Language Intervention for Special Populations

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Evaluation:
1. Name three approaches to intervention presented.
2. Identify five ideas, techniques, or strategies presented.
3. State five ideas for intervention activities to be used with your caseload.

PHILOSOPHICAL CONSTRUCTS

- All children can learn.
- All children are communicators.
- All persons who interact with children are potential communicative facilitators.
- Communication is developed through all persons in the child’s environment.
- Communication is the key to the quality of life and is basic for participation in family, school, and community life.

Ponder This... My Other Brother Daryl
By: Preston Lewis

- Daryl can do a lot of things he couldn’t do before! He can put 100 pegs in a board in less than 10 minutes while in his seat, BUT he can’t put quarters in a vending machine.
- Upon command, he can “touch” his nose, eyes, mouth, ears, leg and hair, BUT he cannot blow his nose when needed.
- He can now fold paper into halves and quarters, BUT he cannot fold clothes.

Daryl.......

- He can string beads in alternating colors and match it to a pattern, BUT he cannot tie his shoes.
- He can identify with 100% accuracy 100 different cards by pointing, BUT he can’t order a hamburger by pointing or gesturing.
- He can roll Play Doh and make snakes, BUT he can’t roll dough and cut out biscuits.
- He can say ABC’s and tell the names of the letters, BUT he can’t tell the men’s room from the ladies’ room at McDonald’s.

Daryl.......

- He can be told it’s cloudy and rainy and take a black felt cloud and put it on the day of the week on a calendar, BUT he still goes out in the rain without a raincoat or hat.
- He can put the cube in a box, under the box, beside the box, and behind the box, BUT he cannot find the trash bin at McDonald’s and empty his trash in it.
- I GUESS HE IS JUST NOT READY YET!!
Special Populations: Which Ones?

- Autism Spectrum Disorder
- Social Communication Disorder
- Low Incidence
  - Multiply Impaired
  - Cognitively Impaired

ASD Definition

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and social interaction and the presence of restricted, repetitive behaviors. Consistent with the DSM-V diagnostic criteria:

- Among changes:
  - recognition of unusual reactions to sensory input,
  - unusual interest in sensory aspects of environment
  - allowing the clinician to specify whether ASD occurs “with or without accompanying language impairment”

ASD Definition-cont’d.

- Social communication deficits include impairments in the aspect of joint attention, social reciprocity, as well a challenges in the use of verbal and nonverbal communicative actions for social interaction.
- Restricted, repetitive behaviors (RRB), interests or activities are manifested by stereotyped, repetitive speech, motor movement, or use of objects; inflexible adherence to routines; restricted interests; and hyper-and/or hypo-sensitivity to sensory input.

ASD Severity Levels

- Severity ratings are used to describe the level of support needed and may fluctuate over time.
- They are used for descriptive purposes.
- They are not intended to be used in diagnostic criteria.
- They are not to determine eligibility for services.

Impacts on Practice

- All individuals are eligible for speech-language pathology services due to the pervasive nature of the social communication impairment.
- From: ASHA Practice Portal/Autism: Clinical Topics Overview

Social Communication (Pragmatic) Disorder (SCD)

- DSM-5:
  - A new addition:
  - Encompasses problems with social interactions, social understanding and pragmatics.
  - Field test of new criteria indicated that some individuals who received the diagnosis of autism under DSM-IV would receive the new diagnosis of SCD.
SOCIAL COMMUNICATION SKILLS

- Limitations in social communication abilities contribute to the development of patterns of antisocial or challenging behaviors that further limit their learning and productive social interactions.

- Many times, we often fail to view some behaviors as communicative and attempt to extinguish them rather than using them to establish a base for the communication system of the child.

Social Communication Disorder

- Social Communication Disorder is the use of language in social contexts. It encompasses social interaction, social cognition, pragmatics, and language processing.

- It includes the ability to vary speech style, take the perspective of others, understand and appropriately use the structural aspects of language (vocabulary, syntax and phonology) to accomplish these goals.

