</li><li>Every 3 months following Intervention 24 by child's age (12 months, 15 months, 18 months, 24 months)</li></ul>
Mullen Scales of Early Learning	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>At 60 months and 72 months</li></ul>
Preschool Language Scale, 4 <sup>th</sup> Edition (PLS-4)	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Once per year on child's birthday (12 months, 24 months, 36 months, 48 months, 60 months)</li></ul>
MacArthur-Bates Communicative Development Inventories	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Every six months based on child's age (12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months)</li></ul>
Peabody Picture Vocabulary Test (PPVT)	<ul style="list-style-type: none"><li>Once per year on child's birthday beginning at 36 months (36 months, 48 months, 60 months)</li></ul>
Language Sample	<ul style="list-style-type: none"><li>Once per year on child's birthday beginning at 48 months (48 months, 60 months)</li></ul>

### USING CHILD ASSESSMENT MEASURES

All child measures combined with observational data are used prior to intervention to aid in choosing initial child communication goals and routines for intervention. Additionally, measures that are sensitive to child change are used regularly throughout intervention to monitor goal progress. Other measures that are less sensitive to child change are used only once per year or only at entry into the project. Table 17 describes how child measures are used.





## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

Table 17

Child Measures	
Assessment Tool	How it is Used
Communication and Symbolic Behavior Scale Developmental Profile (CSBS-DP)	<ul style="list-style-type: none"> <li>Choosing child language target level (does the child primarily communicate with gestures/sounds, single words, or word combinations?)</li> <li>Choosing specific target forms (what types of gesture does the child use? Does the child understand words for familiar people and objects? Does the child understand words for body parts?)</li> <li>Choosing play routines and toys for intervention (how does the child manipulate objects? What types of toys is the child interested in?)</li> <li>Choosing routines for intervention (the assessment samples book, snack, and play routines)</li> </ul>
Individual Growth and Development Indicator's Early Communication Indicator (IGDI/ECI)	<ul style="list-style-type: none"> <li>Choosing child language target level (does the child primarily communicate with gestures/sounds, single words, or word combinations?)</li> <li>Showing child language progress throughout intervention (does the child's communication rate increase? How has the child's communication changed in complexity?)</li> </ul>
Mullen Scales of Early Learning	<ul style="list-style-type: none"> <li>The Mullen is used as a global measure of development for KTTT. It is not very helpful in choosing specific communication goals but provides information that relates to communication goals and choosing routines for intervention (Does the child have the fine motor skills to use signs?, How does the child manipulate objects?)</li> </ul>
Preschool Language Scale, 4 <sup>th</sup> Edition (PLS-4)	<ul style="list-style-type: none"> <li>Choosing target level (How does the child primarily communicate?)</li> <li>Choosing specific targets (What types of words does the child identify? What types of language functions does the child have?)</li> </ul>
MacArthur-Bates Communicative Development Inventories	<ul style="list-style-type: none"> <li>Choosing specific targets (What functional early words/ signs does the child need?)</li> <li>Showing child language progress (How has the child's number of words understood and understood and said changed throughout intervention?)</li> </ul>
Peabody Picture Vocabulary Test (PPVT)	<ul style="list-style-type: none"> <li>The PPVT measures receptive vocabulary and is used for children 36 months and older. It can be used in a more global manner to choose goals (what types of words does the child understand?) but is mostly used as a benchmarking measure (How does the child's receptive language skills compare to typically developing children that age?)</li> </ul>
Language Sample	<ul style="list-style-type: none"> <li>Choosing child language target level (does the child primarily communicate with gestures/sounds, single words, or word combinations?)</li> <li>Showing child language progress throughout intervention (does the child's communication rate increase? How has the child's communication changed in complexity?)</li> </ul>



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

### ASSESSING AND MONITORING PARENT PROGRESS

#### Assessment Instruments

In addition to child measures, KTCP is interested in assessing the trained parent's stress level throughout intervention and the parent's progress in learning EMT. Parent measures are the Parent Stress Index (PSI), the picnic probe, the play probe, and the Parent Implementation Fidelity Checklist. Table 18 describes parents measures used in KTCP. Guidelines for the picnic probe and play probe are in Appendix A. The parent implementation fidelity checklist is in Appendix B.

