### Observation A

Review and therapy session; male, age 3;4. Therapist experience: six years.

#### Observed techniques

Therapist 1 was observed using the following techniques in her interaction with the child:

* 2.2. Feedback on Behaviour
* **6.1.1 Repeating**
* 6.1.2 Parallel Talk
* 6.1.3 Self-Talk
* 6.5.1 Labelling
* 6.5.2 Commenting
* **6.5.3 Imitating**
* **6.5.4 Recasting**
* **6.5.5 Expanding**
* 7.1.2 Open Questions
* **7.1.3 Cloze Procedures**
* 7.1.6 False Assertions
* **7.1.8 Forced Alternative**
* **10.4. Social Reward**
* 12.1.1 Pointing
* 12.1.2 Physical Level Adjustment
* **12.7.1 Target-Level Talking**
* 12.7.3 Speaking More Slowly
* 12.7.4 Facial Expressions
* **12.7.5 Follow Child’s Lead**
* 12.7.7 Identify Communication
* 12.7.8 Respond
* **17.1 Visual Aids**
* 17.2 Verbal Emphasis
* **SQ1 Modelling**
* SQ2 Mand-Modelling
* PREP Informing of Next

Those in bold indicate that the therapist also explicitly mentioned these techniques to the parent, but did not use any techniques to train the parent in using them. Those both bold and underlined the therapist explicitly trained the parent to use through a series of behaviour change techniques given below. Steps 4-10 of the sequence were repeated three times through with each 6.1.1, 7.1.8 and SQ1.

1. **Reviewing previous information**
2. **Preparing parent for behaviour change**
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs.
4. **1.3 Goal setting (outcome)** – the therapist selected and presented goals for the child’s language to the parent for them to confirm. The therapist highlighted the need to focus on language, with the goals focused on emphasising verbs, aiding comprehension, and aiding general expression. The technique **1.4 Action Planning** was introduced at this point, with the therapist instructing the parent to select target words for the child.
5. **5.3 Information about social and environmental consequences** - at this point the therapist gave rationale for not working on speech until the child’s language had improved.
6. **4.1 Instruction on how to perform the behaviour** – each technique was explained, and instructions in how to use the technique were described verbally.
7. **5.3 Information about social and environmental consequences** – rationale for the specific technique being taught.
8. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist directly with the child.
9. A caveat is given regarding the technique being presented. This could be considered part of 4.1 Instruction on how to perform the behaviour.
   1. For **7.1.8 Forced alternative** and **6.1.1 Repeating** the therapist emphasized that there was no need to do structured work, just changing how she communicates with her son.
   2. For SQ1 Modelling, the therapist emphasized that after having given three models of the target word, it is essential the child is given what he wants regardless of whether he has said the word or not.
10. **2.2 Feedback on behaviour** and **2.7 feedback on outcomes of behaviour + 10.4 Social Reward** (descriptive praise). The therapist did not suggest that parents have a go at the techniques within the session. Therefore these techniques were used when the therapist spoke to the parent about what they do and do not do at home already.
11. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.

* **Summarising information**

##### Discussion with Therapist 1

Therapist 1 agreed with all the techniques observed and agreed that the intent I had assumed was indeed that which was intended. The therapist wanted to highlight the fact that she had never been explicitly taught any of the techniques that I had observed her using in SLT training at university, and that she was surprised she had used so many different techniques without realising. She also highlighted the fact that comprehension building was essential for the client she worked with. Comprehension building techniques were never talked about explicitly within the literature analysis, but did come up in the survey and within this discussion, and are therefore evidently vital in this therapist’s work with preschool children.

### Observation B

Initial assessment and therapy; female; 2;6. Therapist experience: 23 years.

#### Observed techniques

Therapist 2 was observed using the following techniques in her interaction with her child:

* **6.1.1 Repeating**
* 6.1.4 Mirroring and Mapping
* 6.5.2 Contingent Commenting
* **6.5.3 Imitating**
* **6.5.4 Recasting**
* 7.1.2 Open Questions
* 7.1.3 Cloze Procedures
* **7.1.9 Pausing**
* **12.1 Restructuring the physical environment**
* **10.4. Social Reward**
* 12.1.2 Physical Level Adjustment
* **12.7.1 Target-Level Talking**
* 12.7.3 Speaking More Slowly
* 12.7.4 Facial Expressions
* **12.7.5 Follow Child’s Lead**
* **12.7.7 Identify Communication**
* **12.7.8 Respond**
* **12.7.14 incidental teaching**
* **17.1 Visual Aids**
* 17.2 Verbal Emphasis
* **SQ1 Modelling**
* PREP Informing of Next
* **1.4 Action Planning**

Techniques which the therapist did not use with the child directly, but which she recommended to the parent:

* **6.5.1 Contingent labelling**

Those in bold indicate that the therapist also explicitly mentioned these techniques to the parent, but did not use any techniques to train the parent in using them. Those both bold and underlined the therapist explicitly trained the parent to use through a series of behaviour change techniques given below. Steps 4-11 of the sequence were repeated three times through with each 6.5.3 Imitation and 6.5.4 Recasting, as well as SQ1 Modelling.