Social Communication, spoken language, and written language have an intricate relationship. Social communication skills are needed for language expression and comprehension in both. Spoken and written language allow for effective communication in a variety of social contexts and for a variety of purposes. Behaviors, such as eye contact, facial expressions, and body language are influenced by cultural and individual factors.

- From: ASHA Practice Portal

Does this sound familiar with the characteristics or skills observed in autism? Do some of these skills overlap with autism? THEN……what? How about differential diagnosis between ASD and SCD?

Differences: ASD/SCD

- Based on problems with non-verbal as well as verbal social communication skills
  - Responding to voice
  - Using gestures (waving and pointing)
  - Taking turns when talking or playing
  - Talking about emotions and feelings
  - Staying on topic
  - Adjusting speech to fit different persons or situations
  - Asking relevant questions or responding with related ideas to questions in a conversation
  - Using words for a variety of purposes
  - Making and keeping friends

- Not characterized by restrictive repetitive behaviors.

- May occur in other conditions such as ADHD, intellectual, developmental, learning, spoken language, written language disabilities, TBI, and others.
Must first rule out autism before diagnosing a social communication disorder.

Must collaborate with others—teachers, parents, medical professionals to gather behavioral observations and evaluation results.

**Interprofessional Collaboration**
- TEAM!!!!!!

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**General Principles of Intervention**
- What are our general goals for intervention?
  - To support those needing intervention in developing their potential to express and comprehend language as normally as possible in social and academic situations
  - To be as communicatively competent as possible in the environment
  - To help achieve communication potential in all situations
  - Home
  - School
  - Activities
    - phenotypes

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**INTERVENTION: ASD**
- **Goal:**
  - To improve social communication and other language impairments and modify behaviors to improve the quality of life and increase social acceptance.
  - Essential outcomes focus on improvements in social communication that affect the individual's ability to develop relationships, function effectively, and actively participate in everyday life.
  - SLPs often collaborate with other professionals on the individual's team in designing and implementing effective treatment plans.

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**INTERVENTION: SCD**
- **Goal:**
  - Modify contextual factors that serve as barriers for successful participation in the home, school, and community.
  - Modify weaknesses related to what affects the social communication—also look at strengths
  - Assist the individual acquire new skills and strategies in order to better facilitate participation in school, home, community activities
  - Adapted from ASHA Practice Portal

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**INTERVENTION MODELS**
- Frameworks to categorize models of intervention
  - **Relationship-based:** facilitate child’s attachment, affect or relatedness; focuses on facilitating emotional development through playful interactions with adults and peers to establish attachments, two-way communication and emotional thinking
    - Example: Floor-Time (Greenspan, 1988): facilitating emotional development through playful interactions with adults/peers; More developmental approach and focuses on initiation, spontaneity, following the child’s lead, and using natural contexts to support development (Google)
  - **Skilled based:** development of specific skills
    - Example: PECS: teaches functional request via exchanging a picture for the item (Frost and Bondy, 1994)
  - **Physiologically Oriented:** focuses on how information is received and processed in the brain and ways of making necessary adjustments
    - Example: includes pharmacologic and dietary treatments
**Intervention Models:**

- **Combined approaches:** Addresses all aspects of child’s behavior
  - Example: Project TEACCH—Teaching, Expanding, Appreciating, Collaborating, Cooperating, Holistic (UNC School of Medicine)
  - Combines several approaches—use of visual supports, joint action routines, activities of daily living, independence
  
  - Prizes: Wetherby, A., Jumper, and Byfield (2005)

- **Comprehensive Programs:** designed to improve long term outcomes; looks at abilities to reduce impairments
  - Example—TEACCH: program designed to facilitate behavior and language skills across time
  

- **Comprehensive Educational Model**
  - SCERTS: Social Communication, Emotional Regulation and Transactional Support
  - Multidisciplinary approach to enhancing social-emotional skills and communication that combines child development along with the challenges of children with ASD and related disabilities
  

