| **Paper** | **Strategies used by therapist to teach parents (from text)** | **Therapist 🡪 Parent** | **Strategies taught for parents to use (from text)** | **Parent 🡪 Child** |
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| **Adamson 2010 USA** | 1. “The project’s SLP guided each parent to define a list of vocabulary items appropriate to the intervention routines that his or her child did not comprehend or produce in speech or sign” | 1. 1.4o | 1. ‘targets were presented as spoken words… 2. or as augmented words on the SGD (speech generating device) using Picture Communication Symbols | 1. 6.1 2. SC2 |
| **Agin**  **2004 USA** | “Guide for parents”  Birth to 3 years programme | 1. HO | 1. Self-talk; 2. parallel-talk; 3. ‘employ a funny or odd tone to your voice and encourage your child to copy you… talk like a cartoon character such as Donald Duck or a monster’ 4. ‘have her imitate the sounds of mechanical objects such as the doorbell, or the ringing phone, or the ‘vroom’ of a car engine’ 5. ‘amplify and play back’ (record and play back child’s voice); 6. ‘vocalize’ - ‘point to rides at an amusement park and say “oooh” or point at food, rub your stomach and say “mmm”’ 7. ‘March to the beat’ ‘while singing…add a beat’ 8. Use instruments 9. ‘Start with songs like “Old Mac Donald” and see if she’ll do the “e-i-e-i-o” part.’ 10. ‘puppet play’ ‘put on a show for her and see if she will play too’ 11. The ways that the animal moves, sounds, and eats are amusing activities to imitate. Animal sounds such as “baa,” “moo,” “meow,” “woof,” and “neigh” 12. ‘arm action’ 13. ‘To create the “eee” sound, make sure the teeth are together; open lips for a big smile and then make the sound. To make the “ah” sound just open your mouth all the way. You can use a tongue depressor and pretend you’re at the doctor’s office. For the “ooh” sound, why not try “fish face”?’; 14. ‘Children develop the ability to detect rhyme before they can produce it. Rhyming is an important pre-literacy skill. Reading rhyming books like Dr. Seuss’s Sam I Am helps develop an ear for rhyme.’ 15. ‘echo and correct’ 16. ‘Praise. Children love to be told “well done,” reinforced with a big hug.’ | 1. 6.1.3 2. 6.1.2 3. SC3 4. 12.7.12 5. 6.1.7 6. 6.1 7. 12.5.1 8. 12.5.1 9. 7.1.2 10. 6.1 11. 12.7.12 12. SC2 13. SC2 14. 12.5.2 15. 6.1.8 16. 10.4 |
| **Alpert & Kaiser 1992**  **USA** | 1. Each clinic-based training session began with a lecture on the target technique. Lectures varied from 30 to 60 minutes and focused on (a) an overview of previous experimental applications of the technique and its effects on child language, (b) goals toward which the technique is directed, 2. and (c) procedures for applying the technique (the steps of each technique are presented in Table 2). 3. Following the lecture, videotapes were shown of the experimenter using the target technique in a one-to-one play interaction with three pre-schoolers with language delays. One of these children was the mother’s child. While showing the videotapes, the experimenter pointed out times when she was using the target technique and identified the particular steps involved. 4. Mothers were encouraged to use the techniques incidentally throughout the day as opportunities to work on the child's language skills naturally occurred. 5. The trainer provided descriptive and graphic feedback about the mother's use of the trained procedure(s) in the previous session. Data were presented on the total number of procedures used correctly and the frequency and percentage of correct use of the procedure(s) trained to date. 6. The trainer modelled use of the procedure(s) with the child. 7. The trainer provided verbal feedback following 8. practice of the procedure(s) by the mother with the child. The mother used the trained procedure(s) during a 10-minute audiotaped training session with the child 9. The trainer provided verbal feedback about the mother's application of the procedure(s) during the immediately preceding 10-minute interaction. 10. The mother practiced using the procedure(s) with the child for an additional 5 minutes which also was audiotaped. 11. The trainer provided verbal feedback about the mother's application of the procedure(s) during the preceding 5 minutes. 12. Mothers were instructed to use the trained procedures during these sessions; however, neither coaching nor feedback were provided 13. When a mother experienced particular difficulty mastering a procedure, an intensive training session at the clinic was scheduled. The trainer reviewed the steps of the procedure, 14. showed videotapes demonstrating correct use of the procedure with the child, 15. and role-played using the procedure with the mother 16. At the end of training, the trainer discussed with the mother the importance of continuing to use the language-training procedures even though formal training sessions would no longer be held. 17. A handout on the importance of maintenance was given to the mother at that time. | 1. 5.3d 2. 4.1 3. 6.1aV 4. 8.6 5. 2.2V 6. 6.1a 7. 2.2 8. 8.1 9. 2.2 10. 8.1 11. 2.2 12. 2.1 + 2.5 13. RE 14. 6.1aV / 6.1bV 15. Role played 16. 5.3d 17. HO | 1. model, 2. mand-model, 3. time delay, 4. and incidental teaching procedures, 5. They also were taught to use the techniques to teach language skills that were slightly in advance of the child's current level of functioning. | 1. SQ1 2. SQ2 3. 7.1.8 4. 12.1 5. 12.7.1 |
| **Bagner 2016 – nice example of mixed up description of technique ?FL USA** | 1. Following the teach session, parent skills were assessed during a 5-minute observation at the start of each coach session, and data collected were used by the therapist to coach the parent(s) in their use of the skills 2. the therapist problem solved with each family ways to optimize in-home coaching, such as choosing an appropriate location for the session and developing ways to minimize distractions (e.g., turning off the television). 3. Parents were instructed to practice the skills described above for 5 minutes each day with their infant 4. and were asked to complete weekly logs to document frequency of practice. | 1. Coaching 2. 1.2 3. 8.1 4. 2.3 | 1. the therapist taught the parent(s) to follow their infant’s lead in play by decreasing don’t skills (i.e., commands, questions,and negative statements) and 2. increasing do skills (i.e., PRIDE: Praising the infant, 3. Reflecting the infant’s speech, 4. Imitating the infant’s play, 5. Describing the infant's behaviour, and 6. expressing Enjoyment in the play). Parents were taught to direct the PRIDE skills to their infant’s appropriate play and 7. ignore disruptive behaviours (e.g., hitting, whining). 8. In addition to standard coaching practices, therapists incorporated strategies relevant for infants. For example, given lower receptive language abilities in infants, parents were encouraged to use nonverbal praise (e.g., clapping) 9. along with verbal praise to enhance reinforcement for appropriate behaviours. 10. Furthermore, consistent with research on PCIT for children with developmental delay (Bagner & Eyberg, 2007), parents were encouraged to repeat infant vocalizations | 1. 12.7.5 2. 10.4 3. 6.1.8 4. 12.7.16 5. 6.1.2 6. enjoy 7. 14.3 8. 10.4 9. 10.4 10. 6.1.7 |
| **\*Baxendale & Hesketh 2003 UK** | **Hanen Parent Programme** – no description of Hanen Parent Programme given in paper, references Manolson 1992 – *It was not possible to access this resource* |  | **Hanen Parent Programme** |  |
| **\*Buschmann 2009 Germany** | **Heidelberg Parent-Based Language Intervention HPLI (Heidelberg) -** *It was not possible to access this resource* |  | 1. Sharing picture books is one of the main topics of the programme, | 1. 12.5.2 |
| **\*Buschmann 2015- another good example of mixed up techniques Germany** | **Heidelberg Parent Language Group**   1. Didactic methods: videotapes, 2. participative lectures, 3. written information related to the contents of each session Prerequisites for language development, Causes of language delay (*from session plan it also appears that each session has a lecture focusing on techniques; see parent🡪child column)* 4. role plays, 5. home practice, 6. Feedback about home practice every (*session 6*) 7. Feedback about home practice and analysis of home video sequences (*session 5 and 6*) 8. Transfer of language-modelling techniques to daily routines (e.g., eating, bathing, shopping, walking) // Transfer to shared games 9. Practicing // Repeating language promoting—basic attitude and using language-modelling techniques // Practicing corrective feedback | 1. - 2. 4.1 3. 5.3a+HO ; 5.3d+HO 4. Role play 5. 8.1 + 8.6 6. 2.2 7. 2.2V 8. 8.6 9. 8.1 | 1. Sharing picture books with the child is a main method of the training 2. Language promoting—basic attitude (e.g., face-to-face interaction, 3. waiting, 4. active listening, *(research into this shows different definitions, the most common of which are to give full attention, make eye-contact, get onto child’s level, make non-verbal signs of listening e.g. nodding, smiling)* 5. turn-taking, 6. positive communication) 7. Input techniques (e.g., speaking slowly with good pronunciation, 8. using simple words and short sentences, 9. using gestures, 10. repeating important words) 11. Sharing books part one–developing basic strategies for sharing a picture book (following the child’s lead and making it interactive, 12. observing the child’s interest, waiting and listening to what the child says, 13. responding to the child’s communication attempts, 14. shared focus of attention) 15. Creating an environment so that the child and the adult can really enjoy sharing a picture book and concentrate on doing so *(infer that this means adjusting the physical environment)* 16. Sharing books part two—using language-modelling techniques (labelling objects, 17. imitating, 18. modelling, 19. expanding, 20. corrective feedback) 21. sharing books part three—questions activating the child to talk and stay in conversation and to learn verbs, for example, What is happening? What is he making? 22. Further language stimulation techniques (comments, 23. parallel-talk, 24. self-talk) 25. Conversation stoppers (e.g., questions that bombard, demand, or answer themselves, 26. explicit error correction) 27. Transfer to shared games 28. Significance of rhythm and rhymes, using activity songs and finger plays 29. Practicing corrective feedback | 1. 12.5.2 2. 12.7.15 3. 7.1.8 4. - 5. Turn-taking 6. - 7. 12.7.3 8. 12.7.1 9. SC2 10. 6.1.1 11. 12.7.5 12. SQ4 13. 12.7.8 14. 12.7.5 15. 12.1 16. 6.1.5 17. 6.1.7 18. 6.1 19. 6.1.9 20. 6.1.8 21. 7.1.1 22. 6.1.6 23. 6.1.2 24. 6.1.3 25. decrease questions 26. - 27. games 28. 12.5.1 29. 6.1.8 |
| **Buzhardt 2018 ? Kansas USA** | 1. The PC TALK manual provided background description as to the purpose of the strategies, importance, and how to embed them in routines (e.g., meals, book reading) 2. the HV prints the selected PC TALK strategies, … and takes this information to review with parents. which includes their definition, 3. why they are important, 4. and ways that parents can use them during daily routines, 5. HVs introduce the strategies to parents/caregivers, describe how to use them, 6. model their use with the child, 7. and provide feedback to parents about their use of the strategies based on discussions with the parents and/or the HVs’ observations of the parents.   *See PC TALK manual for further description – see below* | 1. HO 2. 4.1 3. 5.3d 4. 8.6 + 4.1 5. 4.1 6. 6.1 7. 2.2 | 1. arranging the environment, 2. (b) following the child’s lead, 3. (c) commenting 4. and labelling, 5. (d) imitating 6. and expanding, 7. (e) open-ended questioning, 8. (f) time delay 9. and cloze sentences, 10. (g) praise and positive attention, 11. and (h) providing choices | 1. 12.1 2. 12.7.5 3. 6.1.6 4. 6.1.5 5. 6.1.7 6. 6.1.9 7. 7.1.1 8. 7.1.8 9. 7.1.2 10. 10.4 11. 7.1.7 |
| **Bushardt manual – sounds manageable in the contents but each section has so many parts to it. It says that within a strategy (e.g. following child’s lead) you should use labelling, commenting etc. and that’s how you follow lead….?!?!** | *It appears that this manual is used by the HV and other professionals and only selected relevant parts were given to parents in this study. However given that we do not know which parts were given to each parent, it seems likely each part was used at some point, therefore this analysis includes all of this manual.*   1. Pages 1 – 5; Why is promoting communication important?; Promoting communication with daily routines; How does communication development progress? 2. Page 6: How to use this manual 3. Page 8: Arranging the environment – what it is, why it is important and examples 4. establish some vocalization or phrase to pair with a specific action. 5. Page 12: Use communication strategies across daily routines (e.g., meals, dressing, changing, reading, play). The routine doesn’t have to be complex, even simple routines help children anticipate, prepare for, and label upcoming activities. 6. Page 15: Following a child’s lead and responsiveness – what it is, why it is important and examples 7. Page 19: Commenting and labelling – what it is, why it is important and examples 8. Page 23: imitating and expanding – what it is, why it is important and examples 9. Page 27: asking open-ended questions – what it is, why it is important and examples 10. Page 30: Praise - what it is, why it is important and examples 11. Page 35: providing choices – what it is; why it’s important; examples 12. Page 39: time delay/fill in the black – what it is; why it’s important; examples 13. Only use time delay when the child is familiar with the routine and knows what to expect. | 1. 5.3a,c,d+HO 2. PC 3. 4.1, 5.3d, 6.1 4. 1.4o 5. 8.6 6. 4.1, 5.3d, 6.1 7. 4.1, 5.3d, 6.1 8. 4.1, 5.3d, 6.1 9. 4.1, 5.3d, 6.1 10. 4.1, 5.3d, 6.1 11. 4.1, 5.3d, 6.1 12. 4.1, 5.3d, 6.1 13. 4.1 | 1. Page 9-10 Arranging the environment 2. Page 9: label shelves and containers with pictures of the materials; place each child’s photo on a chair so they may find their seats at snack and meals 3. Page 10: provide opportunities for book experiences such as, looking at books together or time for independent ‘reading.’ 4. be sure to respond to their communication and to make looking at books fun 5. play a game together with your child 6. Page 11: Position yourself so that you are directly facing the child and seated at child’s eye level during routine activities (e.g., feeding, play, circle time in child care). 7. Use unexpected events or silly comments to promote communication. 8. Encourage children to engage in social interactions and cooperative play during activities by saying, for example, “Connor has the dinosaurs, they’re eating the food.” 9. allow children an opportunity to respond 10. Comment positively on children’s responses 11. Then, use that each time the action occurs. For example, if a child puts a hat on the adult’s head, let the hat fall off and say, “Off.” 12. repeat the routine several times to allow the child to imitate the vocalization. 13. Page 12: talk about the day’s schedule. During circle time in child care programs for instance, you may talk with children about what you are going to do by saying, for example, “First we are having circle, then we will wash our hands and have snack.”; When a transition from one activity to another is going to happen, give children a warning. For example, “In two minutes we are going to clean up.” Thus, children will be better prepared to stop their activity and clean up. 14. Page 13: place clothing items in silly or unexpected places (e.g., place a mitten on the child’s foot, a shoe on the child’s hand) and ask, “Is this where we put the mitten?” This is likely to draw comments from the child. 15. Use predictable routines for clean-up, diapering, or transitions between activities. The routines may include the use of some clearly marked opener/closer, such as a song. For example, “This is the way we wash our hands, wash our hands….”; Page 13: use these songs to teach language. For example, “Head, Shoulders, Knees, and Toes”or the “Clean Up” song. 16. Set aside some quiet book-reading and story time, and stick to those times each day. In addition, provide opportunities for independent ‘reading’ at other times. 17. During shared book reading, allow children to take turns. 18. Turn off the television and music and put electronics away during play and book time to reduce distraction and help adults and children focus on each other. 19. Limit screen time (e.g., television, computer, tablet, etc) 20. Talk about programs your child watches, or the games they are playing, and use these opportunities to encourage communication. 21. Page 15: First, notice what the child is doing, playing with, looking at, or talking about. 22. Follow a child’s lead 23. by commenting, 24. labelling, 25. describing, 26. adding to or expanding, 27. imitating, 28. For example, when painting, ask, “What should I paint?” If a child does not answer your question, answer it yourself. If you ask, “What color is that?” and the child does not answer, answer that question yourself. “It’s red.” 29. present him/her with a couple choices. 30. Page 16: Describe the child’s actions as he or she is doing them 31. Label the objects with which a child is playing. 32. Ask open-ended questions about a child’s interests. 33. Allow children to direct your activities; 34. Imitate what a child says 35. Talk about on the pictures, 36. name characters 37. Imitate the child’s vocalisations 38. pick out two books the child might enjoy and ask, “Which book would you like to read?” 39. Comment by saying, “Baby’s sleeping, night-night baby” and place another doll in the bed. 40. Wait for the child to respond. 41. “Oh, that’s a big truck. 42. What are they doing out there?” 43. While playing outside, watch and make one or two statements about his or her activity. 44. While preparing for naptime, let children help and comment on their sheets or blankets. 45. “That’s a pretty blanket. 46. What color is that?” 47. Talk or 48. sign about the foods everyone is eating 49. “What are we having today?” 50. Wait for children to respond, 51. and then continue talking about the food they are eating. “I like apples. 52. Where do apples grow?” 53. Wait for children to respond, 54. and then offer, “They grow on trees. 55. What other foods grow on a tree?” 56. During clean-up, offer children a choice of which area they would like to clean-up. Ask, “Would you like to pick up the cars or put the books away?” 57. ask open-ended questions 58. Describe in detail what colors, shapes, or actions are on each page. 59. Page 19: Commenting 60. and labelling 61. Name the child’s toys or materials, as she is playing with them 62. Describe the child’s actions as they are doing them or as you are helping the child do them. Be the “narrator” for children’s actions. 63. Talk about what you are doing or 64. what children are doing during daily routines, such as diapering, meals, or clean-up. 65. Talk or sign about the pictures in books. 66. *There were a lot more examples of parallel talk on page 21.* 67. Page 23: Imitating 68. and expanding *there are many examples of expansions and imitations* 69. With children who are using single words or signs or approximations of words or signs, imitate the child’s words or signs, but use their correct form. For example, if a child says, “ba ba” to ask for a bottle, say “bottle” 70. When imitating a child’s attempt at or approximation of a word, rather than repeating back the child’s word (child says, “lello” for yellow, or “wa wa” for water), repeat back “yellow” or “water’. Try to avoid telling the child his or her word was not correct. Simply model the correct words. 71. Page 27: Asking open-ended questions *lots of examples of these* 72. pause and wait for the infant/toddler to answer. 73. If they do not answer, fill in the answer yourself. 74. For example, the adult may provide choices for the child (e.g., “What do you want? Do you want the ball or the blocks?”). 75. Another example includes providing a lead-in cue for the child to respond (e.g., “Where is the ball? It’s under the …”). 76. When a child sits in the book area, hold up two books and ask, “Which book do you want?” 77. Page 30: Praise *many examples of praise* 78. *Praise -descriptive* 79. Notice when a child is using communication to let you know what they want, then give him/her attention 80. and respond to their request or behaviour 81. When a child is looking at a book with you and points to or tries to label the pictures, label and name things with them. 82. “You just pointed to the tree. 83. That’s a big tree with green leaves.” 84. Simply responding to children and continuing a vocal interaction or “conversation” is a form of positive attention. 85. Page 35: Providing choices *many examples* 86. In order to provide choices, toys and other materials can be rotated so that children have the chance to play with a variety of toys, and may find them more interesting. 87. It is helpful for children at the early language-learning stages to have some visual picture of their choices. When possible, hold up the choices or some visual representation of the choices to which children can respond. 88. Put a variety of toys out during play times, giving a choice of activities. 89. When playing music ask the child what they want to hear. 90. Put a variety of toys out during play times, giving a choice of activities. 91. “which colour paper would you like to use?” 92. Make cards with pictures that represent songs the child knows. 93. Make a variety of books available to children throughout the day. 94. Page 39: Time delay/fill in the blank – *many examples* 95. Anticipate when a child wants something, look at them expectantly, and wait 3-5 seconds. 96. model how to point to the item that the child wants. Once the child imitates the point, give the item to the child. 97. If the child doesn’t communicate during the pause, simply model the word/phrase and continue. Your interactions should remain positive when children do not fill in the blank. 98. After waiting for the child to fill in the blank, 99. fill it in for them. 100. After 2-3 labels, point to a food and pause to allow children to label the food item. 101. Engage in some cooperative play with the child, such as handing blocks to a child one at a time. After giving the child a few blocks, withhold the block and wait for the child to request the block. Adults may model “more blocks” by using these words or signing, if necessary. Once the child requests the block, give the child the block and continue playing. | 1. 12.1 2. SC2 3. 12.5.2 4. 12.7.8 5. Play games 6. 12.7.15 7. 7.1.6 8. 6.1.2 9. 7.1.8 10. 10.4 11. 6.1.5 12. 6.1.1 13. PREP 14. 7.1.6 15. 6.1 16. 12.5.2 17. turn taking 18. 12.7.13 19. - 20. 6.1.6 21. 12.7.7 22. 12.7.5 23. 6.1.6 24. 6.1.5 25. - 26. 6.1.9 27. 6.1.7 28. SQ1 29. 7.1.7 30. 6.1.2 31. 6.1.7 32. 7.1.1 33. 12.7.5 34. 6.1.7 35. 6.1.6 36. 6.1.5 37. 6.1.7 38. 7.1.7 39. 6.1.6 40. 7.1.8 41. 6.1.6 42. 7.1.1 43. 6.1.2 44. 6.1.6 45. 6.1.6 46. 7.1.1 47. 6.1.6 48. SC2 49. 7.1.1 50. 7.1.8 51. 6.1.6 52. 7.1.1 53. 7.1.8 54. 6.1.6 55. 7.1.1 56. 7.1.7 57. 7.1.1 58. 6.1.6 59. 6.1.6 60. 6.1.5 61. 6.1.5 62. 6.1.2 63. 6.1.3 64. 6.1.2 65. SC2 66. 6.1.2 67. 6.1.7 68. 6.1.9 69. 6.1.8 70. 6.1.8 71. 7.1.1 72. 7.1.8 73. 6.1 74. 7.1.7 75. 7.1.2 76. 7.1.7 77. 10.4 78. 6.1.2 79. 12.7.7 80. 12.7.8 81. 6.1.5 82. 6.1.2 83. 6.1.6 84. 12.7.8 85. 7.1.7 86. 12.1 87. SC2 88. 12.1 89. 7.1.1 90. 12.1 91. 7.1.1 92. SC2 93. 12.1 94. 7.1.2 95. 7.1.8 96. SQ2 97. 6.1 98. 7.1.8 99. 6.1 100. 7.1.8 101. 7.1.8 |