1. **Reviewing previous information**
2. The therapist did not set goals but asked instead what the parent wanted to get from the appointment.
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs. The parent was given **leaflets** including information regarding this.
4. **4.1 Instruction on how to perform the behaviour** – each technique was explained, and instructions in how to use the technique were described verbally.
5. **5.3 Information about social and environmental consequences** – rationale for the specific technique being taught.
6. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist directly with the child.
7. A caveat is sometimes given regarding the technique being presented. This could be considered part of 4.1 Instruction on how to perform the behaviour.
   1. For **SQ1 Modelling**, the therapist emphasized that after having given three models of the target word, it is essential the child is given what he wants regardless of whether he has said the word or not.
8. **8.1 Behavioural practice/rehearsal** – the therapist invites the parent to attempt using the technique.
9. **2.2 Feedback on behaviour** and **2.7 feedback on outcomes of behaviour** as parents attempted the techniques.
10. Descriptive praise: **2.2 Feedback on behaviour** + **10.4 Social Reward**, again when parents were attempting the techniques with their child.
11. **6.4 Incorrect demonstration** (incidentally).
12. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.
13. **Summarising information**
14. **Leaflets on the techniques**
15. **Q&A**
16. **Information about other services**
17. **2.4 Self-monitoring of outcomes of behaviour** – the therapist stated this would be added in the report given to parents.

##### Discussion with therapist

The therapist was not sure that she had given rationale for techniques taught (step 5, 5.3 Information about social and environmental consequences), however after I described how she did this, she agreed that she had indeed given rationale within her explanation of the technique. This therapist agreed with the rest of the techniques observed and agreed that the intent I has assumed was indeed that which was intended. Therapist 2 made two particularly insightful comments regarding her practice. The first was regarding providing parents rationale for the therapy approach as a whole. Therapist 2 stated that it would depend on the client and the client’s parent as to whether she would consider giving this rationale. Secondly, the therapist stated that although she did not use this in the observed session, she will often use 6.4 Incorrect demonstration incidentally during a training session. She stated that not doing so can be a ‘failure’, since it can be disempowering for a parent to watch a professional come and interact perfectly with their child without seeing them make some errors which the parent will inevitably do themselves.

### Observation C

Initial assessment and therapy plan; male; 2;9; Therapist experience: 20 years.

#### Observed techniques

Therapist 2 was not observed interacting with the client in this session, because the child was hysterically crying throughout. The therapist therefore indicated the techniques she would most likely have used during the session if she was able to:

* **6.1.1 Repeating**
* 6.1.3 Self-talk
* 6.1.4 Mirroring and Mapping
* **6.5.1 Contingent labelling**
* 6.5.2 Contingent Commenting
* 6.5.3 Imitating
* 6.5.4 Recasting
* 6.5.5 Expanding
* 7.1.3 Cloze Procedures
* **7.1.8 Forced alternative**
* **7.1.9 Pausing**
* 12.1 Restructuring the physical environment
* **10.4. Social Reward**
* 12.1.1 Pointing
* 12.5.1 Music
* 12.5.2 Books
* 12.7.1 Target-Level Talking
* 12.7.3 Speaking More Slowly
* 12.7.4 Facial Expressions
* 12.7.5 Follow Child’s Lead
* **12.7.7 Identify Communication**
* **12.7.8 Respond**
* 12.7.14 incidental teaching
* 17.1 Visual Aids
* 17.2 Verbal Emphasis
* SQ1 Modelling
* SQ5 OWL
* 1.4 Action Planning

Those in bold indicate that the therapist explicitly mentioned these techniques to the parent, but did not use any techniques to train the parent in using them.

1. **Preparing parent for behaviour change** – the therapist told the parents about the structure of the session and what would happen as well as what would be expected of them and their child.
2. **Reviewing previous information**
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs. The therapist planned to send **leaflets** to the parent with her report including information regarding this.
4. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist directly with the child.
5. **2.2 Feedback on behaviour** + **10.4 Social Reward** (descriptive praise), this was given when the therapist spoke to the parent about what they do and do not do at home already. Some general reassurance and positivity (10.4 Social reward) was also given to parents.
6. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.
7. **Summarising information**
8. **Leaflets on the techniques**
9. **Q&A**
10. **Information about other services**

##### Discussion with therapist

Therapist 3 stated the observed appointment was not typical since the client was crying throughout the appointment. However the therapist also stated that as much as she would have liked to use a lot techniques within the session, she feels that therapists at present generally do not have the time to build relationships and give all that advice in the time that is needed. The therapist stated that if she sensed parents were already using a technique, she would not talk about that technique except to potentially give some general assurance that they were already ‘interacting nicely’. However she stated that she would not go into specifics about the technique to enable more time to discuss techniques which parents were not doing and needed to try.