- **Continuum:** based on approaches from traditional to pragmatic developmental
  - Example: Lovaas (1987) Discrete trial training—highly prescribed structured teaching that focuses on all skill development with individual instruction (Clinician-directed: drill, drill play, modeling—most structured format: Discrete trial training); Criteria is predetermined for correct responses

- **Supports occur in social contexts of daily activities and experiences with familiar partners**
  - Belief that is best implemented with a multidisciplinary team approach
  - Has assessment and intervention components
  - Targets goals in social communication and emotional regulation via supports through a child’s daily activities and across partners
  
  From: Wetherby, A., Jumper, and Byfield (2005)

- **Parent Mediated/Implemented Treatment**
  - Parents using direct, individualized instruction in everyday activities
  - Hanen Programs (Toronto)
    - More Than Words: parent-directed approach
    - It Takes Two To Talk
    - Talkability: for verbal children with ASD
    - Son-Rise: child centered, parent directed and relationship based approach
**Intervention Models**

- **Peer Mediated/Implemented**
  - Incorporate peers as partners for communication; minimized isolation and provides role models
  - Peers who are typically developing are taught strategies to facilitate play and social interactions; often in inclusive setting in preschools
  - Examples: LEAP Circle of Friends, Integrated Play Groups

**Cognitive Behavioral Therapy (CBT)**
- Combines cognitive and behavioral learning principles to shape desired behaviors
- Used primarily to help shape emotions and impulses
- Examples:
  - Exploring Feelings: ages 9-12
  - Rational Emotive Behavior Therapy
  - Social Thinking

**Other Approaches**

- Rogers’ Framework
  - Focal treatments: treats skills or specific learning needs
  - Example: Peer intervention strategies
  - Peer mediation to facilitate social skills and interactions (involves teaching peers who are typically developing to initiate play with children with ASD); peer tutoring used in inclusive classroom settings

**Other Models**

- Behavioral Interventions/Techniques
  - Functional Communication Training
  - Incidental Teaching
  - DTT: Discrete Trial Training
  - Milieu Therapy
  - PRT: Pivotal Response Training
  - PBS: Positive Behavioral Support
  - Self Management
  - Time Delay
  - ABA: Applied Behavioral Analysis

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**Preschool**

**Criteria to consider for goal setting priorities**

- Communication Effectiveness
- Zone of Proximal Development
  - What child can learn with the help of a competent adult and learning within the current knowledge base
  - Choose goals not only on developmental grounds but also on how efficient the targeted behaviors will be in increasing a child’s ability to communicate.
  - Important for children who are not likely to achieve adult communication levels.

**Teachability**
- The ease with which a form or function can be taught
  - 3 characteristics:
    - Easily demonstrated and pictured
    - Taught through stimulus materials that are easily accessed and organized
    - Used frequently in naturally occurring environments and in activities where the child is actively engaged

*Paul and Norbury (2012)*
**Intervention Approaches: General**
- Continuum of Naturalness: Extent to which the settings and activities in intervention resemble real life
- Don’t have to choose just one of the approaches
- Approaches can be combined in intervention sessions
- Our aim is to make the best match for clients, a particular objective, an intervention approach
- Be aware of the approaches available in planning intervention activities.

**Clinician Directed**
- Characteristics
  - Clinician directs session; Specifies materials to be used; Decides on method and frequency of reinforcement; Decides on the form of the responses to be accepted as correct and the order of the activities.
  - Clinician has full control and decides on ALL aspects of the intervention.