| **Ciccone 2012 Australia?** | **Parent Focused Early Intervention**   1. At the beginning of each session the group of parents was given verbal and written information about the area of focus for the week. 2. For the remainder of the session the parents implemented the strategies with their child in play. 3. The SLP/students modelled behaviours 4. and provided feedback to the parents, 5. answered questions or provided more information as needed. | 1. 5.3d+HO 2. 8.1 3. 6.1 4. 2.2 5. QA | 1. The programme included following the child’s lead, encouraging participation, 2. language modelling strategies, 3. focused stimulation, 4. using music 5. and using books. | 1. 12.7.5 2. 6.1 3. 6.1 + 6.1.1 4. 12.5.1 5. 15.5.2 |
| **Colmar 2011 – Australia** | **Book reading intervention with milieu principles**   1. The mothers in the Experimental group were trained with a verbal explanation 2. and a demonstration of the technique with their own child. 3. Record books 4. and written notes were provided. 5. Six suitable picture books were made available to indicate the type and level of book that might elicit child interest, attention, and initiations. 6. Adults were encouraged to borrow similar books from libraries or their preschool; 7. a mailing system was also established for parents to receive books, return them, and be sent a new set. 8. Encouraging parents to use the same key strategies in everyday settings: | 1. 4.1 2. 6.1a 3. 12.5 4. HO 5. 12.5 6. OS 7. 12.5 8. 8.6 | 1. The adult pausing to allow the child an opportunity to talk first, to initiate a topic of interest to them, thus ensuring child attention (Colmar, 1999; 2003). 2. Asking the child to say more on their initiated topic, using an open question or request for elaboration of the topic, thus giving the child an opportunity to use more language within a conversational context (Hart & Risley, 1982). 3. Using children’s picture books as the stimulus for language teaching and learning (Colmar, 1999). | 1. 7.1.8 2. 7.1.1 3. 12.5.2 |
| **Crowe 2000 USA** | **CRC Storybook Reading**   1. During the first training session, the investigator told the mother she would be shown some ways to increase the child’s talking during storybook reading. 2. Each training session began with instruction in the fourstep CRC. 3. Following the instruction segment, each mother and child was videotaped as they completed a storybook reading probe. The mother was instructed to “Read the story using the procedure we just discussed.” During the review, the investigator and mother watched the reading probe video and identified episodes of desired mother-child exchanges and aspects of storybook reading to modify. 4. The coaching segment included a 10-minute mother-child rereading of the storybook in which the investigator assisted or coached the mother in the CRC. This included providing potential utterances for the mother to say, cuing the mother to respond to the child’s initiations, redirecting the mother to focus on relevant information, and helping maintain a balanced turn-taking exchange. 5. Additional training sessions followed the same procedures as Session 1, except the CRC instruction lasted only 5 minutes and served as a review of the procedures. | 1. PC 2. 4.1 3. 2.2V 4. 7.1a Coaching 5. RE | 1. 2. Query. The query was defined as any communicative act to request information to be shared, including comments, questions, or requests for information. The query signaled a listener turn. A query could include a request for a label or action. Queries for labels were generally in the form of “What’s that?” or “What is it?” Queries for actions could be more open-ended: “What’s he doing?” or “What’s happening here?” Queries also could be introduced as an attentional vocativequery combination. This could include such comments as “Let’s see what he did,” or “Let’s find out what happened next.” These types of comments served two functions, establishing a topic and indirectly requesting information. 2. Response. A response was any semantically contingent response to the query, including an elaboration, verbatim reading, partial reading, or paraphrase. Elaborations included utterances to describe information presented in the pictures or text (e.g., “There’s Critter’s house,” or “He needs to comb his hair”). Responses also included partial or verbatim reading of the text and paraphrasing the text content. 3. Feedback. Feedback was defined as any comment serving as a reply to the response, including an acknowledgment, 4. request for clarification, or request for repair or restatement. The feedback segment in the reading cycle served to acknowledge a response and provided an opportunity for the mother and child to discuss the accuracy of information presented. Examples included the following: “Yes, it’s a kitty,” or “No, I think it’s a puppy.” This also gave the adult an opportunity to clarify the accuracy of the child’s previous utterance or response. When refuting the accuracy of a child’s response, the adult would provide more information, such as, “It has long, floppy ears and big paws. It doesn’t have any claws like a cat, and it doesn’t have long whiskers like a cat.” 5. Mother instructed to pause after each step 6. The mother also was told to provide the next element in the cycle following the child’s turn 7. (c) possible remediation techniques for communication breakdowns, such as focusing on the child’s object of interest 8. or pointing out an object for discussion, 9. using shorter sentences, 10. talking about aspects of the picture that help build an understanding of the events represented, letting the child lead the discussion toward an object of interest, associating that object with the general event, | 1. 7.1.1 2. 6.1.6 3. 12.7.8 4. 7.1.4 5. 7.1.8 6. 12.7.8 7. 12.7.5 8. 12.7.14 9. 12.7.1 10. 12.7.5 |
| **Crowe 2004 – Kansas? USA** | **CRC Storybook Reading**   1. During the first training session the caregiver received instruction in ways to increase the child’s active participation during storybook reading 2. CRC instruction The investigator began each training session with instruction 3. or review of the four-step CRC. 4. Reading probe Following instruction in the CRC procedures, each caregiver and child completed a storybook reading probe. The caregiver was instructed to, ‘‘read the story using the procedures we just discussed.’’ The reading was video recorded and then critiqued during the reading review with the investigator.; Investigator–caregiver review During this portion of the training session, the investigator and caregiver identified positive reading exchanges and aspects of the caregiver–child reading to change. The investigator also commented on use of the CRC elements, caregiver responsiveness, and sources of communication breakdown or failure. Remediation techniques also were discussed. 5. Coaching During the 10-min coaching segment, the caregiver and child re-read the book as the investigator provided cues and prompts to assist the adult. The investigator provided potential utterances for the caregiver to say, cued the caregiver to respond to a child initiation, redirected the caregiver’s comments to relevant story information, and assisted the caregiver in balancing communicative turns. 6. The coaching segment occurred only during the first four training sessions for all dyads. | 1. 4.1 2. 4.1 3. RE 4. 2.2V 5. 7.1a 6. coaching 7. 7.3 | 1. The Query was any communicative act to volunteer or request information to be shared and to signal a listener turn. Queries included requests for labels (e.g., What’s that? or What is that?) or actions (e.g., What’s he doing? or What’s happening here). Queries could be open-ended questions (e.g., What will happen now?) or introduced with an attentional vocative plus query combination, such as, ‘‘Let’s see what he did,’’ or ‘‘Let’s find out what happened next 2. Cloze procedure (e.g., He’s eating .) 3. and binary choice (e.g., Should he walk or run?) also could be used as a query. 4. Responses included any semantically contingent response to the query, either verbal or nonverbal. 5. Feedback was any comment serving to acknowledge, 6. extend, 7. restate, or clarify the response. The feedback segment in the CRC provided an opportunity for the caregiver and child to discuss the accuracy of the information presented. The caregiver could clarify the accuracy of the child’s previous utterance or response. 8. The caregiver was instructed to pause after each step to encourage the child to participate in the reading cycle. 9. If the child did not provide a CRC element—attentional vocative, query, response, or feedback—the caregiver was told to provide the next element in the CRC. For example, the caregiver was told to interpret the child’s point as an attentional vocative and query. When this occurred the caregiver should provide the response and 10. then pause 11. or prompt the child to provide another response or feedback. | 1. 7.1.1 2. 7.1.2 3. 7.1.7 4. 12.7.8 5. 12.7.8 6. 6.1.9 7. 6.1.8 8. 7.1.8 9. 12.7.8 10. 7.1.8 11. 7.1 |
| **Curtis 2017 Nashville TN USA** | **Secondary data analysis from Roberts & Kaiser 2015: EMT**  *The current study was a secondary analysis of data from a randomized clinical trial examining the effects of parent-implemented EMT on the language outcomes of toddlers with language delays (Roberts & Kaiser 2015)* |  | 1. Parents were taught six language facilitation strategies, including responding contingently to children’s communicative acts, 2. matching their communicative turns to the child’s (as opposed to the parent having many more conversational turns than the child), 3. expanding child utterances by adding one to two words, 4. and two language elicitation strategies: time delays 5. and prompting   *(see Roberts & Kaiser 2015 for details about the intervention).* | 1. 12.7.8 2. Turn taking 3. 6.1.9 4. 7.1.8 5. 7.1 |
| **Roberts & Kaiser (2015) – Nashville TN USA** | **EMT**   1. The intervention included 2 components: caregiver instruction and child intervention. First, the caregiver received individual instruction by using the teach-model-coach-review method (described below) to learn how to use specific language facilitation strategies at home with their toddlers 2. The format of each session was standardized and included (1) review of the strategy taught in the workshop, 3. (2) modelling of the strategy by the interventionist with the child, 4. (3) caregiver practice of the strategy with their child 5. while the interventionist provided coaching, 6. and (4) review of the session. 7. specific language targets were chosen for each child based on performance during the baseline assessments 8. Defined language facilitation strategy, Provided rationale 9. Described how to do the strategy 10. Showed video examples 11. Answered questions 12. Restated the strategy, gave example 13. Role played 14. Discussed ways to use the strategy 15. Modelled language facilitation strategy, Highlighted strategy use 16. Coached caregiver while she practiced with the child 17. Discussed the session 18. Linked caregiver and child behaviours 19. Made a plan for home use of strategies   *A complete description of the intervention is available in the manualized intervention protocol (Kaiser & Roberts 2013).* | 1. Teach coach model review 2. RE 3. 6.1a 4. 8.1 5. 2.2 6. SU 7. 1.4o 8. 5.3d 9. 4.1 10. 6.1V 11. QA 12. 4.1 13. Role play 14. 4.1 15. 6.1a 16. Coaching 17. D 18. 2.2 19. 8.6 + 1.4 | 1. Matched turns 2. Responsiveness 3. Targets 4. Expansions 5. Time delays 6. prompting | 1. turn taking 2. 12.7.8 3. 6.1 4. 6.1.9 5. 7.1.8 6. 7.1 |
| **Kaiser 2013 parents as communication partners** | **EMT + Teach model coach review**   1. Introduction involves previewing the material that is the focus of the teaching. 2. Illustration includes a demonstration of the use or application of the knowledge or skill. 3. Practice involves the adult learner using the new knowledge or skill. 4. Reflection is engaging the adult learner in a self-assessment regarding his or her knowledge. Mastery extends reflection by engaging the adult learner in a self-assessment that is linked to a set of external standards. 5. We highlight family strengths by showing videos of existing positive interactions between parents and children and by pointing out how the interaction strategies that parents already use have contributed positively to their child’s development. 6. Finally, we emphasize the effects of parents’ use of language support strategies on their child’s communication rather than simply focusing on changing parents’ behaviours. 7. Parent training begins with the teach component, which involves two parts. First, the parent attends a 60-min workshop without their child to focus on learning specific EMT strategies (the sequence of teaching the strategies is discussed in the next section). During this workshop, the parent learns about the target strategy by listening to an overview of the strategy. This includes a description of the strategy with examples, specific steps to implement the strategy, 8. and a rationale for using the strategy. 9. Next, the parent watches a video in which they are using the target strategy to some degree and their child has a positive response to their use of the target strategy, 10. and another video in which they fail to use the strategy and the child does not respond as positively. 11. This contrast demonstrates to the parent the impact that their behaviour has on their child’s communication. 12. The therapist summarizes the key steps in the strategy with additional simple examples. 13. Next, the parent role-plays with the therapist to practice the target strategy. 14. The parent is given goals for their use of each target strategy that include when to use the strategy and how often or how accurately the strategy is to be used. Examples of parent goals are provided in Table 1. 15. The parent is shown graphs illustrating their initial levels of the target behaviour. As training continues, they are shown graphs illustrating their levels of previously learned skills before and after training. 16. Last, the parent and the therapist discuss how the target strategy may be implemented across the day at home in familiar routines. 17. The second part of the teach component occurs during the first 10–15 min of the next EMT therapy session following the workshop. Both the parent and the child are present. During this first part of the practice session, the therapist asks the parent about their understanding and comfort with the specific EMT strategy taught in the workshop and how they think their child will or is responding to the strategy. 18. Then, the therapist reviews the key elements of the target strategy 19. and briefly practices with the parent by role-playing. 20. Before beginning practice with the child, therapists ask the parent if they have questions and answers any questions the parent poses. 21. After the brief review of the target strategy, the therapist models the target strategy with the child. During this 15- to 20-min segment, the therapist models with the child during a routine or activity of the parent’s choice. The therapist verbally highlights the strategy while interacting with the child. 22. After watching the therapist use the strategy with the child, the parent then practices for 15–20 min. 23. During this practice session, the therapist provides coaching in the form of praise 24. and constructive feedback. 25. Following this practice session, the parent and therapist review the session. The therapist begins by asking the parent about their perceptions of the session. 26. The parent and therapist discuss the session. 27. The therapist summarizes their impressions of the session by describing the parent’s use of the strategy in relation to the child’s communicative behaviour.   EMT strategies are taught sequentially using the Teach-Model-Coach-Review approach. | 1. PC 2. 6.1a 3. 8.1 4. 2.8 5. 6.1bV + 2.2 6. 5.3d 7. 4.1 8. 5.3d 9. 6.1bV 10. 6.4 11. 2.7 12. 4.1 13. Role play 14. 1.1b 15. 2.2V 16. 8.6 + 1.4 17. 2.8 18. RE 19. Role play 20. QA 21. 6.1a 22. 8.1 23. 10.4 24. 2.2 25. 2.8 26. D 27. 2.2 + 2.7 | 1. following the child’s lead in conversation and play, 2. responding to communicative initiations from the child 3. with target language, 4. expanding child utterances by adding words to increase complexity while maintaining the child’s meaning, 5. arranging the environment to support and elicit communication from the child, 6. and systematic use of milieu teaching prompts (model, 7. mand-model, 8. time delay, 9. and incidental teaching). 10. Play and engage: Choose interesting and engaging toys; join the child by actively playing with the toys he chooses; teach target level play actions and sequences 11. Notice 12. and respond; 13. Sit face to face with the child; 14. follow the child’s lead; 15. respond to all child communication 16. Balance turn-taking: balance turns by responding to each child utterance with only one comment 17. Mirroring and mapping: imitate the child’s nonverbal actions (mirror) and model (map) language to these actions 18. model, 19. show, and give gestures; model target signs 20. or words; 21. expand child communication by adding words and or symbols 22. Environmental arrangement strategies: Assistance, … inadequate portions 23. choices, 24. waiting with routine, waiting with cue, 25. EMT prompting strategies: Open questions 26. choice questions, 27. “Say” prompt, 28. First, parents are taught strategies for playing and engaging with their child across naturally occurring routines and activities. Parents learn to choose toys and activities that are interesting and motivating for their child. Parents learn specific strategies for playing with toys and structuring daily activities that are appropriate for their child’s developmental level. 29. Second, parents are taught to notice 30. and respond to their child’s communicative attempts. 31. Parents are encouraged to sit face to face with their child 32. Third, parents learn to balance communicative turns, first by waiting for their child to communicate, 33. and second by responding to communication with only one verbal turn. 34. Fourth, parents learn to “mirror” (i.e., imitate their child’s actions) and “map” (i.e., provide a specific target word for these actions). 35. they are taught to respond using specific language models. Language models are (a) at the child’s specific target level, (b) forms the child is ready to learn, and (c) appropriate for the child’s specific focus of interest and actions. 36. When children communicate, parents are taught to expand their child’s communication by adding a semantically meaningful word. 37. Sixth, parents are taught several environmental arrangement strategies that involve structuring activities in ways that increases the likelihood that children will initiate communication without verbal prompting. 38. Finally, parents learn to use specific milieu teaching prompting strategies. These prompting strategies include using open-ended questions, 39. choice questions, 40. and direct prompts (“say” prompts) to elicit child target language. | 1. 12.7.5 2. 12.7.8 3. 12.7.1 4. 6.1.9 5. 12.1 6. SQ1 7. SQ2 8. 7.1.8 9. 12.1 10. 12.7.5 11. 12.7.7 12. 12.7.8 13. 12.7.15 14. 12.7.5 15. 12.7.8 16. Turn taking 17. 6.1.4 18. 6.1 19. SC2 20. 6.1 21. 6.1.9 22. 12.1 23. 7.1.7 24. 7.1.8 25. 7.1.1 26. 7.1.7 27. 7.1.4 28. 12.1 29. 12.7.7 30. 12.7.8 31. 12.7.15 32. 7.1.8 33. Turn taking 34. 6.1.4 35. 12.7.1 36. 6.1.9 37. 12.1 38. 7.1.1 39. 7.1.7 40. 7.1.4 |
| **Dale 1996 – same paper as next, Washington State, USA** | **Dialogic Reading**   1. Parents viewed a videotaped presentation of effective ways of facilitating language development through reading 2. and then had a brief group discussion 3. A handout summarizing these components, with examples, was prepared for parents to take home, 4. Books were selected for parents to take home that told a story with vivid pictures and minimal text. 5. First instructional unit. Mothers then attended the first instructional unit in small groups. 6. They were given the opportunity to select new books … 7. and asked to use the targeted conversational style at home for 3 to 4 weeks. 8. The second training module reviewed these ideas 9. Second instructional unit. Mothers returned for the second instructional unit, also conducted in groups. 10. They were given new books … 11. and asked to continue to use the new skills at home for 3 to 4 weeks. 12. Mothers were asked to record how often the read to their children and to audiotape selected episodes. | 1. 6.1aV 2. D 3. HO 4. 12.5 5. 4.1 6. 12.5 7. 8.6 8. RE 9. 4.1 10. 12.5 11. 8.6 12. 2.3 | 1. The first module has seven components: (1) Ask what questions, 2. (2) follow the child’s answers with questions, 3. (3) repeat what the child says, 4. (5) praise and encourage the child, 5. (6) shadow the child’s interests, 6. and (7) have fun! 7. and added two new components: (1) Ask open-ended questions, 8. and (2) expand what the child says. | 1. 7.1.1 2. 7.1.1 3. 6.1.7 4. 10.4 5. 12.7.5 6. enjoy 7. 7.1.1 8. 6.1.9 |