Table 18

Parent Measures	
Assessment Measure	About Measure
Parent Stress Index	The PSI is used to understand parent's ability to cope with life changes and stress. This assessment is used to give providers and understanding of each parent's total level of stress, and how the provider can best serve the family.
Picnic Probe	The picnic is a 10-minute pretend picnic interaction between the parent and child with a particular set of toys used to measure a parent's fluency in the intervention. The picnic includes activities and themes that are seen across many routines such as taking shoes off, eating, playing with toys, reading books, and cleaning up. The interaction includes routines from 3 of the 4 routine categories. The parent begins the picnic by taking shoes off or wiping hands (caregiving routine), plays with the child with toy options from a standardized set of toys including a ball, blocks, and pretend foods (play routine) and reads a book or does a puzzle with the child (pre-academic routine). This assessment is used over time to show the parent's progress in learning the KTCP intervention.
Play Probe	A play probe is a 5-minute sample which measures the parent's fluency in the intervention without support in a routine where the parent has previously received coaching. This provides the coach with information that may be used to provide better support the parent, and provides a consistent routine for comparison across time.
Parent Implementation Fidelity Checklist	The parent implementation fidelity checklist describes EMT and FGRBI strategies that parents are taught in the KTCP intervention. A KTCP communication coach completes this form based on an observation of the parent and child across 3 routines. Parents are expected to meet 80% of criteria for fidelity of the intervention. This checklist indicates to the communication coach KTCP strategies which the parent has mastered and strategies in which the parent still needs practice.



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

### ASSESSMENT SCHEDULE

Assessment instruments for parents are used at different times during intervention depending on the purpose of the instrument or observation. The Parent Stress Index is completed prior to beginning intervention and once per year to monitor parent stress level and so the KTCP communication coach can decide how to best serve the family. The picnic probe, play probe, and Parent Implementation Fidelity Checklist are completed at key points in the intervention and are used to make decisions about teaching parents KTCP intervention strategies. Table 19 outlines when parent measures are completed throughout the KTCP intervention.

Table 19

Parent Measures	
Assessment Tool	How often it is completed
Parent Stress Index	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Every year by child's age (12 months, 24 months, 36 months, 48 months, 60 months)</li></ul>
Picnic Probe	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Intervention sessions 8, 16, and 24</li><li>Every 3 months throughout intervention following Intervention 24 by child's age (12 months, 15 months, 18 months, 24 months)</li></ul>
Play Probe	<ul style="list-style-type: none"><li>Prior to beginning intervention</li><li>Intervention sessions 8, 16, and 24</li><li>Every 3 months throughout intervention following intervention 24 by child's age (12 months, 15 months, 18 months, 24 months)</li></ul>
Parent Implementation Fidelity Checklist	<ul style="list-style-type: none"><li>Intervention session 23</li><li>Every 10 intervention sessions following intervention 23 throughout intervention</li></ul>

### ASSESSING AND MONITORING SERVICE PROVIDER PROGRESS

#### Assessment Measures

Training service providers in the KTCP intervention strategies is an important component of the KTCP model. Two methods are used to assess service providers' use of KTCP intervention strategies, a five minute play probe and an implementation fidelity checklist. Table 20 on the following page describes these two measures of service provider progress.



## Chapter 7: Assessing and Monitoring Child, Parent, and Service Provider Progress

Table 20

Service Provider Measures	
Assessment Measure	About Measure
<b>Play Probe</b>	A play probe is a 5-minute sample which measures the service provider's fluency in the intervention without support in a routine where the service provider has previously received coaching. This provides the coach with information that may be used to provide better support the service provider, and provides a consistent routine for comparison across time.
<b>Service Provider Implementation Fidelity Checklist</b>	The service provider implementation fidelity checklist describes EMT and FGRBI strategies that parents are taught in the KTCP intervention. A KTCP communication coach completes this form based on an observation of the service provider and child. Service providers are expected to meet 80% of criteria for fidelity of the intervention. This checklist indicates to the communication coach KTCP strategies which the parent has mastered and strategies in which the service provider still needs practice.

### ASSESSMENT SCHEDULE

Service providers are not formally assessed as often as parents or children because of the short nature of their training process. However, service providers are given feedback from their coach after every individual session. A play probe is completed prior to beginning Level 2 EMT training and at the completion of Level 2 and used as a pre-post measure. Additionally, communication coaches complete the Service Provider Implementation Fidelity Checklist (found in Appendix B) for one observational session after the service provider has completed training.