**Clinician Directed Varieties**
- Drill
  - Highly structured/ Discrete trial
  - May contain prompts and fades
  - Has a motivating event
- Drill Play
  - Equally efficient as drill
  - Preferred by students and clinicians
  - Uses antecedent motivating event and subsequent motivating event
- Modeling
  - Job is to listen/ Not expected to respond by imitation

**Advantage of CD approach:**
- Allow clinician to maximize opportunities for child to produce a new form
- Produces a higher number of target responses per unit
- Opportunity for child to extend practice using a new form or function

**Child/Student/Person Centered**
- Characteristics
  - Most efficient way to change language behavior
  - Indirect language stimulation (ILS); Facilitative Play; Developmental/Pragmatic Approach; Pragmatism
  - Clinician arranges activities so that opportunities for the student to provide target responses that are a natural part of play and interaction
  - Uses a variety of models
  - No tangible reinforcers or requirements that a response be made; Child is in the driver’s seat!
**Child/Student/Person Centered:**
- May be the most appropriate first step in an intervention program as it may be a good introduction to intervention
- Approach goes by several names: facilitative play/pragmatism/developmental-pragmatic approach
- Clinician arranges the environment so that opportunities for the child to provide target responses through a natural part of play and interaction
- Clinician uses a variety of linguistic models as instructional language when they seem appropriate in the context of the child’s activity

**Hybrid**
- Characteristics
  - Focus on general communication
  - Target one or a small set of specific language goals
  - Clinician maintains a good deal of control in selecting activities and materials but does so in a way that tempts the child spontaneously respond to the utterances of the types being targeted
  - Uses focused stimulation, vertical structuring, milieu teaching, and script therapy

**Focused stimulation**
- Arrange the environment so that the child is tempted to produce utterances with obligatory contexts for the forms being targeted
- Clinician helps the child to succeed by providing a high density of models of the target or in a meaningful communicative context, usually play
- Child is not required to produce the target form-only tempted
- Very effective for improving comprehension of a form as well as production

**Milieu Communication Training**
- Apply operant principles to quasi-naturalistic settings
- 3 major components (characteristics)
  - (1) environmental arrangement
  - (2) responsive interaction
  - (3) conversation-based contexts that use child interest and initiation as opportunities for modeling and prompting communication in everyday settings.
4 types of milieu communication

- (1) Incidental teaching: arrangements the setting so that things the client wants or needs to complete a project are visible but out of reach; child selects the topic by making a request (looking at item) and clinician responds with focused attention; clinician asks question to produce target response; prompts can be provided if no response is produced and more attempts can be made. If this fails, child gets what is wanted and clinician tries again to elicit more elaborated language.

(2) Mand-model: major differences in this and incidental teaching is that (a) the clinician does not need to wait for the child to initiate communication; clinician observes the child and when there is interest in the environment, the clinician mands (requests) (What's that? or Tell me about it.) and (b) the goals are stated generally.

- Easily adapted to work with groups—different set of goals for those in a group—

(3) Prelinguistic Milieu Teaching (PMT): designed for those not yet using spoken language (9-18 months) but may be up to chronological ages of 6 years

GOAL: to develop basic intentional communication skills necessary for early language development by increasing the frequency, maturity, and complexity of nonverbal communicative acts

(4) Enhanced Milieu Teaching (EMT): Effective for those who (a) produce some verbal imitation, (b) have at least 10 productive words, (c) are in the early stages of language development with MLUs from 1 to 3.5

Used with parents, teachers, clinicians but is focused on parent-delivered therapy

Usefulness: leads to better generalization than CD

Has been shown to increase children's frequency of talking both to the teacher and to each other and for addressing a broad range of communicative targets and maintain gains over time

(D) Script Therapy: a way to reduce the cognitive load of language training by embedding it in the context of a familiar routine

Clinician develops a script with the child in the intervention content

Develop a familiar routine and disrupt or violate the routine and check to see if the child can communicate by calling attention to the disruption of the routine

*Literature based scripts and interactive book reading: commenting, asking questions, responding by adding a little more, giving time to respond

Elementary, Middle School, High School, Transition

- Elementary: Principles of Intervention
  - 1) Use curriculum-based instruction
  - Target goals that are curriculum based to provide functional improvements in their literacy and performance in the curriculum

  Work within the curriculum context to integrate language intervention with the demands students face in the classroom everyday.