| **Dale 1996 – same paper as Dale previous, Washington State USA** | **Conversational language training**   1. The conversational language training program (CLTP) used most of the videotapes Let’s Talk and Now You’re Talking (Educational Productions, Inc., 1987), prepared for teachers, teaching assistants and parents of children in early childhood special education. These videotapes are based on current psycholinguistic research on aspects of parents language that appear to facilitate language development, Parents viewed the video tapes 2. and discussed the strategies in small groups. 3. A handout summarizing these components, with examples, was prepared for parents to take home. 4. Parents were given the Fisher-Price Medical kit or Fisher-price Schoolbus Set to take home. 5. First instructional unit. Mothers then attended the first instructional unit in small groups. 6. They were given the opportunity to select new … toys, depending on their groups, 7. and asked to use the targeted conversational style at home for 3 to 4 weeks. 8. Second instructional unit. Mothers returned for the second instructional unit, also conducted in groups. 9. They were given new books or toys 10. and asked to continue to use the new skills at home for 3 to 4 weeks. | 1. 6.1aV 2. D 3. HO 4. 12.5 5. 4.1 6. 12.5 7. 8.6 8. 4.1 9. 12.5 10. 8.6 | 1. such as describing what the child is doing 2. or seeing (information talk) 3. and expanding the child’s utterances into fully grammatical sentences (expansions). 4. The first module contained four components: (1) Show your interest, 5. (2) use information talk, 6. (3) limit closed questions, and 7. (4) use indirect correction. 8. The second training module contained three components: (1) Use information talk, 9. (2) use expansions, and 10. (3) ask open-ended questions. | 1. 6.1.2 2. 6.1.6 3. 6.1.9 4. 12.7.5 5. 6.1.2 6. 7.1.1 7. 6.1.8 8. 6.1.2 9. 6.1.9 10. 7.1.1 |
| **Delaney & Kaiser 2001 - USA** | **Blended Communication and Behaviour Support (BCBS) Based on EMT**   1. The first 10 to 15 minutes were used to provide the parent with new information 2. and feedback about the previous sessions (e.g. her use of strategies, 3. the child’s behaviour). 4. New information was introduced verbally, using handouts adapted to the parent’s reading level, 5. role play, 6. and videotapes to show specific examples of new procedures. 7. The parents were given specific instruction about how to use the strategies when interacting with their children during the play interaction practice session | 1. 4.1 2. 2.2 3. 2.7 4. HO 5. Role play 6. 6.1aV 7. 4.1 | 1. Balance turns; 2. give child opportunity to respond; 3. increase parent responsiveness to child verbal behaviour; 4. give simple clear instructions, 5. decrease frequency of instructions; 6. increase positive responses following child compliance,   increase corrective responses following child non-compliance;   1. decrease parent negative verbal responses, 2. increase parent praise, 3. provide models of appropriate language | 1. turn taking 2. 7.1.8 3. 12.7.8 4. 12.7.1 5. 12.7.5 6. 10.4   Correct child’s behaviour? Does not specify how   1. Decrease negative 2. 10.4 3. 6.1 |
| **Deutscher 2006 - USA** | **Parents and Children Experiencing Success: PACES**   1. Curriculum topics consisted of information on early brain development, the importance of trust and a secure attachment, effective mother–child interaction, 2. how to read cues and respond appropriately, play and turn-taking, developmentally and individually appropriate behaviours and expectations, facilitation of early language development, how to enjoy books and songs together, and use of positive discipline strategies. 3. Each participant was given a binder for session handouts. 4. Topic presentations were supplemented with live demonstrations 5. or researcher-made videotapes of mother–child interactions to illustrate positive behaviours to emulate or negative behaviours to eliminate … In addition, to illustrate points in sessions, we used short clips from various commercially made videotapes 6. Six handout pages from the Partners for a Healthy Baby Curriculum were used to supplement the session about ages and stages for birth through 6 months 7. In addition, toward the end of the program, mothers in the intervention group were given the opportunity to view the initially created videotapes in their small-group setting or individually, if they preferred. The intent was for the mothers to discern any changes in their style of interacting by conversation focusing on and reinforcing the positive. 8. The session format began with an introduction 9. and interactive discussion of the topic, 10. followed by an opportunity for the mothers to play with their own infants and toddlers and put into practice what was discussed, when appropriate. 11. During this special mother–child time, the facilitator was available to model 12. and praise appropriate interactions. 13. The facilitator suggested follow-up activities to be implemented during daily routines with their children so the behaviours would become more automatic and natural for the mothers. 14. Participants also received blank pages to keep journals about their children 15. Motivational tokens of appreciation were often given to the mothers as incentives for attending sessions. They were either for themselves (such as parenting books, lotions, pens, framed picture of the mother with her child) or for the children (such as developmentally appropriate toys and books). All participants, intervention and contrast, were given age appropriate toys for their children at the pre- and post videotapings, and all of the mothers were given gift sets. | 1. 5.3a 2. 5.3d 3. HO 4. 6.1a 5. 6.1aV 6. 5.3a+HO 7. 2.8V 8. PC 9. D 10. 8.1 11. 6.1a 12. 10.4 13. 8.6 14. 2.4 15. 10.2 | 1. how to read cues and respond appropriately, 2. play and turn-taking, 3. how to enjoy books 4. and songs together, | 1. 12.7.8 2. Turn taking 3. 12.5.2 4. 12.5.1 |
| **Dieterich 2006 – linked with Landry 2006 - USA** | **Play and Learning Strategies + Mentor: M-PALS**   1. M-PALS, the second intervention program, comparable PALS with to two was components but also added community mentor a for each family… In contrast, the M-PALS community mentor was recruited directly from the community and was trained by a senior community social worker to understand the social service resources available to members of the community. Mentors also were trained in effective methods to interview mothers, to identify young mothers’ personal and social needs, and to build trusting relationships with families. Mentors also received training in ways they could support mothers to implement the PALS responsive behaviours in everyday activities with their children.… It during these was visits that mentors also encouraged the of use the PALS parent behaviours. 2. and points for discussion, 3. …in combination with physical demonstrations… 4. And how to incorporate the use of this constellation of behaviours in everyday settings such as dressing and feeding 5. An alternate caregiver was involved in at least two review sessions where mothers were asked to teach the previously learned behaviours to the other caregiver, providing the facilitator the opportunity to evaluate the mother’s knowledge and skill at implementation. 6. The format for each session included: (a) mothers reviewing their interactions using the targeted behaviours with their children over the prior week, 7. (b) introduction of the target behaviour, 8. or mother teaching targeted behaviours to the alternate caregiver, 9. (c) watching and discussing the educational videotape, 10. (d) videotaping mothers practicing the behaviours with their children (e.g., toy play, feeding, bathing) 11. with coaching from the facilitator, 12. and (e) review of the video-taped interaction for discussion. 13. During the review, facilitators had the chance to problem solve with mothers about the challenges of integrating responsive behaviours into everyday interactions 14. While viewing the videotapes, mothers had a chance to see mothers of similar backgrounds interacting with their children using the target behaviours. 15. A narrator on the videotape probed for mothers to answer questions about what they were viewing and, in some cases, video segments were repeated so that mothers could verify their understandings. 16. A key component of the intervention was the facilitator coaching mothers to use the target behaviours, 17. including commenting on the children’s responses when these behaviours were used. 18. Mothers were videotaped during this component while they practiced the targeted behaviours. 19. This provided mothers with immediate feedback about their success in using targeted behaviours 20. and supported them to begin to pay close attention to the impact these behaviours had on their young children. 21. Finally, the facilitator also had a discussion with the mother about how and when she would practice the behaviours across the next week. | 1. 3.1 2. D 3. 6.1a 4. 8.6 + 4.1 5. 4.5 6. 2.8 7. 4.1 8. 4.5 9. 6.1aV + D 10. 8.1 11. Coaching 12. 2.2V 13. 1.2 + 8.6 14. 6.1bV 15. - 16. Coaching 17. 2.7 18. 8.1 19. 2.2V 20. 2.7V 21. 8.6 + 1.4 | 1. The remaining sessions included the following topics that were adapted for the developmental period of the child (i.e., infant, toddler / preschool): reading children’s signals, 2. responding with warm and sensitive behaviours, 3. maintaining versus redirecting children’s focus of attention, 4. watching for opportunities to introduce an object or social game, 5. using rich verbal content including names of objects and actions | 1. 12.7.7 2. 12.7.8 3. 12.7.5 4. - 5. 6.1.5 |
| **Eiserman 1992 - USA** | **“Home Parent Training” (mainly based on speech techniques but also included language)**   1. The other half of the children were assigned to a home parent training intervention in which the primary, bimonthly intervention was directed at training mothers in therapeutic techniques. As a part of this intervention, mothers were urged to work with their children at least four times a week using the techniques on which they received training. 2. These procedures were demonstrated for the mothers by the speech-language pathologist working directly with the child. 3. The mothers were then asked to practice these procedures with their child 4. in order for the speech-language pathologist to observe and provide feedback to the mother until the mother had demonstrated mastery of each procedure. 5. As a part of this training, mothers were provided with task analyzed procedures that included charting techniques and data-keeping methods as a basis for the mother to adapt therapy as the child progressed. 6. After each training, mothers were given worksheets, games, and written guidelines to be used during the following 2 weeks. 7. Mothers were encouraged to work daily with their children and to maintain a minimum schedule of 20-30 minutes, four times weekly. | 1. 8.6 + 1.1b 2. 6.1a 3. 8.1 4. 2.2 5. 2.3 + 2.4 6. 12.5 7. 1.4 | None described |  |
| **Eiserman 1995 - USA** | **“Home Parent Training” (mainly based on speech techniques but also included language)**   1. The other half of the children were assigned to a home parent training intervention in which the primary intervention, administered every other week, was directed at training mothers in the use of therapeutic techniques. As a part of this intervention, mothers were urged to work with their children at least four times per week using the techniques on which they had received training. 2. These procedures were demonstrated for the mothers by the speech-language pathologist working directly with the child. 3. After each procedure was demonstrated by the speech pathologist, the mothers practiced each procedure with their child 4. so that the speech-language pathologist could observe and provide feedback to the mother 5. mothers were brought to mastery on each of the procedures using the teaching research method…this methods is a data-based approach that uses behaviour modification techniques and that enables parents to learn to follow task-analysed procedures, as well as how to chart and use other data-recording methods in delivering therapy to their children. 6. After each training, mothers were given worksheets, games, and written guidelines to be used during the following 2 weeks. 7. Mothers were encouraged to work daily with their children and to maintain a minimum schedule of 20 to 30 minutes, four times weekly. | 1. 8.6 + 1.1b 2. 6.1a 3. 8.1 4. 2.2 5. 2.3 + 2.4 6. 12.5 7. 1.4 | None described |  |
| **Falkus 2016 - UK** | **Parent-Child Interaction Therapy (PCIT)**   1. In the first session a video is made of the parent playing with their child. Parent and therapist watch and discuss the video together. The therapist highlights positive strategies used by the parent 2. and introduces the parent rating scale (see Appendix 1). This scale is used by parents to rate themselves and, in the present investigation, as an outcome measure to assess their progress. It lists interaction strategies and parents are asked to rate their performance in the video. 3. A discussion of the objectives of the therapy and their intended effects on the child can then take place. 4. The table in Appendix 2 lists strategies and the rationale for them and is used by therapists in giving advice to parents. 5. The parent chooses a strategy they rated as using ‘never’ or ‘sometimes’ on the parent rating scale and works on this at home during the week. Parental selection of strategy at this stage is used to encourage involvement and ownership of the therapy 6. The therapist explains the chosen strategy, 7. discusses it with the parent and the impact it can have on their child’s communication 8. Parents are asked to practise their chosen strategy by playing at home with their child during 3 to 5 ‘special times’ per week. 9. An information leaflet to support parents in using their strategy at home is given. 10. A further video of the parent and child playing together is made. Parent and therapist watch this together and discuss the parent’s use of the target and other strategies and their impact on the child. The video is paused and replayed where appropriate to highlight specific positive strategies. 11. If the target strategy is being used confidently, a further target strategy is suggested by the therapist, agreed with the parent and discussed. 12. As in session 1 another video is made to practise and observe the new strategy. In this way the parent will practise the use of 3 or 4 strategies during their sessions at the clinic 13. session 4 the therapist will seek to consolidate the strategies that have been practised. They will ensure that parents feel confident about the strategies they will practise during the consolidation period. During the consolidation period parents practise the strategies 14. and try to generalize their use to everyday routines and activities. 15. At the final review appointment parents are invited to comment on their use of the interaction strategies and the impact on their child’s communication. 16. Final video is made of the parent and child playing and is viewed and discussed with the parent who also rates their performance on the parent rating scale. | 1. 2.2V 2. 2.3 3. 5.3c 4. 5.3d 5. 1.1a 6. 4.1 7. 5.3d 8. 8.1 + 8.6 + 1.1b 9. HO 10. 2.2V + 2.8V + 2.7V 11. 1.1a 12. 8.1 13. 8.1 14. 8.6 15. 2.8 16. 2.2V + 2.8V | 1. The table in Appendix 2 lists strategies and the rationale for them and is used by therapists in giving advice to parents. *Some of the rationale contain other strategies.* Letting child choose toy, Following what child wants to do with toy 2. Sitting where child can see you: 3. Lip reading 4. / body language / 5. signing 6. Modelling play for child 7. Waiting for child to start the talking 8. Giving child enough time to talk 9. Showing listening by repeating or answering 10. Commenting on what your child is doing 11. Not asking child questions 12. Praising 13. Talking slowly | 1. 12.7.5 2. 12.7.15 3. SC2 4. SC2 5. SC2 6. 6.1 7. 7.1.8 8. 7.1.8 9. 12.7.8 10. 6.1.2 11. - 12. 10.4 13. 12.7.3 |
| **Fey 1993 - USA** | **Focused Stimulation and Goal Attack**   1. During the 12-week training phase, the project speech-language pathologist made three visits to each child's home to observe the parents administering the techniques with their children to provide feedback on their performance, 2. and to demonstrate the techniques when necessary. 3. These techniques were employed in stories that were created for the children on a weekly basis and given to parents to take home. The parents (or other caregivers) were required to read the story of the week at least once a day.   **The Cyclical Goal-Attack Strategy used in both programs**   1. Four specific goals were selected for each child. Goals were selected so that two or more goals demonstrated a more general grammatical principle or operation. One goal was attacked each week.   *Appendices A and B provide detailed overviews of the*  *focused stimulation procedures and the cyclical goal-attack*  *strategies that were common to both intervention packages (see Fey & Cleave, 1992, for a thorough description of the programs and their underlying rationale) – this could not be accessed; Fey 1986 was used to elucidate focused stimulation.* | 1. 2.2 2. 6.1a 3. 1.4 4. 1.3b | **The focused stimulation procedures employed in both programs**   1. The target form or operation was modelled frequently under semantically and pragmatically appropriate conditions. 2. The child's attempts at the target were recast either through simple expansions or by changing the sentence modality (e.g., the child's use of a declarative sentence might be changed to a yes-no question to highlight the auxiliary form) or by build-ups and breakdowns designed to put the child's target in a highly salient and informative context. 3. In general, the linguistic context was manipulated so that the target was modelled for the child in contexts in which it was highly salient (e.g., sentence-initial position, elliptical contexts, informative contexts). 4. False assertions were used to encourage the children to produce sentences that obligate the use of the target (e.g., That's not your cup to evoke Yes, it is). 5. Contingent queries, especially requests for elaboration, were used frequently to force the child to code linguistically semantic details that were omitted from the child's original message (e.g., Child: eating cookie. Clinician: Who is eating a cookie? Child: boy.). The clinician then expanded the child's sentence using both the original message and the response to the query. This yielded a vertically structured production of the target (e.g., Clinician: Oh, the boy is eating the cookie.). 6. The child might be asked forced-alternative questions that provide a model of the correct use of the target (e.g., You do like it or you don't like it? to evoke I don't like it.). | 1. 6.1 + 6.1.1 2. 6.1.8 3. 6.1 4. 7.1.5 5. 7.1.1 6. 7.1.7 |
| **Fey 1986 (book)** |  |  | 1. There are two key elements in what I refer to as *focused stimulation*  approaches … First, the child is not asked to respond at any time, although the clinician works diligently to arrange the verbal and nonverbal context in such a way that the child is motivated to produce utterances that obligate the use of target forms. 2. Second the clinician produces a high density of the child’s target forms in meaningful and highly functional contexts. The clinician’s talk may focus on the environment (e.g. self-talk 3. or parallel talk), 4. it may be contingent on the child’s utterances (e.g. expansions, 5. expatiations, 6. recast sentences), 7. or the target form can be emphasized prior to *and* following the child’s utterances. | 1. 6.1 + 6.1.1 2. 6.1.3 3. 6.1.2 4. 6.1.9 5. 6.1.9 6. 6.1.8 7. 6.1 |
| **Fey 1994 - USA** | **Focused Stimulation and Goal Attack**   1. to help parents hone skills, to address any questions that arose regarding intervention procedures, 2. Four specific goals of language form were selected for each child in each intervention group 3. Focused stimulation was provided in highly naturalistic tasks. For example, parents who took part in the parent intervention were encouraged to use the techniques as they read to their children, bathed them, played with them, and so on.   *The particulars of the intervention procedures, language*  *sampling contexts, transcription of language samples, reliability of the language sample transcripts, and calculation of DSS are provided in Fey et al. (1993).* | 1. QA 2. 1.3b 3. 8.6 | 1. The primary intervention procedures in both interventions fall under the general rubric of focused stimulation techniques (Fey, 1986; Fey et al., 1993). This includes frequent modelling of target forms 2. and the use of sentence recasts containing target forms in response to child productions (e.g., Nelson, 1977, 1989). 3. the only reinforcers that were provided following target productions were pragmatically appropriate verbal and/or nonverbal consequences to the children's communicative intentions. | 1. 6.1 + 6.1.1 2. 6.1.8 3. 12.7.8 |
| **Fey 1993 - USA** | **Focused Stimulation and Goal Attack**   1. During the 12-week training phase, the project speech-language pathologist made three visits to each child's home to observe the parents administering the techniques with their children to provide feedback on their performance, 2. and to demonstrate the techniques when necessary. 3. These techniques were employed in stories that were created for the children on a weekly basis and given to parents to take home. The parents (or other caregivers) were required to read the story of the week at least once a day.   **The Cyclical Goal-Attack Strategy used in both programs**   1. Four specific goals were selected for each child. Goals were selected so that two or more goals demonstrated a more general grammatical principle or operation. One goal was attacked each week.   *Appendices A and B provide detailed overviews of the*  *focused stimulation procedures and the cyclical goal-attack*  *strategies that were common to both intervention packages (see Fey & Cleave, 1992, for a thorough description of the programs and their underlying rationale) – this could not be accessed; Fey 1986 was used to elucidate focused stimulation.* | 1. 2.2 2. 6.1a 3. 1.4 4. 1.3b | **The focused stimulation procedures employed in both programs**   1. The target form or operation was modelled frequently under semantically and pragmatically appropriate conditions. 2. The child's attempts at the target were recast either through simple expansions or by changing the sentence modality (e.g., the child's use of a declarative sentence might be changed to a yes-no question to highlight the auxiliary form) or by build-ups and breakdowns designed to put the child's target in a highly salient and informative context. 3. In general, the linguistic context was manipulated so that the target was modelled for the child in contexts in which it was highly salient (e.g., sentence-initial position, elliptical contexts, informative contexts). 4. False assertions were used to encourage the children to produce sentences that obligate the use of the target (e.g., That's not your cup to evoke Yes, it is). 5. Contingent queries, especially requests for elaboration, were used frequently to force the child to code linguistically semantic details that were omitted from the child's original message (e.g., Child: eating cookie. Clinician: Who is eating a cookie? Child: boy.). The clinician then expanded the child's sentence using both the original message and the response to the query. This yielded a vertically structured production of the target (e.g., Clinician: Oh, the boy is eating the cookie.). 6. The child might be asked forced-alternative questions that provide a model of the correct use of the target (e.g., You do like it or you don't like it? to evoke I don't like it.). | 1. 6.1 + 6.1.1 2. 6.1.8 3. 6.1 4. 7.1.5 5. 7.1.1 6. 7.1.7 |