Service Provider Measures	
Assessment Tool	How often it is completed
<b>Play Probe</b>	<ul style="list-style-type: none"><li>• Prior to beginning professional development Level 2 EMT training</li><li>• After completion of professional development Level 2 EMT training</li></ul>
<b>Service Provider Implementation Fidelity Checklist</b>	<ul style="list-style-type: none"><li>• After completion of Level 2 EMT training</li></ul>

Communication coaches use assessment tools to measure change in EMT skills of the service provider. Any concerns about service provider progress can be addressed in continuing informal consultations or in Level 3 training.

# Strategies for Ensuring Fidelity

## 8

### Introduction to Chapter

Fidelity is important in a model project to ensure that each child and family is receiving the same services. Changes in child and adult behavior can only be credited to intervention when strategies are in place to make certain that all participants are receiving the same services. KTCP has four different fidelity checks for different components of the model. The first fidelity form is for fidelity of the KTCP model which is used to confirm that all families are offered all components of the model. Parent training fidelity and service provider training fidelity measures consistency across coaches in training parents and service providers. Implementation of EMT strategies is also measured in the Parent Implementation Fidelity and Service Provider Implementation Fidelity forms (see Chapter 8: Assessing and Monitoring Child, Parent, and Service Provider Progress). Implementation fidelity measures how well parents and service providers use the EMT intervention strategies they are taught. Fidelity of implementation of intervention assesses if all children receive the same intervention. All fidelity forms are found in Appendix B.



### KTTP MODEL FIDELITY

Families who participate in KTTP are offered all parts of the model. The KTTP model components include:

1. Routine based parent training
2. Professional development for service providers
3. Coordination of child communication team
4. Parent empowerment and involvement in the transition process

**KTTP model fidelity checks ensure that 100% of the families were offered all components of the model.**

Some families choose not to participate in all components, but all families are offered all components. KTTP communication coaches complete KTTP-1 Model Fidelity form (found in Appendix B). The goal for model fidelity is 100% (all families are offered all services).

### PARENT TRAINING FIDELITY

The Communication Coach Parent Training Fidelity form (found in Appendix B) describes the process of training parents at home in routines. KTTP communication coaches are expected to meet at least 90% of these behaviors to verify that all parents are trained in the same manner. The KTTP communication coach completes this form after every parent training session and a second communication coach completes reliability at least 3 times within the first 22 intervention sessions.

### SERVICE PROVIDER PROFESSIONAL DEVELOPMENT FIDELITY

Communication coaches follow a similar process in coaching service providers in centers as in coaching parents at home, however the training process is more concise. The Service Provider Fidelity checklist describes the expected behaviors for communication coaches during training (the checklist is in Appendix B). In some cases, service providers choose to receive feedback via email. Communication coaches use the email feedback checklist, also found in Appendix B, when providing feedback in this manner. The communication coach fills out a fidelity checklist after every session with a service provider and reliability is completed at least once. Coaches are expected to meet at least 90% of fidelity criteria.

**Service provider training fidelity checks are met by communication coaches meeting at least 90% of fidelity criteria.**

# Training Communication Coaches

## 9

### Introduction to Chapter

Communication coaches are the key personnel in the KTCP project. Coaches provide expert parent training, conduct professional development for teachers and therapists, advocate for and support families through the transition process, help manage communication and intervention coordination among early intervention team members, and provide leadership in all aspects of the project. Communication coaches play a unique role and no discipline completely prepares professionals for this role. Because of their multifaceted role, communication coaches require skills in multiple areas including: child communication intervention; parent training and coaching; service provider training and coaching; consultation with parents, service providers, and administrators; and working in teams. Disciplinary expertise is necessary, but not sufficient preparation to be a communication coach. Some areas of expertise that are valuable for communication coaches include early childhood development, early childhood education, early childhood special education, communication, language development, counseling, and psychology. Professionals who can become communication coaches may include speech and language pathologists, counselors, early childhood special educators, early childhood educators, and early intervention service providers. The next sections of this chapter outline the roles and duties of communication coaches and skills needed to be a communication coach.