  *Ehren (2006b), Wallach, (2010)*
**Intervention**

**Elementary and Middle School**

- **Clinician Directed**
  - May be an appropriate approach depending on goals using drill play contexts
  
  - Phonological Awareness: often targeted in a drill play format: segmenting words: V:C CVC-CCV, etc., move coins as sounds are produced; motor movements, etc.
  - Example: Erase a Face
  
  - Morphological Markers, Vocabulary, Sentence Structures: /er/ and /est/-biggest/smallest (math)

- **Client (Child/Student) Centered**
  - Most common technique at the school age level is **scaffolding**.
  
  - Devise activities that scaffold the current level of function into the ZPD by means of SLP’s support.
  
  - Can be used in consultative format or by SLPs in interactions with students.
  
  - Identify the student’s ZPD in curricular language skills

- **Scaffolding for this age group**
  
  - Reduce the amount of material the student has to process and present in smaller units with extra time for task completion.
  
  - Reducing the amount of stress and undue effort a student uses to complete a curricular task so it means working with the classroom teacher.
  
  - Example: Book Reading and Book Reports
  - Increase narrative stages

- **Hybrid**
  
  - Mostly used in schools/transition programs with some degree of direction by the SLP but less traditional operant procedures
  
  - Examples given are hybrid procedures but are not exhaustive but to start your thinking about intervention activities----
**Intervention Processes**  
**Transition**

- In this period, communication competence is dependent on the area of placement.
- In a school transition for work experiences, products and processes will be dependent on the chosen area of placement.
- Strategies for successful work in the community are critical.
- Strategies for appropriate social communication are critical.
- What other areas of preparation do you think are needed?
  - EXAMPLES

**Strategies and Ideas**

- From the ASHA Practice Portal
  - Treatment strategies usually include:
    - Setting goals based on assessment data that target the core deficits in ASD and focus on initiating spontaneous communication in functional activities, engaging in reciprocal communication interactions, and generalizing gains across activities, environments and communication partners

- Using a multimodal communication system (spoken language, gestures, sign language, picture communication, speech generating devices (SGDs) and/or written language) that is individualized according to the individual’s abilities and the contexts of communication
- Considering family priorities when selecting intervention goals-outcomes correlated with communication competence across functional social contexts

- Incorporating cultural, linguistic, and personal values and attributes unique to each individual into therapeutic activities
- Using a range of approaches for enhancing communication skills along a continuum from behavioral to developmental
- Using developmental sequences and processes of language development to provide a framework for determining baselines and implications for intervention goals

- Combine collaborative sessions with some clinical sessions.
- “Prep” in the clinical session
- Preview the session
- Gives a boost to the self-esteem of the student.
- Help the teacher to learn to support students in the classroom with multiple input models so the student can move to successful performance without maximal support.

- Measuring progress using systematic methods to determine whether an individual with ASD is benefiting from a particular treatment program or strategy
- ASD takes different forms as the individual progresses from prelinguistic, to emerging, to developing, to advanced language stages.
ASHA Practice Portal: Clinical Topics

- www.asha.org
- Search practice portal
- Go to topic areas
- Go to:
  - Autism Spectrum Disorders
  - Social Communication Disorders
- Samples

Ideas, Suggestions, Strategies for Special Populations

- The following ideas, suggestions, strategies may be appropriate for those with special needs—those with cognitive impairments, syndrome problems, ASD, language impairments------

- Some are general; others are specific.

- Adapt as the strengths, weaknesses, and needs are decided upon by the team evaluations and assessments.

UNDERSTANDING ECHOLALIA

Echolalia serves a variety of purposes: instrumental, cognitive and social in naturalistic environments.

Patterns of echolalia are useful in determining communicative intent and functions of the child's communication.

Promote intentionality of the utterances by verbally acknowledging the communicative act and contingently responding to the child's intent.

Strategies for Echolalia

- Use a direct approach of modeling by setting up a specific routine to elicit a variety of functions—protesting, requesting, providing information, establishing joint attention while providing a model that can be used in other episodes.

- Provide modifications that replace or expand parts of the echoed utterance.