| **Fey 1986 (book)** |  |  | 1. There are two key elements in what I refer to as *focused stimulation*  approaches … First, the child is not asked to respond at any time, although the clinician works diligently to arrange the verbal and nonverbal context in such a way that the child is motivated to produce utterances that obligate the use of target forms. 2. Second the clinician produces a high density of the child’s target forms in meaningful and highly functional contexts. The clinician’s talk may focus on the environment (e.g. self-talk 3. or parallel talk), 4. it may be contingent on the child’s utterances (e.g. expansions, 5. expatiations, 6. recast sentences),   or the target form can be emphasized prior to *and* following the child’s utterances. | 1. 6.1 + 6.1.1 2. 6.1.3 3. 6.1.2 4. 6.1.9 5. 6.1.9 6. 6.1.8 7. 6.1 |
| **Fey 1997 - USA** | **Focused Stimulation and Goal Attack**   1. Parents were instructed to utilize the procedures throughout the day, as opportunities arose. 2. They were provided with examples and took part in role-play experiences 3. and group discussions to illustrate how this could be done. 4. The purpose of the group meeting was to provide encouragement to parents so that treatment was maintained 5. and to provide additional instructional assistance where needed. 6. At the outset of intervention, four specific goals were selected for each child | 1. 8.6 2. Role play 3. D 4. 3.1 5. 4.1 6. 1.3b | 1. focused stimulation procedures were implemented in both treatment approaches. This primarily included frequent models of the child’s targets 2. recasts of the child’s sentences in which the target form was used appropriately   *See Fey, Cleave, Long, & Hughes, 1993, for more details.* | 1. 6.1 + 6.1.1 2. 6.1.8 |
| **Fey 1993 - USA** |  |  | **The focused stimulation procedures employed in both programs**   1. The target form or operation was modelled frequently under semantically and pragmatically appropriate conditions. 2. The child's attempts at the target were recast either through simple expansions or by changing the sentence modality (e.g., the child's use of a declarative sentence might be changed to a yes-no question to highlight the auxiliary form) or by build-ups and breakdowns designed to put the child's target in a highly salient and informative context. 3. In general, the linguistic context was manipulated so that the target was modelled for the child in contexts in which it was highly salient (e.g., sentence-initial position, elliptical contexts, informative contexts). 4. False assertions were used to encourage the children to produce sentences that obligate the use of the target (e.g., That's not your cup to evoke Yes, it is). 5. Contingent queries, especially requests for elaboration, were used frequently to force the child to code linguistically semantic details that were omitted from the child's original message (e.g., Child: eating cookie. Clinician: Who is eating a cookie? Child: boy.). The clinician then expanded the child's sentence using both the original message and the response to the query. This yielded a vertically structured production of the target (e.g., Clinician: Oh, the boy is eating the cookie.). 6. The child might be asked forced-alternative questions that provide a model of the correct use of the target (e.g., You do like it or you don't like it? to evoke I don't like it.). | 1. 6.1 + 6.1.1 2. 6.1.8 3. 6.1 4. 7.1.5 5. 7.1.1 6. 7.1.7 |
| **Fey 2006 - USA** | **Responsivity Education + Prelinguistic Mileu Teaching: RE/PMT (modelled after Hanen method) – only RE here, as PMT part was clinican-delivered**   1. The SLP used role-play to teach goals of waiting and following the child’s lead. 2. When necessary, the SLP showed video clips of the child’s PMT sessions that clearly demonstrated the clinician using these and the remaining major RE targets. 3. At least once during the eight sessions, parents were videotaped interacting with their child while engaged in an activity of the parent’s choosing for a period of 5 to 6 min. During this same session, the SLP and parent watched the tape together, first in its entirety without comment. Then, as they viewed the tape again, parents were encouraged to pause the tape whenever they identified an opportunity to respond in a positive manner. The SLP did not point out negative behaviours but rather encouraged parents to critique their own performance, primarily by identifying positive parent responses to child acts. 4. These techniques were supplemented by having parents read the book, You Make the Difference in Helping Your Child Learn (Manolson, Ward, & Dodington, 1995). In most cases, one or more chapters were assigned for each visit. 5. The SLP also assigned tasks for the parents to do with their child. 6. The parents’ success or failure with these tasks was then discussed at the next visit. | 1. Role play 2. 6.1aV 3. 2.8V 4. HW +12.5 5. HW 6. 2.2 | 1. to heighten parents’ awareness of their children’s developing nonintentional and intentional communication behaviours, 2. to encourage parents to wait for their children to produce interpretable behaviours, 3. to encourage parents to attend to their children’s focus of attention by following the child’s lead, and 4. to provide appropriate verbal and nonverbal consequences to their children’s acts. 5. Examples of assignments and targeted behaviours are presented: Identify five different ways your child communicated with you during the last week -Heighten awareness of child’s nonintentional and intentional communication behaviours 6. Count to 10 before making an additional request or comment - Wait for child to produce an interpretable behaviour 7. Play for 5 min with your child, doing what they do, without making any decisions (example: playing a board game without enforcing the rules) - Attend to child’s focus of attention by following child’s lead 8. Complete the language wheel from the You Make the Difference in Helping Your Child Learn (Manolson, Ward, & Dodington, 1995) for a chosen activity - Provide appropriate verbal (e.g., recoding) and nonverbal consequences to child’s acts 9. Identify a familiar routine and choose target words to use consistently during that routine – 10. Provide appropriate verbal (e.g., recoding) 11. and nonverbal consequences to child’s acts | 1. 12.7.7 2. 7.1.8 3. 12.7.5 4. 12.7.8 5. 12.7.7 6. 7.1.8 7. 12.7.5 8. 12.7.8 9. 1.4o 10. 6.1.8 11. 12.7.8 |
| **Fong 2012 Singapore** | **Hanen ITTT, does not attempt to describe intervention, but references** Manolson, A. It takes two to talk. Toronto: Hanen Centre; 1992. *Not accessible.* | **Hanen ITTT** | **Hanen ITTT** | **Hanen ITTT** |
| **Gibbard 2004 same paper as next - UK** | **Parent Based Intervention: PBI**   1. language objectives were set for the parents to work on at home with their child. 2. The group sessions explained and clarified each objective to the parent 3. through structured teaching demonstrations for each language objective set. 4. Practice activities were also devised during the sessions to encourage the parents to think about each language objective flexibly 5. strong emphasis was placed on achieving the language objectives by using daily routines and naturally occurring situations | 1. 1.3b 2. 4.1 3. 6.1a 4. 8.1 5. 8.6 | 1. parents were encouraged to follow their child’s lead at home | 1. 12.7.5 |
| **Gibbard 2004 same paper as previous - UK** | **General care model**   1. the parent received appropriate general (non-specific) verbal advice on techniques and methods to stimulate and develop the child’s language levels … These techniques and suggestions were summarized in a written report, which the family received within 2 weeks of attending the appointment | 1. 5.3d+HO | None described |  |
| **Girolametto 1994 - Canada** | **The Hanen Early Language Program (Manolson 1985)**   1. Parents were provided with a parent guidebook … 2. and videotapes of each mother interacting with her own child were used to teach program strategies. 3. The three home visits were designed to provide families with individual guidance and consisted of a review and discussion of a 5-minute videotaped sample of interaction. 4. During the interaction sample, parents practiced their use of strategies taught in the previous evening’s sessions. 5. The speech-language pathologist subsequently reviewed all home videotapes and prepared written comments for the following evening’s session. 6. The evening sessions were approximately 2 hours long and included a review of the previous week’s instruction, 7. presentation of new information using a combination of participative lectures 8. and videotape analysis, 9. and application section in which the new information was role-played 10. or discussed, 11. and the assignment of home activities. The speech language pathologist presented all of the new information and the parent-assistant facilitated small group activities in the application section and assigned home practice.   *For a complete description of the program content and format see Girolametto, Greenberg, and Manolson (1986) – not able to access* | 1. HO 2. 6.1bV 3. 2.2V 4. 8.1 5. 2.2 6. RE 7. 4.1 8. 6.1aV / 6.1bV 9. Role play 10. D 11. 8.1 + 8.6 | 1. This program trains mothers to increase the frequency of the child’s social interaction in naturally occurring events, 2. by following the child’s lead 3. and responding contingently to the child’s immediate focus. 4. wait with anticipation), which encourage the child’s nonverbal or verbal participation in reciprocal interaction; 5. (b) language modelling strategies (e.g., responsive labels, 6. expansions, 7. extensions, 8. and parallel talk), which increase the contingency of the adult’s responses to the child’s topic or focus; 9. and (c) child oriented strategies (e.g. follow the child’s lead, 10. interpret the child’s cues, 11. respond to the child’s focus of attention), which extend the child’s focus of attention and play. | 1. 12.7.6 2. 12.7.5 3. 12.7.8 4. 7.1.8 5. 6.1.5 6. 6.1.8 7. 6.1.9 8. 6.1.2 9. 12.7.5 10. 12.7.7 11. 12.7.8 |
| **Girolametto 1996 pilot – Canada** | **The Hanen Program for Parents + Focused Stimulation**   1. The program included seven evening sessions to teach program strategies and three individual consultations to provide parents with individual feedback regarding their own and their child's progress. 2. During these consultations, mothers were videotaped interacting with their children in free play. Their videotapes were subsequently reviewed to provide immediate feedback on the use of program techniques 3. And mothers were given an opportunity to practice suggested modifications. 4. During evening sessions, parents observed videotapes illustrating program techniques 5. and engaged in participative lectures, 6. roleplays, 7. and focused discussions 8. Home practice, related to the content of the lectures, was assigned. 9. and parents kept diaries of the child's imitative and spontaneous production of these and other words. 10. Parents taught to use 10 target words in routines which already exist in the home, 11. and trained to record interactions on diary. 12. Parents taught to incorporate program strategies and target words into play. Parents taught to incorporate target words into games at the child's level. Parents taught to use, adapt and make books to focus on target words. 13. Parents taught to create new daily routines, or adapt existing ones, to focus on targets. Parents taught to adapt songs and music to incorporate target words.   *The program content and schedule can be found in Appendices B and C. Paper also references Manolson 1992 for Hanen to be adapted with the focused stimulation approach. Therefore the description provided within the paper was used only (no further references to a more detailed description etc. was given, and to take the Hanen and Focused Stimulation separately may overstate the programme).* | 1. 2.2 2. 2.2V 3. 8.1 4. 6.1aV 5. 4.1 6. Role play 7. D 8. 8.1 + 8.6 9. 2.4 10. 8.6 11. 2.3 + 2.4 12. 8.6 13. 8.6 | 1. The Hanen Program trains parents to: (a) follow the child's lead to establish a joint focus, 2. (b) model language that is contingent on the child's focus (e.g., labels, 3. expansions, 4. comments) 5. and (c) encourage the child's participation in conversation by promoting turn-taking (Manolson, 1992). 6. This program content was adapted to include three modifications consistent with a focused stimulation approach. First, mothers were taught to introduce specific target words during the second parent training session. Parents were given a list of the target words and instructed to use them in naturalistic routines. 7. In the third evening session, parents were trained to model the words in many different contexts, using different exemplars to express different intentions (e.g., request, comment). 8. Second, in the sixth evening session, parents were trained how to select additional lexical targets. 9. Third, in the final evening session parents were taught to expand target words into two-word phrases and model word combinations. 10. Respond to the child's initiations, subtle cues, and activities of interest (no target words) 11. Imitate, 12. interpret, 13. comment, 14. use good questions, 15. wait for a response. 16. Targets to be labelled 5 times in each routines. 17. Imitate 18. and add, 19. interpret, 20. expand, 21. use gesture, 22. emphasize key words, 23. repeat. 24. Parents trained how to select new words 25. and when to teach word combinations.   **Child-Oriented**   1. Respond to child's focus of attention 2. Follow child's lead 3. Match child's style and abilities 4. Organize environment to increase child initiations 5. Enter the child's world by situating self at same physical level, maintaining face-to-face interaction, playing.   **Interaction-Promoting**   1. Take one turn at a time 2. Wait with anticipation 3. Signal for turns 4. Decrease directiveness 5. Use animation, 6. indirect elicitation strategies to motivate child to communicate   **Language-Modelling**   1. Comment on activities of child 2. and self 3. Use contingent labelling 4. Use short, simple utterances 5. Use repetition 6. Expand or 7. extend the child's turn | 1. 12.7.5 2. 6.1.5 3. 6.1.9 4. 6.1.6 5. Turn taking 6. 1.4o 7. 6.1 + 6.1.1 8. 1.4o 9. 6.1.9 10. 12.7.8 11. 6.1.7 12. - 13. 6.1.6 14. 7.1.1 15. 7.1.8 16. 6.1.1 17. 6.1.7 18. 6.1.9 19. - 20. 6.1.9 21. SC2 22. SC3 23. 6.1.1 24. 1.4o 25. - 26. 12.7.8 27. 12.7.5 28. 12.7.1 29. 12.1 30. 12.7.15 31. Turn taking 32. 7.1.8 33. Turn taking 34. 12.7.5 35. 12.7.4 36. 12.1 37. 6.1.2 38. 6.1.3 39. 6.1.5 40. 12.7.1 41. 6.1.1 42. 6.1.8 43. 6.1.9 |
| **Girolametto 1996 - full** | **The Hanen Program for Parents + Focused Stimulation**   1. The 11-week treatment included eight evening sessions to teach program strategies and three home visits to provide parents with individual feedback regarding their own 2. and their child's progress. 3. mothers were videotaped interacting with their children in free play and these videotapes were subsequently reviewed to provide immediate feedback on the use of their program techniques 4. On-the-spot coaching was provided as necessary. 5. parents observed videotapes illustrating program techniques 6. and engaged in participative lectures, 7. role plays, 8. and focused discussions. 9. Home practice, related to the content of the lectures, was assigned 10. and reviewed at the beginning of the subsequent session. 11. First, during the second parent training session, mothers were given a list of the 10 target words and were instructed to incorporate them into existing daily routines. They were taught how to use the target words in response to the child's interest or activity … During the third evening session, parents were trained to set up new routines in order to model the target words in many different contexts using different exemplars. Parents kept diaries of the child's production of the 10 words and these were reviewed at the start of each evening session. A second modification involved training parents to select additional lexical targets once the child had used the target word spontaneously at least three times in three different situations within one week. Parents were taught to replace these targets with new words that (a) their child comprehended but did not say, (b) were motivating, and (c) started with a speech sound their child could produce. | 1. 2.2 2. 2.7 3. 2.2V 4. Coaching 5. 6.1aV 6. 4.1 7. Role play 8. D 9. 8.1 + 8.6 10. RE 11. 8.6 | 1. and asked to repeat the word at least five times during each interaction. 2. For example, if a target word was "baby," the parent was instructed to join in the child's doll play 3. and model the word by using labels, 4. short comments, 5. or expansions (e.g., "baby," "yes, the baby is sleeping"). 6. The third modification occurred during the final evening session in which parents were taught to model two-word combinations | 1. 6.1.1 2. 12.7.5 3. 6.1.5 4. 6.1.6 5. 6.1.9 6. 6.1 |
| **Girolametto 1997** | **The Hanen Program for Parents + Focused stimulation**   1. The 11-week treatment included eight evening sessions to teach program strategies and three home visits to provide parents with individual feedback regarding their own 2. and their child’s progress. 3. During these visits, mothers were videotaped interacting with their children in free play and these videotapes were subsequently reviewed to provide immediate feedback on the use of their program techniques. 4. On-the-spot coaching was provided as necessary. 5. During the 2.5-hour evening sessions, parents observed videotapes illustrating program techniques 6. and engaged in participative lectures, 7. role plays, 8. and focused discussions. 9. Home practice, related to the content of the lectures, was assigned 10. and reviewed at the beginning of the subsequent session. 11. First, during the second parent training session, mothers were given a list of the 10 target words and were instructed to incorporate them into existing daily routines. During the third evening session, parents were trained to set up new routines in order to model the target words in many different contexts using different exemplars. Parents kept diaries of the child’s production of the 10 words, and these were reviewed at the start of each evening session. A second modification involved training parents to select additional lexical targets once the child had used the target word spontaneously at least three times in three different situations within one week. Parents were taught to replace these targets with new words that (a) their child comprehended but did not say, (b) were motivating, and (c) started with a speech sound their child could produce. | 1. 2.2 2. 2.7 3. 2.2V 4. Coaching 5. 6.1aV 6. 4.1 7. Role play 8. D 9. 8.1 + 8.6 10. RE 11. 8.6 | 1. and asked to repeat the word at least five times during each interaction. 2. They were taught how to use the target words in response to the child’s interest or activity, … For example, if a target word was “baby,” the parent was instructed to join in the child’s doll play 3. and model the word by using labels, 4. short comments, 5. or expansions (e.g., “baby,” “yes, the baby is sleeping”). 6. The third modification occurred during the final evening session in which parents were taught to model two-word combinations | 1. 6.1.1 2. 12.7.5 3. 6.1.5 4. 6.1.6 5. 6.1.9 6. 6.1 |
| **Girolametto 2006 book** | **Hanen It Takes Two To Talk**   1. Clinician and parents jointly select communication goals 2. Stages of communication development are explained 3. Group sessions: Review and discussion of home activities 4. Review of information from previous sessions; 5. presentation of new information including new strategies, 6. opportunities to practice strategies 7. with feedback and discussion 8. (incl role play; 9. watching video models); 10. planning for application of strategies at home; Action plans to help with implementing at home 11. Clinician briefly reviews strategies he or she has been practicing and the child’s goals 12. Clinician asks permission to coach during interaction 13. Clinician videotapes approx. 5 mins of interaction during daily routine or play activity coaching as necessary. Together review tape and then re-watch and pause to discuss aspects of interaction, Discussion focuses primarily on successful instances and the link to the child; in addition instances are identified where the parent had difficulty applying strategies or missed an opportunity 14. followed by collaborative problem solving for the future 15. clinician facilitates parents’ self**-**evaluation. 16. The clinician summarizes strategies parent will focus on next week 17. Parent raises any concerns or questions | **Hanen ITTT]**   1. 1.3a 2. 5.3a 3. - 4. RE 5. 4.1 6. 8.1 7. 2.2 8. Role play 9. 6.1aV / 6.1bV 10. 8.6 + 1.4 11. RE 12. coaching 13. 6.1bV +2.2 14. 1.2 15. 2.8 16. SU 17. QA | **Hanen ITTT**   1. and use focused repetitions in naturalistic settings 2. Set up opportunities to encourage words’ use e.g. cloze sentence, 3. and pause and wait. Continue interaction if child does not respond   **Child centred:**   1. Follow the child’s lead 2. Wait for the child to initiate 3. Enter child’s world by being at child’s physical level, maintaining face-to-face interaction, 4. being animated   **Interaction prompting:**   1. Take one turn at a time 2. Wait with anticipation 3. Ask questions that encourage turns on topic 4. Use routines, 5. games, 6. songs to engage children in interactions   **Language modelling strategies:**   1. Imitate 2. Interpret child’s message 3. Responsive labelling 4. Expand child utterances 5. Extend topic of child’s utterances 6. Parallel talk 7. Self-talk 8. Use more decontextualized language when talking to child 9. Use play, books, 10. songs and rhymes | **Hanen ITTT**   1. 6.1.1 2. 7.1.2 3. 7.1.8 4. 12.7.5 5. 7.1.8 6. 12.7.15 7. 12.7.4 8. Turn taking 9. 7.1.8 10. 7.1.1 11. Use routines 12. games 13. 12.5.1 14. 6.1.7 15. - 16. 6.1.5 17. 6.1.8 18. 6.1.9 19. 6.1.2 20. 6.1.3 21. 12.7.1 22. 12.5.2 23. 12.5.1 |