### ROLES OF COMMUNICATION COACHES:

1. Teach parents how to use EMT strategies in home routines
  - Models the EMT strategies with children at home
  - Creates individualized materials to teach parents core EMT skills
  - Provide in home, routine based coaching (described in detail in Chapter 3)
  - Provide communication development information for parents
  - Adapts EMT strategies to fit the parent and the child
2. Communication coaches assess child abilities prior to beginning intervention and monitor child progress during intervention
  - Administer developmental assessments to children (described in detail in Chapter 7)
  - Create and maintain updated child assessment reports
  - Assist parents and other team members in selecting goals, interpreting assessment reports, and planning supports for communication .
3. Communication coaches facilitate the family story interview
  - Develop intervention priorities based on the families responses
  - Encourage and support families as a source of expert information
  - Empower families to make decisions about their child's communication goals and learning supports
4. Communication coaches help parents choose communication goals for their children
  - Provide developmental information about language development
  - Provide practical examples of skills consistent with developmental levels
  - Educate parents on options for communication mode when appropriate (AAC and sign users) and provide referrals to other expertise about mode as needed.
5. Communication coaches monitor parent progress in learning in EMT
  - Complete picnic and play probes to assess parent and child progress on the schedule outlined in Chapter 7
  - Provide informal feedback to parents after each routine observation/home session
  - Provide formal feedback from probe data, assessments and observations of fidelity





6. Communication coaches manage communication among team members
  - Prepare materials with the family for meetings with other team members
  - Attend IEP, IFSP, assessment, and transition meetings
  - Observe child communication in the home, school, and therapy contexts
  - Consult with parents, teachers, and other professionals about child abilities and goals and effective strategies for supporting communication across settings and contexts
  - Share child information with all team members
  - Maintain Google site updated with training materials, videos, and other information if the family chooses to use the site
7. Communication coaches teach teachers and therapists to embed EMT in classroom and therapy routines
  - Prepare and deliver workshops
  - Provide coaching in the context of the classroom or therapy routine
  - Provide feedback about use of strategies
  - Consult and problem solve to support child's communication
8. Communication coaches facilitate the transition process
  - Prepare reports and other materials with the family for transition, individualized education plan (IEP), and assessment meetings to share with other professionals
  - Provide information to parents about transition options
  - Role-play with parents and caregivers before meetings to help them anticipate the questions and dialogues about transitions in meetings
  - Attend assessment, transition, and IEP meetings with parents and caregivers
  - Visit educational sites with parents and caregivers and provide materials to assist them in evaluating sites (see Chapter 6 for more information on how communication coaches facilitate the transition process)

## SKILLS AND KNOWLEDGE NEEDED BY KTCP COMMUNICATION COACHES

In order to fill the roles described above, communication coaches need to have expertise in three general areas: (1) skills for working with children, (2) skills for working with parents and caregivers, and (3) skills for working with other professionals. The table below outlines skills needed to be a communication coach.



Skills and Knowledge for Child Interactions	
General skills for interacting with children	<ul style="list-style-type: none"> <li>• Positive affect</li> <li>• Ability to engage with children in play and in routines</li> <li>• Behavioral management skills</li> </ul>
EMT skills	<ul style="list-style-type: none"> <li>• Ability to implement all EMT strategies at criterion level</li> <li>• Ability to adapt EMT strategies based on child developmental level, skills, and communication mode</li> </ul>
Developmental Knowledge	<ul style="list-style-type: none"> <li>• Knowledge of developmental milestones</li> <li>• Knowledge of language development</li> <li>• Knowledge about areas that impact language development (hearing, speech, motor, social, behavior)</li> </ul>
Knowledge related to specific disabilities	<ul style="list-style-type: none"> <li>• Knowledge of developmental strengths and weaknesses for children with specific disabilities</li> <li>• Knowledge of effective intervention strategies for children with specific disabilities</li> <li>• Knowledge about the etiology of the child's disability, to the extent that it might impact learning to communicate</li> </ul>
Child Assessment	<ul style="list-style-type: none"> <li>• Skills for giving developmental assessments to young children</li> <li>• Knowledge of administration and scoring of specific assessment instruments (for measures described in chapter 7)</li> <li>• Writing skills for assessment reports</li> </ul>
Skills and Knowledge for Working with Parents	
Effective coaching skills	<ul style="list-style-type: none"> <li>• Knowledge of adult learning styles and flexibility to teach based on the individual's learning preference</li> <li>• Goal setting skills (detailed description in Chapter 3)</li> <li>• Skills on giving effective feedback</li> <li>• Knowledge and skills to conduct home visits in a manner that is family guided (including but not limited to cultural sensitivity and knowledge of best practices for working with families)</li> </ul>
Skills to teach EMT	<ul style="list-style-type: none"> <li>• Ability to explain how to implement EMT strategies in a manner that is practical for parents</li> <li>• Knowledge of child skills to choose targets</li> <li>• Flexibility to teach in multiple routines and in a non-structured environment</li> <li>• Knowledge of sign language and other AAC devices for children with complex communication needs</li> </ul>