- May need to simplify your language input. Use utterance that are only 1-2 words longer than child's.

- Use starter sentences: I want_______ and let them fill in the blank.

- Ask a question—“Do you want a cookie?—yes or no.” If the answer is no, accept the response and say, “You said no. I will eat it.” If it looks like the child wants the cookie, ask again and say yes at the end of the question. Give the child the cookie.

- Ask a question and respond with the correct answer—“ Do you want a cookie? Yes” Repeat the question and stop for the answer.
• Use tactile cues, gestures, hand signals, facial cues to encourage a correct answer.

• Model utterances associated with activities/pictures/objects. “I am thirsty” when getting a drink instead of the question.

• Remember: Echolalia is a different way of learning language. It fills many functions for children with ASD.

Strategies/Ideas for Intervention

General

Specific

Strategies

1. Respond to the child’s behaviors as communicative. Reflect what you think the child is trying to communicate.

2. Give the child/student opportunities for interactions and turns occur spontaneously as they play.

3. Balance the turns. Don’t let one partner dominate. Share turns so that no one person is doing more.

4. Respond to the child’s behaviors as communicative. Reflect as to what the child may be trying to communicate as a result of a particular behavior.

5. Prompt interactions with others. Ask Joey if he wants to help you paint a picture.

6. Communicate once and wait. Don’t run the show. Let there be enough time in the activity that allows or signals a turn. Remember that pauses are strong indications that a turn is available. A nonverbal cue can be used to let the child know that a turn is available.

9. Many children who do not take turns when behaviors are initiated by others will participate in an exchange when their own behaviors are imitated.

10. Make sure the theme or purpose of your activity is meaningful in the everyday environment.

11. Make sure the intervention or strategy is “teachable.” Teachability (Fey, 1986) has 3 characteristics: (1) is easily demonstrated and pictured; (2) taught through stimulus materials that are easily accessed and organized and (3) used frequently in naturally occurring, everyday activities in which the child is engaged.

12. Role-play interactive settings.
**Strategies for Preschoolers**

- Social use of language is a focus.
- As the child is playing, become a part of the interaction. Try to take a turn every now and then. (example: car down a ramp/barn and animals)
- Role playing using themes/activities from age appropriate books (example: McDonald’s, Shark book, cooking)
- Practice phrases and strategies that assist the child in interaction with peers (playing blocks, using a sensory table) and comment on activity.

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**Developing Social Communication Skills cont’d**

- To communicate in a socially effective way, children need to acquire skills that are required in functional everyday activities.
- Children with ASD often lack effectiveness in social situations, rather than lack social interactions.
- There may be a tendency to know how to make social connections.
- Social situations are often misread by children with ASD and therefore, their interactions and responses are often misinterpreted by others.

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**Intervention Strategies/Ideas**

- Create time and space for communication.
- Model for students anytime you get a chance.
- Be a good listener.
- Balance turns.
- Facilitate turn taking and turn initiation.
- Allow sufficient response time.
- Use visual strategies.
- Be a facilitator and not a technician.

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**Specific**

- For children who have little or no speech and poor receptive language try:
  - Focused stimulation
  - Verbal script activities
  - Child centered approaches
  - Facilitative play
  - Modeling of play behaviors and symbolic use of objects

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**For early childhood try:**

- Work on animal sounds instead of words and use toy barns, animals.
- Use communication temptations.
- Teach and use the word “more” because it is important in functional communication.
- Use routines.
- Call their names and reward then when they turn when it is heard.

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**For preschool try:**

- Encourage turn taking with games.
- Joint book reading
- Joint activity routines
- Attention games—Hi Ho Cherry-0, I Spy, Memory
- Sound puzzles
- Become a play partner.
- Begin with question forms.
Preschoolers cont’d

- Practice attention skills with games such as “I SPY”, Memory, Jeepers Peepers, Color Forms Make a Face.
- Model pretend games such as playing house, grocery store.
- Use puzzles with animal sounds or environmental sounds (Melissa and Doug).
- Use “real” pictures for identification.
- Use sounds the child is already making to encourage approximations of words.