| **Girolametto 2013 book** | **Hanen: It Takes Two To Talk**   1. Parent education; early language intervention; social support 2. Each group session lasts approximately 2.5 hours and includes a combination of interactive presentation, 3. group discussion, 4. videotape analysis, 5. opportunities to practice. 6. Since 1996, a focused stimulation strategy has been added to the language modelling strategies … In this version of It Takes Two To Talk, the clinician and parents jointly select communication goals 7. Each group session includes 1) review and discussion of home activities, including the child’s responses; 8. 2) review of information from previous sessions; 9. 3) presentation of new information, including new strategies; 10. 4) opportunities to practice strategies, 11. with feedback 12. and discussion; 13. and 6) planning for application of strategies at home. 14. First the SLP uses a concrete, experiential activity, which activates parents’ background knowledge and draws on their prior experience (e.g. analysis of a simulated interaction between adults, developing solutions to a hypothetical problem, or role playing an imaginary situation). 15. The next set of activities utilised to teach the rationale 16. and method for implementing a program strategy. The SLP uses a variety of media to present this information in an interesting and engaging manner, including flipcharts, PowerPoint slides, props (e.g. toys, children’s books), 17. and many videotaped examples. 18. Stages of communication development are explained 19. and parents learn to describe how (e.g. words, gestures, vocalisations) and why (e.g. to request, label, comment) their child communicates. 20. The stages of play development are described. 21. Parents also learn how to choose specific communication goals and set up obligatory contexts for their use. 22. To make these presentations dynamic and interactive, group discussions are frequently integrated. For example, after presenting information on a new strategy, parents may watch a videotaped examples and then in small groups identify specific instances of the adult’s use of a strategy and their child’s response. 23. Once the SLP has introduced and demonstrated a new strategy, parents are provided with opportunities to practice and experiment with its application. Practice occurs in simulated contexts during group sessions and in real life contexts in the home. Practice activities within the group session may involve simulating an everyday situation, such as having a snack with a child or playing a familiar game. 24. Parents have an opportunity to role play with partners, attempting to apply the strategy they have just learned. 25. Parents may also practice by evaluating videotaped parent-child interactions. 26. During practice activities, metacognitive strategies are promoted to help parents “remember to remember”, which can be challenging when they try to apply the strategies at home. 27. In class practice activities are summarised as action plans which parents complete during the session so that they have a pre-determined plan for trying out the strategies at home with their children 28. Parents may share their grief and their frustrations with the SLP who needs to exhibit…authenticity, acceptance, empathetic understanding, and unconditional positive regard. Listening to parents without interruption and reflecting on understanding of what they are expressing will communicate acceptance, enabling parents to develop a sense of trust and openness to the learning process. 29. Coaching in the traditional sense is utilised by the SLP while videotaping the parent and child in a video feedback session. In this situation, the parent may need specific, concise feedback so that corrective action can be taken. 30. When reviewing the videotape together with the parent, the SLP’s role of coach becomes one of supporting the parent to blend new skills with existing skills and to promote self-observation, self-evaluation, and self-reflection. The SLP pauses the video frequently, using a process of questioning and reflective listening to facilitate learning. 31. The SLP and parent will then plan how the parents will remember to use this strategy and how to evaluate whether the strategy was used successfully. 32. Feedback should provide ‘knowledge of results’, focusing on specific changes made by the parent and the positive impact it has on the child. 33. The purpose of the video feedback session is for parents to practice programme strategies in real-life contexts, with coaching 34. and feedback from the SLP 35. and to discuss any concerns they may have in relation to their child and the program. 36. Video sessions: The clinician briefly reviews with the parent the strategies he or she has been practicing and the child’s goals. 37. The clinician videotapes approximately 5 minutes of the parent-child interaction during a daily routine or play activity, coaching as necessary to facilitate successful application of program strategies. 38. Immediately following the videotaping, parent and clinician review the videotape from beginning to end with little discussion. They then watch it again, pausing to discuss aspects of the interaction, with the clinician facilitating the parent’s self-evaluation. The discussion focuses primarily on instances in which the parent successfully applied strategies and the consequent positive effect on the child in addition, instances are identified where the parent had difficulty applying the strategies or missed an opportunity to do so 39. followed by a collaborative problem solving around how to address this in the future. 40. The clinician summarizes the strategies the parent will focus on for the next week and in which contexts 41. The parent raises any concerns related to the child and the program. | 1. 3.1 2. 4.1 3. D 4. 6.1aV 5. 8.1 6. 1.3a 7. - 8. RE 9. 4.1 10. 8.1 11. 2.2 12. D 13. 1.4 14. Role play 15. 5.3d 16. 4.1 17. 6.1aV 18. 5.3a 19. 5.3b 20. 5.3a 21. 1.3 22. D 23. 8.1 24. Role play 25. 6.1aV 26. – 27. 1.4 28. Active listening 29. Coaching 2.2 30. 2.8V 31. 1.4 32. 2.2 33. 8.1 + coaching 34. 2.2 35. QA 36. 4.1 37. Coaching 38. 2.8V 39. 1.2 40. SU 41. QA | 1. From 1982 to 1996, the general stimulation version of It Takes Two To Talk was used. This version trained parents to follow the child’s lead in terms of topic and activity 2. and to provide models of language content and form that are contingent on the child’s focus. There were no specific language goals for the children. 3. and parents use focused repetition (i.e. three to five repetitions of a communication pattern) to make these goals salient during naturalistic interactions. 4. They learn to set up obligatory contexts for the goal (e.g. routines where the word ‘go’ may be modelled), 5. to use fillers to encourage the word’s use (e.g. ready set…), and to pause and wait expectantly for a response. They do not use explicit prompts to elicit child productions, however, and if the child does not respond, the parent continues the interaction. Parents also use the same strategies listed in Table 4.1. that are taught in the general stimulation version. 6. Follow the child’s lead 7. Wait for child to initiate 8. Enter the child’ world by being at the child’s physical level 9. Maintaining face-to-face interaction 10. Being animated 11. Take one turn at a time 12. Wait with anticipation 13. Ask questions that encourage turns on topic 14. Use routines, 15. games, 16. songs to engage children in interactions 17. Imitate 18. Interpret child’s message 19. Responsive labelling 20. Expand child’s utterances 21. Extend the topic of child’s utterances 22. Use parallel talk 23. Self-talk 24. Parents learn to wait for their child to initiate an interaction and to then respond sensitively. 25. Parents learn to follow their child’s lead by 26. 1) joining in and playing, 27. 2) imitating what the child says/does, 28. 3) interpreting the child’s message, and 29. 4) commenting on the child’s focus. 30. Parents learn interaction promoting strategies to support conversational turns, such as 1) matching their turns to their child’s turn, 31. 2) asking questions to encourage conversation, 32. and 3) commenting on the child’s focus. 33. Parents learn to model language 34. at their child’s level by 35. 1) labelling what the child is focused on, and 36. 2) expanding the child’s words (i.e. by adding a syntactic or semantic element). 37. Parents learn to promote their child’s receptive language by using more decontextualized language when commenting on the child’s activity or topic. 38. Parents learn to use play as a context for facilitating general language development and the use of their child’s specific communication goals. 39. Parents are taught to use books in an interactive manner to facilitate general language development as well as their child’s specific communication goals. 40. Parents learn to use music and songs to facilitate their child’s general language development and use of specific communication goals. This final evening session also includes a review of the program strategies. | 1. 12.7.5 2. 6.1 3. 6.1.1 4. 12.1 5. 7.1.2 6. 12.7.5 7. 7.1.8 8. 12.7.15 9. 12.7.15 10. 12.7.4 11. Turn taking 12. 7.1.8 13. 7.1.1 14. Routines 15. games 16. 12.5.1 17. 6.1.7 18. - 19. 6.1.5 20. 6.1.8 21. 6.1.9 22. 6.1.2 23. 6.1.3 24. 7.1.8 25. 12.7.5 by 26. 12.7.5 27. 6.1.7, 28. - 29. 6.1.6 30. Turn taking 31. 7.1.1 32. 6.1.6 33. 6.1 34. 12.7.1 by 35. 6.1.5 36. 6.1.9 37. 12.7.1 38. 12.5.2 39. 12.5.1 |
| **Green 2018** | **Adaption of ‘Parents Interacting with Infants’ (PIWI)**   1. Two speech and language goals (i.e. communication behaviours) were targeted for each child participant based on relative weaknesses on the PLS-5 and/or IFSP goals. The goals were introduced one at a time 2. Introduce the daily topic (e.g. Today we will be talking about how materials help children play with others.) 3. Explain Developmental Observation Topic (DOT) 4. Lead discussion 5. Offer observations of the children relating to the DOT 6. Comment to parent about what they have noticed regarding child interactions 7. Model for parents new strategies 8. Model 2-3 pages of book-reading 9. Provide each parent opportunity to read a book 10. Answer any questions parents may have 11. Provide adequate opportunity for parent to practice goal with child 12. independent child play with discussion from facilitator to parents | 1. 1.3b 2. PREP 3. 4.1 4. D 5. 2.7 6. 2.7 7. 6.1a 8. 6.1a 9. QA 10. 8.1 11. D | None given |  |
| **Hampton 2017** | **EMT+ Teach Model Coach Review**  *The EMT intervention is a manualized intervention and includes Teach-Model-Coach-Review procedures for parent instruction and direct child intervention by the therapist … for a full procedure description, see Roberts MY, Kaiser AP. 2012 Assessing the effects of a parent-implemented language intervention for children with language impairments using empirical benchmarks: a pilot study. J Speech Lang Hear Res.;55(6):1655–1670* |  | 1. Responsiveness 2. matched turn-taking 3. target-language modelling 4. language expansions 5. time delays 6. and prompting strategies | 1. 12.7.8 2. turn taking 3. 12.7.1 4. 6.1.9 5. 7.1.8 6. 7.1 |
| **Roberts & Kaiser 2012** | 1. Language targets were chosen for each child prior to the intervention on the basis of the review of language sample transcripts. 2. At the beginning of each phase, the topic for the phase was introduced through an hour-long workshop in which the therapist (a) defined the strategy, (b) provided a rationale for each component of the strategy, 3. (c) described how to do the strategy, 4. (d) showed video examples of the strategy, 5. and (e) answered parent questions about the strategy. 6. Following each 1-hr workshop, parents practiced the specific set of strategies during sessions that occurred twice weekly (one clinic and one home session). 7. Each of the clinic sessions contained four, 15-min segments that occurred in the following order: (a) the therapist reviewed the EMT strategies taught in the workshop (teach); 8. (b) the therapist modeled the EMT strategies with the child (model); 9. (c) the parent practiced the strategies with his or her child 10. with coaching from the therapist (coach); 11. and (d) the therapist provided feedback to the parent, 12. summarized the session, 13. and answered the parent’s questions (review). This teach–model–coach–review method of parent training was used during all sessions. 14. During the initial review segment, the therapist reviewed the target EMT strategies previously discussed in the workshop. 15. Then, she explained these strategies in relation to the selected toys, discussed different ways to play with these toys, 16. and checked for understanding by asking whether the parent had any questions. 17. During the therapist modelling segment, the therapist used all EMT strategies but verbally highlighted the target strategies at least six times during the segment. 18. During the parent–child practice segment, the therapist provided the parent with constructive feedback 19. or specific praise at least once per minute for 15 min. 20. After the session, the therapist asked the parent how he or she felt about the session, summarized how the parent used the target strategies, 21. and related parent use of strategies to child communication during the session. 22. Home sessions followed the same parent training protocol with three additional components. The modelling segment by the therapist occurred only in the play routine at home. 23. Parents also practiced the target strategies while reading a book, eating a snack, and doing a common household routine of their choice. These routines lasted between 3 and 5 min each. 24. During these routines, the therapist provided constructive feedback 25. or specific praise at least once per minute | 1. 1.3b 2. 5.3d 3. 4.1 4. 6.1aV 5. QA 6. 8.1 + 8.6 7. RE 8. 6.1a 9. 8.1 10. Coaching 11. 2.2 12. SU 13. QA 14. RE 15. 4.1 16. QA 17. 6.1a 18. 2.2 19. 10.4 + 2.2 20. SU 21. 2.7 22. 6.1a 23. 8.1 + 8.6 24. 2.2 25. 10.4 | 1. Responses; 2. Turn Taking, 3. Waiting, 4. Mirroring And Mapping 5. Modelling, 6. Expanding verbal and nonverbal communication 7. Time Delay: Assistance, 8. Choices, 9. Waiting With Routine, 10. Waiting With Cue, 11. Inadequate Portions 12. Open Questions, 13. Choice Questions, 14. Say Prompt | 1. 12.7.8 2. Turn taking 3. 7.1.8 4. 6.1.4 5. 6.1 6. 6.1.9 7. 12.1 8. 7.1.7 9. 7.1.8 10. 7.1.8 11. 12.1 12. 7.1.1 13. 7.1.7 14. 7.1.4 |
| **Hancock 2002 Nashville Tn USA** | **BCBS based on EMT**   1. The first 10 to 15 minutes were used to provide the parent with new information 2. and feedback about the previous sessions (e.g., her use of the strategies, the child's behaviour). 3. New information was introduced verbally, 4. using handouts adapted to the parent's reading level, 5. role-plays, 6. and videotapes to show specific examples of new procedures. 7. The parents were given specific instruction about how to use the strategies when interacting with their children during the play interaction practice session. 8. The parent educator also modelled the procedures with the child. 9. Coaching was provided while the parent and child interacted, 10. and specific feedback was given after the practice session. | 1. 4.1 2. 2.2 + 2.7 3. 4.1 4. HO 5. Role play 6. 6.1aV 7. 4.1 8. 6.1a 9. Coaching 10. 2.2 | 1. Balance turns; 2. give child opportunity to respond; 3. increase parent responsiveness to child verbal behaviour; 4. give simple clear instructions, 5. decrease frequency of instructions; 6. increase positive responses following child compliance, 7. increase corrective responses following child non-compliance; 8. decrease parent negative verbal responses, 9. increase parent praise, 10. provide models of appropriate language | 1. Turn taking 2. 7.1.8 3. 12.7.8 4. 12.7.1 5. 12.7.5 6. 10.4 7. ? behaviour 8. - 9. 10.4 10. 6.1 |
| **Hatcher 2018** | **EMT** **+ Teach-Coach-Model-Review**   1. Teach: Describe the purpose of the session; 2. summarize previous session; 3. review the current EMT strategy 4. with parent leaflet/handout; 5. SLT and parent role play for practice 6. Model: SLP interacts with child participant for 10 mins using EMT strategies; SLP draws attention to the specific EMT strategy being trained for that session while interacting with the child 7. SLT points out to parent correct use of strategies (praise); 8. SLT suggests use of a strategy when/if parent misses an opportunity; SLT gives specific feedback on how to use a specific strategy if mere suggestion does not suffice 9. Review: SLT asks parent open-ended questions for parental reflection using questionnaire, 10. SLT reports specific episodes of the impact of parents use of strategy to the parent; 11. SLT summarises parent use of strategies; 12. parent reports concerns and asks questions 13. The SLP provided handouts to the parents 14. and role-play with the parents examples of the strategy (see Appendix A). 15. Most coaching from the SLP included praise 16. and constructive feedback relating to the specific EMT language support strategy being trained; occasionally feedback related to previously taught strategies. | 1. PC 2. SU 3. 4.1 4. HO 5. Role play 6. 6.1a 7. 10.4 8. 2.2 9. 2.8 10. 2.7 11. SU 12. QA 13. HO 14. Role play 15. 10.4 16. 2.2 | Matched turns   1. mirror and mapping, 2. language responsiveness   Expansions:   1. adding one or more content words to the child’s previous utterance; 2. replacing and/or adding words to the child’s previous utterance to make it grammatically correct   Time delays:   1. needing assistance (creating situations in which the child needs help) … Not Enough (providing inadequate portions of preferred materials). 2. give choices (holding up two items and wait for child to communicate about what they want); 3. Waiting in routine (setting up a routine in which the child expects certain actions and then waiting before doing the expected action again);   Verbal prompting strategies:   1. ask open-ended questions; 2. ask choice questions; 3. use say prompts 4. Coach: SLT helps parent set up opportunities to evoke communication from child (arrange environment etc.); | 1. 6.1.4 2. 12.7.8 3. 6.1.9 4. 6.1.8 5. 12.1 6. 7.1.7 7. 7.1.8 8. 7.1.1 9. 7.1.7 10. 7.1.4 11. 12.1 |
| **Hemmeter 1994 USA** | **EMT**   1. The first 15 minutes were used to provide the parent with new information 2. or to provide feedback from previous sessions. 3. Written and videotaped examples from the previous session were used to illustrate correct and incorrect uses of the procedures. 4. Role-playing 5. and modelling were used also to give feedback. 6. The parent was then given specific instructions about what to work on during the 15-minute practice session. 7. During the practice sessions, the trainer provided the parent with coaching as necessary. 8. Coaching involved prompting the parents either verbally or nonverbally to complete teaching episodes correctly. 9. Coaching was implemented when the parent was having difficulty completing a procedure. 10. Coaching also involved praising the parent periodically when the parent completed the steps correctly. 11. The final 15 minutes of the session were used for giving immediate feedback about the practice session, 12. providing suggestions for things the parent and child could work on at home, 13. and making plans for the next session. | 1. 4.1 2. 2.2 3. 6.1bV + 2.2 4. Role play 5. 6.1a 6. 4.1 7. Coaching 8. 7.1a 9. Coaching 10. 10.4 11. 2.2 12. 8.6 + 4.1 13. PC | 1. Training on environmental arrangement, 2. responsive interaction (feedback and modelling the child's targets) and milieu teaching. 3. Incidental teaching 4. Finally, the parent had to model (nonelicitively) the child's targets 15 times in two consecutive sessions. | 1. 12.1 2. 6.1 3. 12.1 4. 6.1 |
| **Hester 1996 USA** | **Milieu Teaching**   1. Presenting specific and accurate information to the parent; 2. showing the parent positive examples of the intervention through modelling, 3. role-playing 4. and video-taped examples, 5. giving parent specific feedback on her use of the milieu procedures with the child, 6. providing specific instructions to the parent about when and how to do milieu teaching 7. and coaching the parent when interacting with their child | 1. - 2. 6.1a 3. Role play 4. 6.1aV 5. 2.2 6. 4.1 7. coaching | *Complete descriptions of the four milieu procedures can be found in Alpert and Kaiser (1992)*  *Descriptions of environmental arrangement can be found in Ostrosky and Kaiser (1991) (NOT ACCESSIBLE)* |  |
| **Alpert & Kaiser 1992** |  |  | 1. model, 2. mand-model, 3. time delay, 4. and incidental teaching procedures, 5. Mothers were encouraged to use the techniques incidentally throughout the day as opportunities to work on the child's language skills naturally occurred. 6. They also were taught to use the techniques to teach language skills that were slightly in advance of the child's current level of functioning. | 1. SQ1 2. SQ2 3. 7.1.8 4. 12.1 5. 12.1 6. 12.7.1 |
| **Hwang 2014** | **TalkBetter (Smartphone Prompting App/equipment)**   1. The key functions of TalkBetter are three-fold: continuous capturing of voice activities from the parent and the child, meta-linguistic conversation lineation to monitor the ongoing turn-taking patterns, and in-situ triggered gentle auditory reminders through the parent’s earphone. | 1. 7.1b | 1. Talk more slowly 2. Wait for the child to talk back 3. Do not interrupt the child before they complete what they say 4. Talk in short (and simple) sentences 5. Respond immediately when the child talks first | 1. 12.7.3 2. 7.1.8 3. 12.7.9 4. 12.7.1 5. 12.7.8 |