## Chapter 9: Training Communication Coaches

Parent Support and Advocacy	<ul style="list-style-type: none"><li>• Basic counseling skills (active listening, reflecting, and reframing skills)</li><li>• Knowledge of families legal rights</li><li>• Knowledge of available resources for families in the local community and online</li><li>• Knowledge of local early intervention systems</li></ul>
<b>Skills for Working with Other Professionals</b>	
Communication teams	<ul style="list-style-type: none"><li>• Leadership skills</li><li>• Skills for working in teams</li><li>• Communication skills for information sharing</li><li>• Knowledge of Part C systems and child care centers</li><li>• Knowledge and experience with individualized education plan (IEP), individualized family service plan (IFSP), assessment and transition meetings</li></ul>
Conducting Professional Development	<ul style="list-style-type: none"><li>• Skills to teach service providers EMT strategies</li><li>• Classroom knowledge and experience</li><li>• Sufficient knowledge of other disciplines to be able to assist in linking communication to other skill development</li><li>• Consultation skills</li></ul>

### TRAINING KTCP COACHES

Two models for training communication coaches are used. The choice of training depends on time allowed for training, budget or training, and who is being trained. The two models of training are an (1) apprenticeship model and an (2) online training model. Coaches who worked on the project and on-site graduate students who were trained in conjunction with the KTCP project were trained using the Apprenticeship model. Personnel who were not located at the primary project sites were trained using an on-line training model. The following sections describe the training process for each of these models.

### APPRENTICESHIP MODEL

Apprenticeship training teaches the complex skills required of a communication coach over an extended period of time (6-9 months) and relies on expert modeling as well systematic training and practice for acquisition of key skills. In an apprenticeship model, the coach-apprentice first demonstrates skills for working with children, then skills for working with parents, and finally, skills for working with other professionals within the KTCP model. Apprentice-coaches may read materials and attend workshops, but they also learn by shadowing an experienced coach, practicing specific skills with children, families and teams, and receiving feedback. Apprentice-coaches function as part of the KTCP team and participate in weekly team meetings. Observational data and fidelity checklists are used as one evaluation method in training apprentice-coaches to teach parents, to provide in home coaching to parents, and to conduct service provider professional development activities. Feedback from experienced coaches and sometimes from the KTCP team are commonly used in training and evaluating apprentice-coaches. The KTCP team



provides support for all communication coaches in weekly team meetings, with more support provided for apprentice coaches (e.g., reviewing goals for families, trouble shooting child communication issues, suggesting strategies for parent-training). The next sections summarize the skill areas, training methods, and evaluation methods for training apprentice coaches.

### SKILLS AND KNOWLEDGE FOR CHILD INTERACTIONS

In general, individuals should have experience working with young children and be knowledgeable about developmental information in early childhood to become communication coaches. Communication coach candidates should have knowledge of language development and intervention strategies, knowledge of specific disabilities and how they impact language development, and knowledge of alternative communication modes. Coaches who have a background in early childhood special education or speech language pathology will be prepared with this knowledge base. Coaches who do not have an educational background in these areas can attend continuing education workshops or take at least master's level language development and intervention class. The tables below outline specific skills and knowledge areas relating to child interactions needed for communication coaches, methods used in KTCP for training coaches, and training evaluation methods.