#### Collated results: Observed techniques

1 Steps 4-11 of the sequence were repeated with each Level 2 technique taught: 6.1.1 Repeating, 7.1.8 Pausing, and SQ1 Modelling.

1. **4.1 Instruction on how to perform the behaviour** – reviewing previous information
2. **\*4.7 Preparing parent for behaviour change**
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs.
4. **1.3 Goal setting (outcome)** – the therapist selected and presented goals for the child’s language to the parent for them to confirm. The therapist highlighted the need to focus on language, with the goals focused on emphasising verbs, aiding comprehension, and aiding general expression. The technique **1.4 Action Planning** was introduced at this point, with the therapist instructing the parent to select target words for the child.
5. **5.3 Information about social and environmental consequences** - at this point the therapist gave rationale for not working on speech until the child’s language had improved.
6. **4.1 Instruction on how to perform the behaviour** – each technique was explained, and instructions in how to use the technique were described verbally.
7. **5.3 Information about social and environmental consequences** – rationale for the specific technique being taught.
8. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist directly with the child.
9. **4.1 Instruction on how to perform the behaviour** A caveat is given regarding the technique being presented. This could be considered part of.
   1. For **7.1.8 Forced alternative** and **6.1.1 Repeating** the therapist emphasized that there was no need to do structured work, just changing how she communicates with her son.
   2. For SQ1 Modelling, the therapist emphasized that after having given three models of the target word, it is essential the child is given what he wants regardless of whether he has said the word or not.
10. **2.2 Feedback on behaviour** and **2.7 feedback on outcomes of behaviour + 10.4 Social Reward** (descriptive praise). The therapist did not suggest that parents have a go at the techniques within the session. Therefore these techniques were used when the therapist spoke to the parent about what they do and do not do at home already.
11. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.
12. **4.8 Summarising behaviour change**

2Steps 4-11 of the sequence were repeated with each 6.5.3 Imitation and 6.5.4 Recasting, and SQ1 Modelling.

1. **4.1 Instruction on how to perform the behaviour** – reviewing previous information
2. The therapist did not set goals for the parent but asked instead what the parent wanted to get from the appointment.
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs. The parent was given **leaflets** including information regarding this.
4. **4.1 Instruction on how to perform the behaviour** – each technique was explained, and instructions in how to use the technique were described verbally.
5. **5.3 Information about social and environmental consequences** – rationale for the specific technique being taught.
6. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist directly with the child.
7. A caveat is sometimes given regarding the technique being presented. This could be considered part of 4.1 Instruction on how to perform the behaviour.
   1. For **SQ1 Modelling**, the therapist emphasized that after having given three models of the target word, it is essential the child is given what he wants regardless of whether he has said the word or not.
8. **8.1 Behavioural practice/rehearsal** – the therapist invites the parent to attempt using the technique.
9. **2.2 Feedback on behaviour** and **2.7 feedback on outcomes of behaviour** as parents attempted the techniques.
10. Descriptive praise: **2.2 Feedback on behaviour** + **10.4 Social Reward**, again when parents were attempting the techniques with their child.
11. **6.4 Incorrect demonstration** (incidentally).
12. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.
13. **\*4.8 Summarising behaviour change**
14. **2.4 Self-monitoring of outcomes of behaviour** – the therapist stated this would be added in the report given to parents.

3 Steps 4-5 of the sequence were repeated with each 6.1.5 Labelling and 7.1.8 Forced alternative.

1. **\*4.7 Preparing parent for behaviour change** – the therapist told the parents about the structure of the session and what would happen as well as what would be expected of them and their child.
2. **4.1 Instruction on how to perform the behaviour** – reviewing previous information
3. **5.3 Information about social and environmental consequences** – the parent was presented verbally with background information regarding child development and her specific child’s needs. The therapist planned to send **leaflets** to the parent with her report including information regarding this.
4. **6.1 Demonstration of behaviour** – the technique is modelled by the therapist (not possible in session, so modelled hypothetically without child).
5. **8.6 Generalisation of target behaviour** – the therapist discussed ideas for promoting this with parent for each technique.
6. **10.4 Social Reward** (descriptive praise), this was given when the therapist spoke to the parent about what they do and do not do at home already. Some general reassurance and positivity (10.4 Social reward) was also given to parents.
7. **\*4.8 Summarising behaviour change**

As seen from all three observations, a distinctive pattern of techniques can be identified, with some differences.

No practice for A and C

No goal setting for B and C