| **Iacono** | General Early Intervention programme   1. The mother’s style was also discussed in terms of the strategies she appeared to be using with her child. A list of strategies was included at the end of the summary which aimed to build on the child’s learning style and to fine-tune strategies used by the mother. 2. The team members then discussed their concerns about the child’s communication and listed possible target goals. 3. Methods used to increase language production, … were discussed. The team then decided on specific aims (e.g. increasing signs, use of symbols or spoken words) and potentially useful strategies; here, the parent’s belief about what was most appropriate for her child and what she was most comfortable with was of primary consideration. 4. In the second stage of treatment, … sessions were conducted involving the child, mother, speech pathologist and teacher … The speech pathologist used these sessions to demonstrate teaching strategies, as requested by either the mother or teacher. 5. His direct involvement was reduced over the five sessions, until finally, he observed only, providing feedback upon the mother’s request. 6. Another collaborative consultation session was held, during which a videotape of one of the previous treatment sessions was observed. Here the team used the video to discuss (a) strategies that appeared to be useful in facilitating the child’s communication … and (b) methods of further facilitating the child’s communication. This session was also used to discuss concerns of any member of the team. 7. The remainder of the treatment consisted of having the speech pathologist available to provide feedback 8. and model strategies, but only if requested to do so by the parent. 9. The mothers were encouraged to utilize the treatment procedures outside the actual treatment sessions (although it was not possible to obtain data on the extent to which this occurred). | 1. 2.2 2. 1.3a 3. 1.1a 4. 6.1a 5. 2.2 6. 2.7V 7. 2.2 8. 6.1a 9. 8.6 | 1. Parents were also encouraged to use incidental teaching strategies with their children. 2. following the child’s lead, 3. creating opportunities for the child to take turns within ongoing activities that had become part of the routine in the programme, 4. and providing language models relating to the child’s focus of attention | 1. 12.1 2. 12.7.5 3. Turn-taking 4. 6.1 |
| **Justice 2018** | STAR – Sit Together and Read   1. First, staff provided a general overview of the intervention procedures and general study requirements. 2. Caregivers were told they would receive all books and intervention materials throughout the intervention period, 3. and were instructed to read one book a week, four times, for a total of 15 weeks. In total, caregivers and children were expected to read 60 times throughout the course of the intervention. 4. Caregivers were instructed to audio-record their book reading sessions with a provided audio recorder, and maintain a weekly written log that detailed the dates they read, the duration of each reading, and any additional, non intervention books they read during that week. 5. Second, caregivers viewed a tablet-based PowerPoint presentation highlighting the objectives of the STAR intervention, namely to increase children’s print knowledge by helping them learn more about words, letters, and basic print concepts. 6. The presentation, which took approximately 15 min to view, described specific techniques caregivers could use when reading with their children, such as asking questions about print and tracking the print with one’s finger while reading. 7. The training presentation also included several embedded video clips demonstrating use of these techniques by adults reading with children. 8. Third, after the training presentation was complete, research staff then provided caregivers with detailed study materials to be used for the first three weeks of the 15-week intervention program. This included (1) a set of weekly logs, (2) a small tape recorder and recording media, (3) the books to be read during weeks 1, 2, and 3 (see Appendix for book titles and targets), and (4) a ‘STAR Card’ for each of the books. All the materials were provided in a STAR tote bag. STAR cards are two-sided cards that present two specific print-related skills to target with each book and guidance and examples as to how to embed discussions about these skills within the context of a given book. 9. Finally, the research staff provided a demonstration of how to embed print-related discussions adherent to the STAR card using the first book. 10. Subsequently, caregivers were provided the opportunity to read the first book with their child, guided by the STAR card, 11. and were given general and constructive feedback on their implementation. 12. Caregivers assigned to the reward condition were told that they could receive up to $2.50 per week for completing all four scheduled readings (.50 per reading) and talking about print within at least one reading during the week (.50). 13. After listening to the recording, research staff provided individualized, constructive feedback for caregivers on ways to improve or extend their intervention implementation. 14. Research staff first provided at least one positive reinforcement of the caregiver’s reading efforts (e.g., “You did a great job talking about letters in this book!”). 15. Then, research staff provided caregivers with the next set of books, and offered constructive feedback for the caregiver to consider with the next set of readings (e.g., “In addition to pointing out words on the page with this book, you can also try asking questions about print”). 16. These sessions were led by the research staff, but caregivers were encouraged to ask questions and discuss the feedback provided. 17. in these sessions, research staff demonstrated how to read the next book, highlighting specific pages in the book that appeared facilitative to discussion of specific print targets. 18. Modelling sessions were led by research staff, but caregivers were encouraged to ask questions and discuss throughout. 19. Caregivers assigned to the encouragement condition received an individualized text message or email every 2 weeks, based on caregiver preference. This message of encouragement affirmed the positive influence of the caregiver continuing to read with his/her child and provided positive encouragement (e.g., “Hi [parent name], please remember to read four times this week. By reading and talking about print as you read, you are helping [child name] learn to read!”). | 1. 5.3a 2. 12.5 3. 1.4 4. 2.3 5. 5.3c 6. 4.1 7. 6.1V 8. 12.5 9. 6.1a 10. 8.1 11. 2.2 12. 10.2 13. 2.2 14. 10.4 + 2.2 15. 4.1 16. QA 17. 6.1a 18. QA 19. 7.1b + 3.1 | None given |  |
| **Justice 2005 (same paper as next, different intervention)** | **Experimental Group Task** - home based phonological awareness programme   1. The parent training was conducted in families’ homes in 15-min individual sessions with one of the first two authors. The trainer explained the goal of the tasks (e.g., to help your child develop rhyming skills), 2. followed by a modelling of each of the tasks for the parent. 3. Parents then practiced the tasks with the examiner using the first book of the program 4. and received feedback until they delivered the tasks with 100% accuracy, which averaged one or two trials per task for most parents. | 1. 1.3b 2. 6.1a 3. 8.1 4. 2.2 | **Experimental group**   1. The tasks were implemented in a “search and find” manner, whereby children were given a target word by their parents (provided on the task card in print with an accompanying picture) and were helped to find another word in the book sharing specific phonological similarities with that target. 2. The rhyme task cards featured a labelled picture (e.g., mouse) and the printed instruction “Can you find a word that rhymes with [mouse]?” Similarly, the beginning-sound cards featured a labelled picture (e.g., corn) and the printed instruction “Can you find a word starting with the same sound as [corn]?” 3. such as modelling the correct response, 4. providing adequate wait time, | 1. SC2 2. 6.1.5 3. 7.1.8 |
| **Justice 2005 (same paper as prev, different intervention)** | **Comparison Group Task** – vocabulary intervention   1. The parent training for the comparison group was similar to that of the experimental group. Training was conducted in families’ homes in 15-min individual sessions with one of the first two authors. The trainer explained the goal of the tasks (e.g., to help your child develop knowledge of new words), 2. followed by a modelling of the tasks for the parent. 3. Parents then practiced the tasks with the examiner using the first book of the program 4. and received feedback until tasks were delivered with 100% accuracy. | 1. 1.3b 2. 6.1a 3. 8.1 4. 2.2 | **Comparison Group Task**   1. Each task card featured a labelled, illustrated item (e.g., doll) and the printed instruction “Can you find a [doll] in this book?” 2. using such techniques as modelling the correct response, 3. providing adequate wait time, | 1. SC2 2. 6.1.5 3. 7.1.8 |
| **Kaiser 1995** The Effects of Group Training | **Milieu teaching**   1. These modules included lecture notes, feedback sheets, activity guidelines, handouts, 2. homework assignments 3. In addition to the modules, trainers used videotapes of parents 4. and teachers using the environmental arrangement strategies and Milieu procedures as positive examples. 5. Role playing 6. and group discussion also were included in each session. 7. The trainer videotaped one parent-child interaction session in the family’s home each week. The videotaped lasted sessions 15 minutes. During this the time, the parent practiced what had been discussed during the group training session for that particular week. 8. Based on the parents’ performance and the children’s progress, specific instructions, 9. feedback, 10. and coaching were provided for parent the by the trainer immediately after the practice period. 11. Specific instructions 12. and feedback 13. and coaching were provided to the parent prior to each parent-child interaction session. 14. Videotapes and graphs of parent and child behaviours were to used provide feedback. | 1. HO 2. HW 3. 6.1bV 4. 6.1aV 5. Role play 6. D 7. 8.1 8. 4.1 9. 2.2 10. Coaching 11. 4.1 12. 2.2 13. Coaching 14. 2.2V | 1. Model 2. Time delay 3. Mand-model 4. Incidental teaching 5. Following child’s interest in the environment, a milieu teaching procedure is used to prompt language about the child’s interest 6. Within view out of reach; Assistance – provide materials the child needs assistance with; Inadequate portions – provide small portions so child needs to request additional materials; Sabotage – do not provide all materials needed to complete activity/follow instruction 7. Protest – do something child does not want you to do; Silly situations – create situation that violates child’s expectations | 1. SQ1 2. 7.1.8 3. SQ2 4. 12.1 5. 12.7.5 6. 12.1 7. 7.1.6 |
| **Kaiser 1995** Preparing Parent Trainers | **Milieu teaching**   1. (a) presenting accurate information to the parent; 2. (b) showing the parent positive examples of the intervention through role playing with the parent, 3. written examples, 4. and videotaped examples of the parent 5. or a trainer modelling the procedures with a child; 6. (c) giving the parent specific feedback on her use of the procedures with the child, 7. including praising the parent specifically by describing the parent's correct use, 8. showing the parent graphs of her use of the procedures, and providing the parent with clear directives on how and when to use the milieu procedures; 9. and (d) coaching the parent to implement the milieu teaching procedures as she interacted with her child 10. answering parent questions, and addressing parent concerns 11. Novice trainers were told to start fading their use of coaching during the final three sessions to ensure that the parent's use of the procedures was not dependent on ongoing support from the trainer | 1. - 2. Role play 3. HO 4. 6.1bV 5. 6.1aV 6. 2.2 7. 10.4 + 2.2 8. 2.2V Graph 9. Coaching 10. QA 11. Fading coaching | 1. the steps of the four milieu procedures (the Model, 2. Mand-Model, 3. Time Delay, 4. and Incidental Teaching Procedures), 5. Discuss ways to arrange the environment to facilitate the use of language techniques for training the child's target language responses; | 1. SQ1 2. SQ2 3. 7.1.8 4. 12.1 5. 12.1 |
| **Kaiser 1996** | **Responsive Interaction**   1. The first 15 minutes of the session were devoted to teaching new information, providing feedback, and reviewing data and videotapes from previous sessions. 2. During the second 15 minutes, the parent and the child were videotaped interacting. During this 15-minute, play-based interaction, the parent practiced the responsive interaction techniques 3. and the trainer provided minimal prompting 4. and coaching. 5. During the last 15 minutes, the trainer and the parent discussed the practice session and determined what the parent should work on at home before the next training session. Suggestions for homework or practice activities were typically discussed. 6. verbal descriptions of the procedures were given to the parents, 7. written materials summarizing this information were provided, 8. and videotaped examples were reviewed. 9. After each strategy was introduced, the sessions consisted of trainer coaching 10. and feedback 11. Mothers were also given information about their children's level of language development 12. and specific targets for intervention. Suggestions for play and for use of materials to facilitate child engagement were also provided | 1. 2.2V 2. 8.1 3. 7.1a 4. Coaching 5. HW + 8.1 6. 4.1 7. HO 8. 6.1V 9. Coaching 10. 2.2 11. 5.3b 12. - | 1. nonverbal interaction strategies, including following the child's lead, 2. SOUL (Silence, Observation, Understanding, Listening), 3. pause, 4. and nonverbal mirroring; 5. (b) semantically contingent feedback strategies, including descriptive talk 6. expansion, 7. and requests for clarification of children's communicative attempts; 8. and (c) linguistic modelling 9. at the child's target level. | 1. 12.7.5 2. SQ5 3. 7.1.8 4. 12.7.16 5. 6.1.2 6. 6.1.9 7. 7.1.4 8. 6.1 9. 12.7.1 |
| **Kaiser 1998**  **Overview of 4 interventions USA** | **Discussion of ‘best practice’ for training parents**   1. The core element of effective parent training is providing positive examples of the desired behaviour. Verbal instructions and explanations are less effective than examples provided through in vivo modelling by the parent trainer 2. or videos of the parent, another parent, 3. or the trainer; 4. or through role playing between the parent trainer and the parent. 5. Parents need practice 6. with sufficient support to be immediately successful. Coaching 7. Feedback includes general comments after the practice session, evaluation of the session involving the parent in the review process, 8. and very specific observations about child performance and overall parent use of strategies. 9. A specific plan developed in collaboration with the parent should include goals and objectives of the cointervention … agreed-upon training strategies, and a schedule for implementing the intervention. 10. specific outcome measures for child behaviour, 11. Professional partners must specify what their role will be and what responsibilities they will assume in the cointervention process. 12. practice activities that include opportunities to learn key behaviours, 13. and strategies for promoting generalization to other settings … Generalization and maintenance must be addressed throughout the training process to ensure that the effort involved will result in the desired child outcomes. | 1. 6.1a 2. 6.1bV 3. 6.1aV 4. Role play 5. 8.1 6. Coaching 7. 2.2 8. 2.7 9. 1.1a 10. 1.3a 11. PC 12. 8.1 13. 8.6 + 4.1 | **Milieu Teaching (Alpert & Kaiser 1992)**   1. Environmental Arrangement 2. Modeling 3. Mand Modeling 4. Time delay 5. Incidental teaching | 1. 12.1 2. SQ1 3. SQ2 4. 7.1.8 5. 12.1 |
| **Kaiser 1998** | **Discussion of ‘best practice’ for training parents**   1. The core element of effective parent training is providing positive examples of the desired behaviour. Verbal instructions and explanations are less effective than examples provided through in vivo modelling by the parent trainer 2. or videos of the parent, another parent, 3. or the trainer; 4. or through role playing between the parent trainer and the parent. 5. Parents need practice 6. with sufficient support to be immediately successful. Coaching 7. and providing functional support (e.g., by arranging the environment or by backing up the parent in a difficult interaction by shifting the activity before the child loses attention) during practice sessions help parents be successful early in training and allow them to experience the immediate positive effects of the strategies they are learning. 8. Feedback includes general comments after the practice session, evaluation of the session involving the parent in the review process, 9. and very specific observations about child performance and overall parent use of strategies. 10. A specific plan developed in collaboration with the parent should include goals and objectives of the cointervention … agreed-upon training strategies, and a schedule for implementing the intervention. 11. specific outcome measures for child behaviour, 12. Professional partners must specify what their role will be and what responsibilities they will assume in the cointervention process. 13. practice activities that include opportunities to learn key behaviours, 14. and strategies for promoting generalization to other settings … Generalization and maintenance must be addressed throughout the training process to ensure that the effort involved will result in the desired child outcomes. | 1. 6.1a 2. 6.1bV 3. 6.1aV 4. Role play 5. 8.1 6. Coaching 7. 12.1 8. 2.2 9. 2.7 10. 1.1a 11. 1.3a 12. PC 13. 8.1 14. 8.6 + 4.1 | **Responsive Interaction (Kaiser 1996)**   1. Following child's lead 2. Semantically responsive feedback 3. Model talk at target level 4. Expansion of child utterances 5. Balanced turn-taking | 1. 12.7.5 2. - 3. 12.7.1 4. 6.1.9 5. Turn taking |
| **Kaiser 1998** | **Discussion of ‘best practice’ for training parents**   1. The core element of effective parent training is providing positive examples of the desired behaviour. Verbal instructions and explanations are less effective than examples provided through in vivo modelling by the parent trainer 2. or videos of the parent, another parent, 3. or the trainer; 4. or through role playing between the parent trainer and the parent. 5. Parents need practice 6. with sufficient support to be immediately successful. Coaching 7. Feedback includes general comments after the practice session, evaluation of the session involving the parent in the review process, 8. and very specific observations about child performance and overall parent use of strategies. 9. A specific plan developed in collaboration with the parent should include goals and objectives of the cointervention … agreed-upon training strategies, and a schedule for implementing the intervention. 10. specific outcome measures for child behaviour, 11. Professional partners must specify what their role will be and what responsibilities they will assume in the cointervention process. 12. practice activities that include opportunities to learn key behaviours, 13. and strategies for promoting generalization to other settings … Generalization and maintenance must be addressed throughout the training process to ensure that the effort involved will result in the desired child outcomes. | 1. 6.1a 2. 6.1bV 3. 6.1aV 4. Role play 5. 8.1 6. Coaching 7. 2.2 8. 2.7 9. 1.1a 10. 1.3a 11. PC 12. 8.1 13. 8.6 + 4.1 | **Enhanced Milieu Teaching (Hemmeter & Kaiser, 1994)**   1. Environmental Arrangement   **Responsive Interaction**   1. Semantically responsive feedback Parent comments follow child's topic and activity leads. 2. Talk is about what child is doing. 3. Parent responds directly to child content. 4. Expansions Parent verbal responses expand preceding child utterance to include more complete syntax, more specific vocabulary, or more information. 5. Talk at child's target level Parent verbal responses are more complex than child's but within the range of language the child can imitate and understand. 6. Balanced turntaking - Parent and child have approximately equal numbers of communicative turns.    1. Parent pauses and listens to child    2. and limits talk to give child opportunities to initiate and respond.   **Milieu Teaching**  *Model*   1. Model   Partial response   1. Corrective model   Correct response   1. Expansion 2. and positive feedback   *Mand Model*   1. Choice Mand   Correct response   1. Expansion 2. and functional consequence   *Time delay*   1. Time delay   Partial response   1. Corrective model   Correct response   1. Expansion 2. and functional consequence   *Incidental teaching*   1. Nonverbal request 2. Model   Corrective response   1. Expansion 2. and functional consequence | 1. 12.1 2. 6.1.6 3. 6.1.2 4. 12.7.8 5. 6.1.9 6. 12.7.1 7. Turn taking BY:    1. 7.1.8    2. 12.7.10 8. 6.1 9. 6.1.8 10. 6.1.9 11. 10.4 12. 6.1 13. 6.1.9 14. 12.7.8 15. 7.1.8 16. 6.1.8 17. 6.1.9 18. 12.7.8 19. 12.7.7 20. 6.1 21. 6.1.9 22. 12.7.8 |
| **Kaiser 1998** | **Discussion of ‘best practice’ for training parents**   1. The core element of effective parent training is providing positive examples of the desired behaviour. Verbal instructions and explanations are less effective than examples provided through in vivo modelling by the parent trainer 2. or videos of the parent, another parent, 3. or the trainer; 4. or through role playing between the parent trainer and the parent. 5. Parents need practice 6. with sufficient support to be immediately successful. Coaching 7. Feedback includes general comments after the practice session, evaluation of the session involving the parent in the review process, 8. and very specific observations about child performance and overall parent use of strategies. 9. A specific plan developed in collaboration with the parent should include goals and objectives of the cointervention … agreed-upon training strategies, and a schedule for implementing the intervention. 10. specific outcome measures for child behaviour, 11. Professional partners must specify what their role will be and what responsibilities they will assume in the cointervention process. 12. practice activities that include opportunities to learn key behaviours, 13. and strategies for promoting generalization to other settings … Generalization and maintenance must be addressed throughout the training process to ensure that the effort involved will result in the desired child outcomes. | 1. 6.1a 2. 6.1bV 3. 6.1aV 4. Role play 5. 8.1 6. Coaching 7. 2.2 8. 2.7 9. 1.1a 10. 1.3a 11. PC 12. 8.1 13. 8.6 + 4.1 | **Blended Language and Behaviour Intervention (Delaney & Kaiser 1997)**  *Environmental arrangement (as above)*   1. Environmental Arrangement   *Responsive Interaction (as above)*   1. Following child's lead 2. Semantically responsive feedback 3. Model talk at target level 4. Expansion of child utterances 5. Balanced turn-taking   *Milieu Teaching (as above)*   1. Environmental arrangement 2. Modelling 3. Mand Modelling 4. Time delay 5. Incidental teaching   *Behaviour support techniques* | 1. 12.1 2. 12.7.5 3. ? 4. 12.7.1 5. 6.1.9 6. Turn taking 7. 12.1 8. SQ1 9. SQ2 10. 7.1.8 11. 12.1   behaviour |