Knowledge or Skill Area	Training Methods	Evaluation
General Skills for Interacting with Young Children: <ul style="list-style-type: none"><li>• Positive affect when speaking and playing with children</li><li>• Ability to engage with children in play and in routines</li><li>• Behavioral management skills to minimize problem behavior, and aid in smooth transitions</li></ul>	Attend coach training workshops  Handouts, demonstration, and specific instruction by an experienced coach  Supervised practice with a child	Feedback from an experienced coach



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<p>EMT Skills: ability to implement EMT intervention strategies at criterion levels</p> <ul style="list-style-type: none"> <li>• Responsiveness (responds to child 90% of the time)</li> <li>• Engaging with the child, use mirror and mapping when the child is not communicating (fidelity items 1, 3)</li> <li>• Modeling and expanding play (fidelity item 2)</li> <li>• Modeling Target Level Communication (50% of adult utterances are at the target level)</li> <li>• Expanding Child communication (expands at least 40% of child target communication when child uses a target)</li> <li>• Prompting communication (80% of prompts score 9/10 or above on prompting checklist, prompting occurs no more than 3 times per 10 minutes)</li> </ul>	<p>Attend 4 EMT workshops</p> <p>Handouts, demonstration, and specific instruction by an experienced coach</p> <p>Supervised practice with a child for at least 6 coded sessions</p>	<p>Fidelity of implementation checklist (Service Provider Implementation Fidelity)</p> <p>Coded observational data indicates coach is at criterion on all EMT strategies</p>
<p>Child Assessment Skills</p> <ul style="list-style-type: none"> <li>• Skills for administering developmental assessments to young children: standardized assessments, parent reports, language samples, picnic and play probes</li> <li>• Knowledge of procedures for administering and scoring specific assessments used in the project</li> <li>• Skills for writing assessment reports for families and professionals</li> </ul>	<p>Demonstration and specific instruction by an experienced coach</p> <p>Read manuals and related training materials for specific assessment instruments</p> <p>Guided practice administering each assessment with at least one child (not a project participant) with feedback from an experienced coach</p> <p>Utilize assessment report templates</p>	<p>Feedback from an experienced coach</p> <p>Demonstrated acceptable fidelity based on fidelity checklists</p>

## SKILLS AND KNOWLEDGE FOR WORKING WITH PARENTS AND CAREGIVERS

In addition to the knowledge and skills listed below, to be an effective communication coach, coaches should be culturally sensitive and be able to provide intervention in a manner that is family centered. It is helpful for coaches to have some basic counseling skills and/or experience working closely with families with children with special needs. These are qualities that should be considered upon hiring an individual to be a communication coach. The tables below list specific knowledge and skill areas needed in working with parents and caregivers, training methods used in KTCP, and evaluation methods.



## Chapter 9: Training Communication Coaches

Knowledge or Skill Area	Training Methods	Evaluation
<p>General knowledge and skills for teaching adults:</p> <ul style="list-style-type: none"> <li>• Knowledge of adult learning styles</li> <li>• Skills to be flexible and teach based on parent preferences for learning</li> <li>• Skills to give effective feedback</li> </ul>	<p>Shadow an experienced coach for home visits</p> <p>Practice leading a home visit with supervision from an experienced coach</p> <p><b>FSU materials?</b></p>	<p>Coaching fidelity checklist (achieves at least 90% coaching fidelity)</p> <p>Feedback from an experienced coach</p> <p><b>FSU?</b></p>
<p>Skills for setting goals with parents</p>	<p><b>FSU materials?</b></p> <p>Attend family stories workshop</p> <p>Shadow an experienced coach for a family story</p> <p>Read family story protocol</p>	<p>Feedback from an experienced coach</p>
<p>Knowledge and skills to teach EMT strategies</p> <ul style="list-style-type: none"> <li>• Ability to explain how to implement EMT strategies in a manner that is practical for parents</li> <li>• Knowledge of child skills and language development to choose child targets</li> <li>• Flexibility to teach in multiple routines and in a non-structured environment</li> </ul>	<p>Shadow an experienced coach for parent training visits</p> <p>Practice leading a home visit with supervision from an experienced coach</p> <p>Read written guidelines for target selection</p> <p>Participate in team meetings with group feedback</p>	<p>Coaching fidelity checklist</p> <p>Group review of targets and feedback</p> <p>Group review of videos of coaching sessions</p>