- Sing songs with simple finger plays.
- Replace unconventional communication with appropriate gestures, vocalizations, actions or words.
- Visual supports may help the child focus.
- Play hide and seek with favorite toys. Give them the vocabulary you want them to understand and express.
- Talk puppet to puppet.

Strategies for Elementary

- Label feelings using cartoon drawings, stories that have characters, favorite books, social stories or problem solving stories with hints.
- Use their interests to engage in the activity for a longer period of time. Work on questions, answers, turn-taking, non-verbal communication cues and other language concepts.
- Work in a small group to facilitate social skills and communication.

- For elementary ages try:
  - Talk about feelings. (Poster: How Do You Feel Today?). Use stories to illustrate.
  - Encourage them to ask questions.
  - Have a small group activity.
  - Suggestions?
  - Use their interests to keep them engaged in activities.
  - Use vocabulary from curriculum and joint book reading.
  - Flocabulary

Intervention Strategies/Ideas

- For middle and high school ages try:
  - Practice completing applications.
  - Practice job interview skills.
  - Work on strategies to respond to people and interactions.
  - Work on language skills to be used in social interactions.
  - Go out in the community with the student and observe social interactions and work on conflict resolution
  - Peer-mediated/peer implemented
  - Comic strip conversations/social skills strategies/social stories

- For transitions try:
  - Vocabulary from curriculum or work environment classroom.
  - Social communication appropriate for work place.
  - Communicating information
  - Answering a phone and taking a message
  - Requesting or offering assistance
  - Accepting instructions
  - Accepting correction
  - Listening comprehension
Elementary
— Work on proximity, body posture, facial expressions.
— May help to work from a script.
— Teach them to ask questions. This can be expanded from simple questions (What is this?) to social questions.

Strategies for Middle School, High School, Transition
— Have lunch groups. Observe social interaction—how do they go through the cafeteria line or place an order. Talk about how the interaction happened—appropriate vs. inappropriate.
— Have social conversations during lunch groups. Look for appropriate conversation elements—topic introduction, topic maintenance, and topic closure.
— Video modeling

Middle and High School, Transition cont’d
— Talk about respecting boundaries. Work on proximity helps.
— Conflict resolution may be a problem. Scenarios as to what to say and what to do, videos, visual supports/aids, computer or apps can be used. Talk about strategies to use when encountering unpredictable situations.
— Practice job interviews.
— Practice how to complete an application.

THOUGHTS TO CONSIDER
— Before children will communicate well, they must have a regular habit of conversational turn-taking with actions and significant others, parents, caregivers, teachers, siblings. It is the way to build an essential interaction.
— For ever turn you take, the child learns from you and practice what can be done better and get feedback.
— For every word, there is an action or experience that comes before it—thus a child must act with us before he/she talks to you.

Thoughts--continued
— Give the child models from which they can learn.
— Be on the child’s cognitive and behavioral level. Do the things they can do and a little more—scaffold and up the ante!
— Consider the zone of proximal development.
— Children naturally seek out interactions so it is our responsibility to find the kinds of interactions the child will choose.

Thoughts--continued
— Be facilitative. We can accomplish our goals from the student’s idea.
— Get in the habit of joint activities and routines.
— Show the student new ways to act and how to make those actions into new communications.
— Be interested and show it!
— Most of all, enjoy each day and learn from it.
Compare the child's functioning in various areas of communicative development and use the information to decide if the child would benefit from direct intervention or monitoring. Look at the decision tree.

Compare to typical development.

BEWARE OF THE SMILING CHILD (Stonestreet)

Challenge
- Resources are available from specific published programs to numerous websites and guides.
- Remember that not all programs are good for all students.
- Look at them and adjust and adapt to the needs of your student.
- Be a facilitator and not a technician.
- You are challenged to use at least one suggested strategy/intervention that has not been used before and let me know how it worked or didn't work!!
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