| **Kaiser 2003** | Enhanced Milieu Teaching   1. Parent educators must be able to implement the intervention with children, to instruct parents in performing the intervention, 2. and to trouble shoot with parents in their use of it, in order to provide specific feedback, 3. coaching, and guidance toward effective implementation. 4. (a) have conceptual knowledge of the procedures so that she can talk to the parent about the rationale for each aspect of the teaching protocol, 5. (b) place the intervention in the framework of the child’s current developmental characteristics, (c) relate the parent’s behaviour to the goals of the intervention and the family’s goals for the child and themselves, 6. and (d) answer the parent’s questions. These skills link the parent educator’s ability to perform the intervention directly to her skills in teaching the parent to implement the intervention   Skills for teaching parents   1. Collaborative goal setting with parents 2. and giving feedback 3. and provide corrective feedback 4. Teaching to facilitate generalisation to everyday settings and maintenance over time   Strategies for Teaching Parents   1. Set goals for the child and for the parent collaboratively with parent 2. Include practice in implementing the procedures with the child in each session 3. Coach 4. and give specific feedback to support parent during practice with child 5. Teach for generalization and maintenance; when possible teach across settings, involve other caregivers, provide booster sessions 6. First, we teach using concrete positive examples of the desired behaviour. Parent educators model the specific skill, 7. show videotapes of the parent doing the skill or other parents with similar children performing the strategy. 8. Scripted examples, cartoons or photos with key words, and videotapes of the procedures are given to the parents to take with them. 9. give positive, descriptive feedback; 10. We illustrate the principle with positive examples from the parent and child’s videotaped sessions. 11. We model with the child 12. and then ask the parent to role play with the parent educator 13. and practice with the child. 14. we teach with generalization and maintenance as outcome goals. The parent is asked to generate examples of times when she can use each procedure at home 15. and to keep notes about her use of the procedures between training sessions. 16. Parent educators must have skills in coaching 17. and giving parents feedback in their use of the target skills being taught 18. Parent educators provide assistance to parents while still staying in the background of the parent-child practice interactions. E.g., the parent educator may quietly prompt the parent … while the parent plays with the child. 19. Most feedback is verbal descriptions of what parents are doing correctly; however, summary level feedback using graphs, completed implementation checklists, or short written progress notes also are provided. 20. Pre and post-training videotapes, transcriptions of parent-child interactions, and graphs and test data showing child’s progress provide parents with permanent products indicating their learning and the effects of their learning on their children’s behaviour and development. | 1. 4.1 2. 2.2 3. Coaching 4. 5.3d 5. 1.1a + 1.3a 6. QA 7. 1.1a + 1.3a 8. 2.2 9. 2.2 10. 8.6 11. 1.1a + 1.3a 12. 8.1 13. Coach 14. 2.2 15. 8.6 16. 6.1a 17. 6.1bV 18. HOV 19. 2.2 20. 6.1bV 21. 6.1a 22. Role play 23. 8.1 24. 8.6 + 1.4 25. 2.3 26. Coaching 27. 2.2 28. 7.1a 29. 2.2 + 2.2V 30. HOV | 1. Balance turns 2. Give children an opportunity to respond 3. Be responsive to child verbal behaviour 4. Follow the child’s lead 5. Give simple, clear instructions 6. Give a limited number of instructions 7. Decrease negative verbal responses 8. Praise often 9. Talk at the child’s target level 10. Expand child utterances 11. Teach to parent: behaviour and communication, praise, 12. omit negative feedback, 13. ask for clarification 14. In teaching new information, we first teach the principle (e.g., balance turns in conversations), 15. then the specific applications (e.g., limiting parent talk, 16. pausing to give the child a turn, 17. nonverbal mirroring). 18. Environmental arrangement 19. Parent responds quickly to child 20. Parent often at child’s eye level 21. Instructions are brief, clear 22. Parent engages in conversation with child 23. Parent talks at child level 24. Parent responds to content of child talk 25. Parent seeks clarification when child meaning are not understood 26. Parent expands child utterances 27. Parent responds to child requests 28. Parent talks about what child is doing 29. Parent balances turns with child 30. Parent prompts language at target levels 31. Model 32. Mand 33. Time delay 34. Incidental teaching | 1. Turn taking 2. 7.1.8 3. 12.7.8 4. 12.7.5 5. 12.7.1 6. 12.7.5 7. - 8. 10.4 9. 12.7.1 10. 6.1.9 11. 10.4 12. - 13. 7.1.4 14. Turn taking 15. 12.7.10 16. 7.1.8 17. 12.7.16 18. 12.1 19. 12.7.8 20. 12.7.15 21. 12.7.1 22. 12.7.6 23. 12.7.1 24. 12.7.8 contingently 25. 7.1.4 26. 6.1.9 27. 12.7.8 28. 6.1.2 29. Turn taking 30. 7.1 31. SQ1 32. SQ2 33. 7.1.8 34. 12.1 |
| **Kaiser 2007 USA** | **EMT**   1. The strategies for training parents to implement specific language teaching procedures have followed three general forms: (a) group instruction emphasizing principles of interaction … (b) group instruction plus limited individualised instruction 2. and feedback ... 3. and (c) extended individualised instruction … 4. When individualised instruction to parents included well defined specific training techniques such as coaching, 5. feedback, and specific targeting of child goals. 6. Selecting specific short-term goals for children’s communication and strategies for parents in supporting these goals.   Table 1   1. Setting Short term goals; Framing long-term goals 2. can be modelled in a variety of ways 3. or taught through coaching 4. and feedback. 5. Interventionists can assist parents in using the Milieu Teaching procedures by scaffolding the environment (e.g., helping parents choose activities, arrange materials, introduce additional objects into routines) 6. and by cuing parents to prompt when children are engaged and ready to communicate. 7. Interventionists should continue to model the mix of EMT procedures when introducing the Milieu Teaching prompts and 8. After parents have learned the basic EMT strategies, it is helpful to provide models of other skills that can be taught using these techniques. 9. They will also practice with children for brief periods of time to prepare them to respond optimally to parents’ use of the EMT procedures. For example, when children are first beginning to imitate verbally, they may not respond to verbal models presented as part of the modelling procedure. If interventionists practice with children until they are attempting to respond (e.g., making any vocalisation after being requested to “Say more”) it will be much easier and more reinforcing for parents when they attempt to use the Model procedures. 10. They also will use their skills as child behaviour managers to scaffold parents’ success as language teachers. That is, interventionists will provide the background behaviour management support that allows parents to focus on the communicative aspects of the interaction 11. Present new information in the format parents prefer (oral, written, model, video); 12. invite parents questions after each short segment of presenting information; 13. invite parents to give feedback about clarity of presentation; 14. review and summarize key points of new content 15. before practicing 16. Feedback describes the positive aspects of parent behaviour and the effects of the parent on the child; 17. Formative feedback is provided to parent throughout each session and at the end of each session; summative feedback is provided at least once each month for both parent and child behaviour. 18. Parents invited to give feedback about as often as interventionists provide feedback to them; 19. coaching strategies include cuing the parent to use a specific strategy, giving parents exact words to use during interactions 20. and scaffolding the interaction indirectly (providing materials, 21. managing behaviour, supporting the child to participate) 22. coaching strategies are previewed with parents and specific timing and type are selected by parents 23. feedback about coaching is sought after each session in which it is used. 24. Simple forms for tracking children’s communication during routines and activities are provided for parents. Parents anecdotal reports are invited and recorded as part of the formative evaluation. 25. Interventionists provide summative evaluation. Interventionists document children’s communications progress, with specific examples from observations. A summary parents’ contributions in meeting children’s goals and addressing families’ priorities documents parents’ participation, skills, and accomplishments. Families are given copies of the formative and summative evaluations and the results are summarised verbally by the interventionists. 26. Presenting new information also includes modelling for the parents. Modelling provides positive examples of the EMT procedures with emphasis on doing rather than talking about the procedure. Modelling is brief, regardless of whether it is completed directly with target children or occurs when the parent and interventionist watch selected videotaped examples together. Videotaped examples can include clips of interventionists or previous parents modelling the strategies or clips of the parent with whom the interventionist is currently working implementing a strategy effectively. Modelling with children can be the most effective demonstration for the parents, but it can be challenging to implement effectively. 27. Immediately invite parent questions. 28. Model briefly several times if possible, 29. then invite parents to take a turn. 30. Review the steps of the procedure with parents. 31. Help them set up the interaction with their children, and scaffold the interaction with prompts and supports as needed. 32. A handout on the procedure summarising the strategy and giving specific examples using children’s targets and families’ routines is provided. 33. Additional videotaped models might be used in the training session or left for parents to watch before the next session. 34. Although providing positive examples and introducing new information are essential to training, interventionists also must be able to tell parents exactly what to do to implement the EMT procedures, using precise step-by-step instructions. Clear instructions state the positive behaviour, in a sequence of small steps, with no extraneous information. 35. (a) give clear, simple instructions that tell parents exactly what to do 36. (c) give positive feedback for approximations to following the instruction as well as for successfully implementing the procedure 37. First describe at least three things the parent did very well during the session 38. Interventionists can respond to their comments with specific information that will help parents fine tune their use of the procedure. 39. If parents do not express specific concerns or identify problems in implementing the procedure, interventionists can suggest modifications to fine tune the procedure 40. and again ask the parent for input 41. Coaching is a specific strategy for prompting and cuing parents. 42. Interventists plan the coaching episodes in advance with parents. They describe what coaching is, why it is used (to help the parent immediately use the EMT strategies correctly to support new child communication skills), and how they will do it. 43. Coaching can include nonverbal assistance (handing parents materials for choices, adding materials to sustain children’s interest), behaviour management, 44. verbally cuing parents to teach 45. as well as brief positive feedback. 46. Three steps are important in coaching (a) planning with parents before the practice sessions, (b) using a coaching strategy that is immediately effective in supporting parents’ use of the EMT procedure, 47. and (c) getting the parents evaluation of the form and effectiveness of coaching immediately after the session. | 1. 4.1 2. 2.2 3. 4.1 4. Coaching 5. 2.2 6. 1.3b 7. 1.1a or b / 1.3a or b 8. 6.1 9. Coaching 10. 2.2 11. 12.5 12. 7.1a 13. 6.1a 14. 6.1a 15. Preparing child for behaviour change!? 16. Behaviour management 17. 4.1 18. QA 19. Invite feedback 20. RE 21. 8.1 22. 2.2 + 2.7 23. 2.2 + 2.7 24. Invite feedback 25. 7.1a 26. 12.5 27. Child behaviour management 28. coaching 29. Invite feedback 30. 2.4 31. SU + 2.2 32. 6.1a + 6.1b + 6.1aV + 6.1bV 33. QA 34. 6.1a 35. 8.1 36. RE 37. 7.1a 38. HO 39. 6.1aV / 6.1bV 40. 4.1 41. 4.1 42. 2.2 43. 2.2 44. 2.2 45. 2.2 46. 2.8 47. 7.1a 48. PC 49. 12.5 + behaviour management 50. 7.1a 51. 2.2 52. PC 53. Invite feedback | 1. EMT blends three components (Figure 1): (a) Environmental Arrangement to support language learning and language teaching (choosing activities of interest to the child. Arranging for natural opportunities to prompt language for natural opportunities to prompt language, and natural positive consequences of using language); 2. (b) Responsive Interaction strategies (balanced turn-taking, 3. non-verbal mirroring, 4. verbal responsiveness, 5. nonelective language modelling, 6. and expansions); 7. and (c) Milieu Teaching episodes (prompting children to use more elaborate language with elicitive modelling, 8. Mand-Model, 9. Time Delay, 10. or Incidental Teaching procedures).   Table 1   1. Begin with nonverbal choices, pictures or single words, teach choice making 2. or simple Elicitive Modelling 3. with immediate functional consequences 4. Teach parents to implement routine and to prompt communication 5. Teach parent to…Follow child’s lead in play and interaction 6. Assist parent in reading child’s communicative cues 7. Increase nonverbal turn taking 8. Increase responding to verbal communication 9. Extend communicative interactions 10. Teach mirroring child’s action and mapping with language 11. Teach expanding child’s verbal communication 12. Teach responding to child communication 13. with talk at the child’s target level and embedding child targets 14. Environmental arrangement 15. Teach parent to use the EMT modelling procedure in response to child requests 16. Teach parent to use EMT Mand-Model procedure in response to child requests 17. Teach parent to use the time delay procedure 18. Following children’s lead in play because the activity does not have another goal. 19. Increasing nonverbal turn-taking, 20. mirroring children’s nonverbal behaviour, 21. and reading children’s communication cues 22. and responding to them with meaningful verbalizations 23. encourage parents to intersperse their prompts into the flow of Responsive Interaction.   Table 3: therapist 🡪 child   1. Environmental arrangement 2. Modelling child targets 3. and target level language 4. EMT prompting procedures model 5. Mand model 6. Time delay 7. Incidental teaching 8. Behaviour management | 1. 12.1 2. Turn taking 3. 12.7.16 4. 12.7.8 5. - 6. 6.1.9 7. 6.1 8. SQ2 9. 7.1.8 10. 12.1 11. 7.1.7 12. 6.1 13. 12.7.8 14. 7.1 15. 12.7.5 16. 12.7.7 17. Turn taking 18. 12.7.8 19. 12.7.6 20. 6.1.4 21. 6.1.9 22. 12.7.8 23. 12.7.1 24. 12.1 25. SQ1 26. SQ2 27. 7.1.8 28. 12.7.5 29. Turn taking 30. 12.7.16 31. 12.7.7 32. 12.7.8 33. 7.1 34. 12.1 35. 6.1 36. 12.7.1 37. SQ1 38. SQ2 39. 7.1.8 40. 12.1 41. behaviour |
| **Kaiser 2013 parents as communication partners** | **EMT + Teach model coach review**   1. Introduction involves previewing the material that is the focus of the teaching. 2. Illustration includes a demonstration of the use or application of the knowledge or skill. 3. Practice involves the adult learner using the new knowledge or skill. 4. Reflection is engaging the adult learner in a self-assessment regarding his or her knowledge. Mastery extends reflection by engaging the adult learner in a self-assessment that is linked to a set of external standards. 5. We highlight family strengths by showing videos of existing positive interactions between parents and children 6. and by pointing out how the interaction strategies that parents already use have contributed positively to their child’s development. 7. Finally, we emphasize the effects of parents’ use of language support strategies on their child’s communication rather than simply focusing on changing parents’ behaviours. 8. Parent training begins with the teach component, which involves two parts. First, the parent attends a 60-min workshop without their child to focus on learning specific EMT strategies (the sequence of teaching the strategies is discussed in the next section). During this workshop, the parent learns about the target strategy by listening to an overview of the strategy. This includes a description of the strategy with examples, specific steps to implement the strategy, 9. and a rationale for using the strategy. 10. Next, the parent watches a video in which they are using the target strategy to some degree and their child has a positive response to their use of the target strategy, 11. and another video in which they fail to use the strategy and the child does not respond as positively. 12. This contrast demonstrates to the parent the impact that their behaviour has on their child’s communication. 13. The therapist summarizes the key steps in the strategy with additional simple examples. 14. Next, the parent role-plays with the therapist to practice the target strategy. 15. The parent is given goals for their use of each target strategy that include when to use the strategy and how often or how accurately the strategy is to be used. Examples of parent goals are provided in Table 1. 16. The parent is shown graphs illustrating their initial levels of the target behaviour. As training continues, they are shown graphs illustrating their levels of previously learned skills before and after training. 17. Last, the parent and the therapist discuss how the target strategy may be implemented across the day at home in familiar routines. 18. The second part of the teach component occurs during the first 10–15 min of the next EMT therapy session following the workshop. Both the parent and the child are present. During this first part of the practice session, the therapist asks the parent about their understanding and comfort with the specific EMT strategy taught in the workshop and how they think their child will or is responding to the strategy. 19. Then, the therapist reviews the key elements of the target strategy 20. and briefly practices with the parent by role-playing. 21. Before beginning practice with the child, therapists ask the parent if they have questions and answers any questions the parent poses. 22. After the brief review of the target strategy, the therapist models the target strategy with the child. During this 15- to 20-min segment, the therapist models with the child during a routine or activity of the parent’s choice. The therapist verbally highlights the strategy while interacting with the child. 23. After watching the therapist use the strategy with the child, the parent then practices for 15–20 min. 24. During this practice session, the therapist provides coaching in the form of praise 25. and constructive feedback. 26. Following this practice session, the parent and therapist review the session. The therapist begins by asking the parent about their perceptions of the session. 27. The parent and therapist discuss the session. 28. The therapist summarizes their impressions of the session by describing the parent’s use of the strategy in relation to the child’s communicative behaviour. 29. EMT strategies are taught sequentially using the Teach-Model-Coach-Review approach. | 1. PC 2. 6.1a 3. 8.1 4. 2.8 5. 6.1bV 6. 2.2 7. 2.7 8. 4.1 9. 5.3d 10. 6.1bV 11. 6.4 12. 2.7 13. 4.1 14. Role play 15. 1.1b 16. 2.2V 17. 8.6 + 1.4 18. 2.8 19. RE 20. Role play 21. QA 22. 6.1a 23. 8.1 24. 10.4 25. 2.2 26. - 27. – 28. 2.2 + 2.7 29. Teach model coach review | 1. following the child’s lead in conversation and play, 2. responding to communicative initiations from the child 3. with target language, 4. expanding child utterances by adding words to increase complexity while maintaining the child’s meaning, 5. arranging the environment to support and elicit communication from the child, 6. and systematic use of milieu teaching prompts (model, 7. mand-model, 8. time delay, 9. and incidental teaching). 10. Play and engage: Choose interesting and engaging toys; join the child by actively playing with the toys he chooses; teach target level play actions and sequences 11. Notice 12. and respond; 13. Sit face to face with the child; 14. follow the child’s lead; 15. respond to all child communication 16. Balance turn-taking: balance turns by responding to each child utterance with only one comment 17. Mirroring and mapping: imitate the child’s nonverbal actions (mirror) and model (map) language to these actions 18. model, 19. show, and give gestures; model target signs 20. or words; 21. expand child communication by adding words 22. and or symbols 23. Environmental arrangement strategies: Assistance, … inadequate portions 24. choices, 25. waiting with routine, waiting with cue, 26. EMT prompting strategies: Open questions 27. choice questions, 28. “Say” prompt, 29. First, parents are taught strategies for playing and engaging with their child across naturally occurring routines and activities. Parents learn to choose toys and activities that are interesting and motivating for their child. Parents learn specific strategies for playing with toys and structuring daily activities that are appropriate for their child’s developmental level. 30. Second, parents are taught to notice 31. and respond to their child’s communicative attempts. 32. Parents are encouraged to sit face to face with their child 33. Third, parents learn to balance communicative turns, first by waiting for their child to communicate, 34. and second by responding to communication with only one verbal turn. 35. Fourth, parents learn to “mirror” (i.e., imitate their child’s actions) and “map” (i.e., provide a specific target word for these actions). 36. they are taught to respond using specific language models. Language models are (a) at the child’s specific target level, (b) forms the child is ready to learn, and (c) appropriate for the child’s specific focus of interest and actions. 37. When children communicate, parents are taught to expand their child’s communication by adding a semantically meaningful word. 38. Sixth, parents are taught several environmental arrangement strategies that involve structuring activities in ways that increases the likelihood that children will initiate communication without verbal prompting. 39. Finally, parents learn to use specific milieu teaching prompting strategies. These prompting strategies include using open-ended questions, 40. choice questions, 41. and direct prompts (“say” prompts) to elicit child target language. | 1. 12.7.5 2. 12.7.8 3. 12.7.1 4. 6.1.9 5. 12.1 6. SQ1 7. SQ2 8. 7.1.8 9. 12.1 10. 12.7.5 11. 12.7.7 12. 12.7.8 13. 12.7.15 14. 12.7.5 15. 12.7.8 16. Turn taking 17. 6.1.4 18. 6.1 19. SC2 20. 6.1 21. 6.1.9 22. SC2 23. 12.1 24. 7.1.7 25. 7.1.8 26. 7.1.1 27. 7.1.7 28. 7.1.4 29. 12.1 30. 12.7.7 31. 12.7.8 32. 12.7.15 33. 7.1.8 34. Turn taking 35. 6.1.4 36. 12.7.1 37. 6.1.9 38. 12.1 39. 7.1.1 40. 7.1.7 41. 7.1.4 |