## Chapter 9: Training Communication Coaches

<b>Parent Support and Advocacy Skills</b> <ul style="list-style-type: none"> <li>• Basic counseling skills (active listening, reflecting, reframing)</li> <li>• Knowledge of available resources for parents</li> <li>• Knowledge of early intervention systems</li> </ul>	Attend family story workshop Read family story protocol Practice via role playing Participate in team meetings with information sharing from all team members Review files and archive of resources Attend specialized trainings/workshops related to family advocacy skills Review written information about local systems; review materials on IFSP, IEP, and Transition meetings Shadow an experienced coach while working in classrooms and educational meetings	Feedback from experienced coach  Completion certificates from specialized trainings and workshops  Group feedback
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### SKILLS FOR WORKING WITH OTHER PROFESSIONALS

People who have excellent relationship building and interpersonal skills, who are able to work well in teams, and who possess written and verbal communication skills are ideal candidates for communication coaches. It is also helpful for communication coaches to have experience working in preschool classrooms and/or in therapy settings. At least one member of the team should have these experiences. The tables below describe skill areas needed for coaches to work with other professionals, KTCP training methods, and KTCP evaluation methods.

Knowledge or Skill Area	Training Methods	Evaluation
Working in communication teams: <ul style="list-style-type: none"> <li>• Verbal and written communication skills for interacting with team members</li> <li>• Experience participating in team meetings and consultations</li> </ul>	Observe an experienced coach during consultation and meetings	Feedback from an experienced coach





## Chapter 9: Training Communication Coaches

Skills to teach service providers EMT strategies <ul style="list-style-type: none"> <li>• Presenting skills</li> <li>• Classroom knowledge and experience</li> <li>• Coaching skills</li> </ul>	Shadow experienced coach during trainings (coaches who do not have classroom experience may only shadow and not coach for one whole round of training to gain more classroom experience) Attend teacher workshops led by an experienced coach Spend at least 3-6 hours on at least 2 different days volunteering in the classrooms where coaching will occur Coaches who do not have classroom experience should spend a minimum of 18 hours volunteering in a classroom	Workshop fidelity checklists (for presenter) In classroom coaching fidelity checklist for individual training Workshop evaluations Level 2 and Level 3 training evaluations
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### CHALLENGES AND CONSIDERATIONS IN TRAINING COACHES

Communication coaches fulfill complex roles requiring education, knowledge, and skills in several areas. The KTCP model uses a team approach where individuals from several disciplines work together. For example, the Vanderbilt team included a child psychologist, an experienced EMT interventionist and parent-trainer, a former Part C provider and team manager, a speech language pathologist with expertise in AAC, an early childhood education professional with experience as a child care director, and a family-child counselor with teaching experience in an inclusive preschool. The FSU team members were primarily speech language pathologists with experience in Part C and the FGRBI model. Because the roles of communication coaches are so diverse, it is difficult to find individuals who are prepared to meet all of those roles. Therefore, it is important to create a team with candidates who are experts in at least one essential area.

A beginning KTCP team could include one individual with many years of classroom experience (5-10), a speech language pathologist, and a counselor. Individuals who have had additional experience conducting parent trainings, working with families with children with special needs, and/or teaching or presenting workshops are excellent candidates for communication coaches. In this training approach, coaches learn from each other, and their roles may vary slightly depending on areas of experience and expertise. For example, a communication coach who is a speech language pathologist and has experience providing training to other professionals may lead professional development for speech language pathologists while another coach with classroom teaching experience may lead professional development for teachers. Team feedback and information sharing during weekly team meetings is an essential component to this training model.

Building a team of communication coaches can be challenging and a lengthy process. Initially, a few outstanding candidates with experience and expertise in one of the central areas are trained with intensive workshops, practice and feedback. This process takes 3-6 months depending on the skills and knowledge of the communication coach. If the coach is already trained in EMT or FGRBI, the KTCP child assessments, and has experience working with families, training may take less time. Once a communication coach has had adequate experience in the field and met criteria for training in all areas, that coach may mentor an apprentice coach. Six to nine months of training time may be required for apprentice coaches. Including apprentice-coaches in the team is essential. Continuing education for all members of the KTCP team is another important component to insure families receive the best support and intervention. Coaches should have at least 12 hours of continuing education credits per year which can include reading articles, attending conferences, and attending workshops.