| **Kaiser 2013 paret-implemented** | **EMT**   1. Generally, three or four broad classes of language targets were selected for each child 2. parents participated in an interactive workshop that included individualized information about language development, behaviour, play, environmental arrangement, and routines that are foundational to the EMT intervention. The workshops lasted between 2 and 3 hr, 3. and the parents received a notebook of information about each topic and handouts that provided specific, individualized information about their child’s language development. 4. Each module contained a target skill or set of closely related skills to be taught; defined the component behaviours; gave examples of the skill in context; 5. and included handouts, 6. homework, 7. and video recorded examples. 8. (a) training on a specific EMT strategy, 9. (b) the therapist-implemented EMT session, (c) the parent-implemented EMT session, and (d) a review of the day’s session 10. and a plan for the next session. 11. the parent trainer provided the parent with graphed or summative feedback from the last session 12. and discussed the EMT strategy the parent would be learning or practicing that day. 13. Following this initial parent training, an experienced child therapist implemented the full range of EMT strategies during play sessions with the child … the parent trainer and parent watched the session from an observation room. While the parent watched the session, the parent trainer verbally described the child therapist’s use of the target EMT strategy. 14. the parent played with his or her child for 10 min and practiced the EMT strategies he or she had learned. The parent trainer sat near the parent and child. Parent trainers supported the parents’ use of the strategies 15. through in-vivo coaching 16. and feedback, especially when … learning a new strategy. 17. During home intervention sessions, the parent trainer supported the parent’s use of the targeted EMT strategy with coaching 18. and feedback | 1. 1.3a / 1.3b 2. 4.1 + 5.3b 3. HO 4. 4.1 5. HO 6. HW 7. 6.1aV / 6.1bV 8. 4.1 9. RE 10. PC 11. 2.2V 12. 4.1 13. 6.1a 14. 8.1 15. Coaching 16. 2.2 17. Coaching 18. 2.2 | 1. When implementing EMT, the adult (a) arranges the environment to set the stage for adult–child interactions and to increase the likelihood that the child will initiate to the adult (environmental arrangement); 2. (b) models specific language targets appropriate to the child’s skill level 3. in response to the child’s communication and connected to the child’s play and focus of interest (modeling, responsive interaction); 4. (c) expands child communication forms by adding words to child utterances (expansions, responsive interaction); 5. and (d) responds to the child’s requests with prompts for elaborated language consistent with the child’s targeted skills and functional reinforcement of the child’s production of prompted target forms by providing access to requested objects and verbal feedback for communication (milieu teaching prompts). | 1. 12.1 2. 6.1 3. 12.7.8 4. 6.1.9 5. 7.1 |
| **Kikuta 2015** | **Dialogic Book Reading**   1. During the first group training session, 60 of 90 minutes were directed at training in dialogic book reading strategies. The primary investigator used didactic training, modelling of strategies on video, 2. and discussion to train the parents. 3. Booklets with an outline of the material presented in the training were given to each family 4. This didactic segment was initiated using discussion of typical child development and child conversational interaction 5. The parents interacted in open discussion talking about the level of language their child currently used. 6. The didactic segment was concluded with specific instructions about dialogic book reading strategies (Zevenbergen & Whitehurst, 2003). 7. Following the didactic instruction of dialogic book reading strategies, a 7-8 minute segment of a 12-minute video was shown. The video pictured a Speech-Language Pathologist (not the researcher) modelling the strategies with a child who was eighteen months of age. 8. Parents were given a handout with the strategies listed for note taking (see Appendix G for worksheet). 9. Discussion about the use of the strategies followed as parents recalled specific instances when the SLP modelled the dialogic book reading strategies 10. Parents were given a reading record to track when they read to their child, names of the books, how long they read, and what strategies they used (see Appendix H for reading record). 11. Cameras were loaned to each parent. Written handouts presented homework reminders for parents to, (a) take pictures for the eBook, (b) plan the book’s picture sequence and text, (c) read to their child every day, (d) record reading on a reading record, (e) return next week with camera, plan for book, and reading record. 12. A didactic 30-minute review of dialogic book reading strategies 13. was followed by discussion about reading practice during the previous week. 14. Parents were encouraged to continue practicing the strategies and to use strategies not yet attempted. 15. Parents were given a reading record to track when they read to their child, names of the books, how long they read, and what strategies they used. 16. Parents were given homework instructions to (a) read with their child every day 17. and record information using their reading record, 18. (c) practice, practice, practice while trying to use a variety of strategies and types of books 19. books were printed, laminated, and bound. The parents shared their story with others in the group and kept the hard copy to read to their child 20. Parents were contacted during the week via phone conversation, voice mail, or text messaging to inquire about progress in using the strategies and answer questions. | 1. 6.1aV 2. D 3. HO 4. 5.3a 5. D 6. 4.1 7. 6.1aV 8. HO 9. D 10. 2.3 11. 12.5 12. RE 13. - 14. 8.1 15. 2.3 16. HW 17. 2.3 + 2.4 18. 8.1 + 8.6 19. 12.5 20. 7.1b | 1. Expansions 2. Repetition - a strategy to promote communication between conversational partners where the adult repeats what the child said. If the child says, “Where’s mommy?” the adult repeats, “Where’s mommy?” If the child says, “doggy sleeping”, the adult might say, “doggy sleeping.” 3. If the child uses word approximations that are consistent to an object, action, or within a context, and the adult repeats a close imitation of what the child said while using the adult model of the utterance, it would also be labelled a repetition. The definition of repetition used within this study is similar to the definition Paul (1969) provided for imitation (the child or adult repeats what the other person said). The word “repetition” is used in this context for “imitation” because the material for dialogic book reading as presented by Zevenbergen and Whitehurst (2003) instructed the parents to repeat what the child said with hopes that clarity would be maintained for the parents 4. Wh-questions 5. Praise and encourage | 1. 6.1.9 2. 6.1.7 3. 6.1.8 4. 7.1.1 5. 10.4 |
| **Konza 2010 AUS** | No description given  *Instead cited: It Takes Two to Talk © (Pepper & Weitzman, 2004) – however this a parent handbook/guide, not a training manual, and not accessible* |  |  |  |
| **Kot & Law 1995 (hard copy)** | No description given *Instead cited: Hanen Early Language Parent programme (Manolson 1979)* |  |  |  |
| **Manolson 1979** | 1. assisting the parents in selecting goals and lesson content 2. Video tapes are used to help parents focus on verbal and nonverbal techniques of positively interacting with their child 3. After three weeks of practise, 4. parents and child are videotaped in their home and the parents' effectiveness in using these techniques is evaluated 5. A videotape of teaching the parent-child session is used again for evaluative feedback. 6. Session 3 Incidental Teaching The previous week's homework assignment is discussed by the group. 7. Parents are shown how to effectively use their child's initiated requests as a non-stressful opportunity to improve his ability to talk. They practise this by role-playing. The homework is to record three instances each day of incidental teaching. 8. Session 4 Home Visit A home visit is made to observe and videotape the use of language facilitation and incidental teaching techniques. This provides an opportunity for individual evaluation and recommendations. 9. Session 5 Shared Viewing The parent-child videotapes which were filmed during the home visits are viewed and critically evaluated by the group. Recommendations are made. 10. The homework assignment is to apply these techniques during three selected daily activities 11. and to note any changes in the child's responses during the week. 12. The previous week's homework assignment is discussed by the group. 13. Participants pre-program videotapes are viewed to demonstrate and evaluate their use of these strategies 14. Play and music activities to stimulate language development are demonstrated and role played. 15. The homework assignment is to use these nonverbal behaviours in addition 10 the verbal facilitation techniques during three daily activities with the child 16. and to note any changes in the child's responses during the week. 17. They are asked to role-play an "ideal" teaching session 18. which is videotaped for immediate evaluative feedback. 19. The homework assignment is to complete and practise the language lesson with their spouse. 20. Session 8 Scoring Scoring procedures are explained 21. and demonstrated. 22. Parents present their role-played teaching sessions. Teaching strategies, lesson design and scoring are critically evaluated by the group. 23. Homework consists of teaching and scoring a daily language lesson with their child. 24. Session 9 Individual Consultation This is an individual parent-child videotaping session. The teaching strategies, lesson design and scoring procedures are evaluated and the parents are counselled. 25. Session 10 Shared Viewing The parent-child teaching tapes which were filmed during the individual consultation are viewed and critically evaluated by the group. Recommendations are made. 26. Session 11 Play, Music and Environmental Rules Previous week's lesson plan and score sheets are discussed by the group. 27. Play and music activities designed to strengthen individual language goals and enhance the structured lesson are demonstrated. 28. Instruction in implementing environmental rules is given, Le. Consistently requiring the child to use his newly learned ability to communicate in selected real life situations. 29. The homework is to add a play or music activity to the daily lesson, and to use environmental rules were indicated. | 1. 1.3a 2. 6.1aV 3. 8.1 + 8.6 4. – 5. 2.2V 6. D 7. Role play 8. 2.2V 9. 2.2V 10. HW + 1.4 11. 2.4 12. D 13. 2.2V 14. Role play 15. HW + 1.4 16. 2.4 17. Role play 18. 2.2V 19. HW + 8.1 + 8.6 20. 4.1 21. 6.1 22. 2.2 23. HW 24. 2.2 25. 2.2 26. D 27. 6.1 28. 4.1 29. 8.1 + 86 | 1. Session 1 Language Facilitation - Verbal Techniques Parents are made aware of conversational styles that facilitate language use. The emphasis is on increasing the verbal techniques of imitating, 2. expanding, 3. modelling, 4. parallel talk, 5. self-talk 6. and reducing the number of yes/no questions and commands. 7. Session 2 Nonverbal Behaviours That Encourage Interaction The importance of the following nonverbal behaviours is discussed: (I) following the child's lead, 8. (2) getting down to the child's level, 9. (3) encouraging the child to participate, 10. (4) pausing to allow the child to talk, 11. and (5) tuning into the child's body language. 12. Basic teaching strategies are discussed. Parents are taught to (1) specify the goal,   (2) ensure child's attention,   1. (3) present simple, clear instructions, 2. (4) prompt, 3. (5) reward, 4. and (6) shape and chain. | 1. 6.1.7 2. 6.1.9 3. 6.1 4. 6.1.2 5. 6.1.3 6. Reduce questions and commands 7. 12.7.5 8. 12.7.15 9. – 10. 7.1.8 11. – 12. –   Doesn’t specify how   1. 12.7.1 2. 7.1 3. – 4. - |
| **Kruythoff-Broekman 2019** | **HANEN: The Target Word Programme**   1. In addition, during two individual consultation appointments (1.5 and 1 h, respectively), 5–10 min of parent–child interaction (PCI) is video-recorded and the speech and language therapist provides feedback to the parents. 2. Parents received the guidebook Praten doe je met z’n twee¨ en (It Takes Two to Talk) 3. The Target Word Parent Handbook was used for planning and recording home activities and to track their own 4. and their children’s progress. 5. Determining the child’s communication goal 6. different situations)   *Cited The Hanen Centre in Canada (*[*http://www.hanen.org/Programs/For-Parents/Target-Word.aspx*](http://www.hanen.org/Programs/For-Parents/Target-Word.aspx)*) not accessible* | 1. 2.2V 2. HO 3. 2.3 4. 2.4 5. 1.3a / 1.3b 6. 8.6 | 1. Getting face to face 2. and observe, wait and listen 3. Interpreting the child’s non-verbal message 4. Joining in the child’s play and other activities 5. Guidelines for choosing target words; Choosing 10 target words that are important to the child and contain the speech sounds the child already produces 6. Parents also think of corresponding gestures 7. Using focused stimulation with the target words (e.g., repeat, 8. emphasize, 9. gesture, 10. Using questions and comments (e.g., ask genuine questions, avoid testing questions and too many questions, ask language supporting questions such as choice questions 11. and ‘wh’ questions (what, who, where)) 12. Expanding the child’s message by adding one or two words 13. Supporting language using routines and songs 14. Setting up the situation and creating opportunities for the child to send a message (e.g., by forgetting to switch the light on when entering the bathroom) | 1. 12.7.15 2. SQ4 3. 12.7.7 4. 12.7.5 5. 1.4 6. SC2 7. 6.1 + 6.1.1 8. SC3 9. SC2 10. 7.1.7 11. 7.1.1 12. 6.1.9 13. 12.5.1 14. 12.1 |
| **Kumar 2016** | **Reach Out And Read (ROAR)**   1. First, presented the child with a new developmentally appropriate children’s book inscribed with the child’s name. 2. Second, the clinician briefly provided anticipatory guidance on techniques for shared book reading and the benefits of reading aloud to children. 3. modelling shared book reading with families in their examination rooms, 4. counselling and troubleshooting with mothers about reading techniques, 5. informing mothers about local library services and literacy support programs, 6. and signing each child up for a public library card in his/her name. 7. praise the mothers for competent caregiving, 8. Discuss direct benefits that the mother may experience from reading to her child 9. Reinforce that others who see the mother reading with her child will consider this ‘‘good parenting’’ and view her more positively 10. praise mother for any interest that the child already has in books, 11. emphasize that she is her child’s first teacher, point out that the child is soothed by her voice, provide positive feedback at follow-up visits for any steps she has taken to read to her child) 12. Physically model reading with the child in the examination room | 1. 12.5 2. 4.1 + 5.3d 3. 6.1a 4. 1.2 5. OS 6. 12.5 7. 10.4 8. 5.3c 9. 6.3 10. 10.4 11. 2.2 +2.7 12. 6.1a |  |  |
| **Lane 2016** | **Environmental Arrangement** |  | 1. the adult might simply make these preferred items available to children to promote engagement or present these materials in a manner in which children cannot readily access them without some form of adult or peer support 2. present materials within view but out of reach (typically used to promote requests; an example is placing a musical toy on a high shelf or withholding access to action figures) 3. present materials that require assistance to access (also typically used to promote requests; examples include placing toy trucks in a container with a screw lid or spinning tops in a sealed container) 4. provide inadequate amounts of materials (typically used to promote requests and possibly comments related to inadequate amounts of a material; an example is providing only a pinch of Play-Doh); 5. provide materials but remove key pieces (sabotage) (typically used to promote requests and possibly comments; examples include providing only a few pieces of a Mr. Potato Head or presenting half of the pieces that can be used to complete a puzzle) 6. Block access to materials (adults use their bodies as a barrier between children and preferred materials; this strategy is typically used to promote requesting) 7. ) engage in unexpected actions with materials (adults engage in “silly situations” with materials to typically promote commenting or other form of shared attention; an example is an adult placing a doll’s shoe on their head) 8. allow the child an opportunity to protest a non-preferred action (adults systematically plan to engage in an action in which the child can indicate ownership of materials or indicate some form of disapproval; an example is an adult indicating they want to take a child’s snack) | 1. 12.1 2. 12.1 3. 12.1 4. 12.1 5. 7.1.6 6. 12.1 7. 7.1.6 8. 7.1.5 |
| **Milieu Teaching** |  | 1. ((a) modelling, When using modelling, an adult presents an opportunity to communicate and then verbally models the correct form of an oral language target. The expectation is that the child will imitate the verbal model and then receive access to a preferred item or activity 2. (b) mand-model procedure, an adult interrupting an ongoing routine or activity and asking a question (a non-yes-or-no question) or providing some form of a directive to communicate (mand). Following the adult’s question or directive, if a child does not respond, the adult provides a model of the oral language target. Reinforcement of a spontaneous or prompted oral language target typically occurs in the form of allowing the child to continue an activity. 3. (c) time delay, an adult selects a prearranged routine or activity and, following an initiation from the child, withholds access to a preferred material, waiting a certain amount of time (delay) for the child to display the correct oral language target. If the child displays the correct target, they receive access to the preferred material. In contrast, if the child does not respond or uses an unrelated oral language target, the adult provides a verbal model of the target, followed by access to the preferred material. immediately provide the correct verbal model (referred to as a 0-s delay), with a systematic plan to increase the delay before providing a model prompt. Time delay can also be used to prompt the child to use a more sophisticated or advanced form of the same function in response to the child’s naturally initiated communication act (e.g., child requests a drink by using a reach gesture; time delay can be used to prompt a verbal approximation of the word “drink”). 4. and (d) incidental teaching) the adult uses an environmental arrangement strategy to promote initiations. Like time delay, incidental teaching can only occur when a child initiates an interaction. The adult decides to expand on a child’s initiation by using a model prompt, mand-model procedure, or time delay, with a model prompt almost always used as a final prompt for a correct response, meaning the child imitates a verbal model and receives access to a related material 5. imitation 6. Expanding 7. Recasting | 1. SQ1 2. SQ2 3. 7.1.8 4. 12.1 5. 6.1.7 6. 6.1.9 7. 6.1.8 |
| **Enhanced Milieu Teaching (EMT)** |  | 1. adult follows the child’s lead 2. environmental arrangement strategy 3. prompt hierarchy comprised of modelling, 4. mand-model procedure , 5. time delay, 6. and incidental teaching. | 1. 12.7.5 2. 12.1 3. SQ1 4. SQ2 5. 7.1.8 6. 12.1 |
| **Hanen It Takes Two To Talk**  Group training sessions  individual video feedback sessions with each parent and child |  | 1. Responsive interaction and modelling strategies (e.g., observe, wait, and listen; 2. follow the child’s lead; 3. highlight your language) | 1. SQ4 2. 12.7.5 3. SC3 |
| **Pre-Linguistic Milieu Teaching PMT** |  | 1. environmental arrangement strategies, 2. adult prompts (modelling, 3. mand-model procedure, 4. and time delay) 5. Prompts systematically removed   shared engagement with a social partner   1. turn taking | 1. 12.1 2. SQ1 3. SQ2 4. 7.1.8 5. 7.3 6. Doesn’t specify how 7. Turn taking |
| **Responsive Interaction Intervention** |  | 1. follow their child’s lead 2. imitating the child 3. responding to any communicative attempts. 4. Parents promote turn taking during play and conversation | 1. 12.7.5 2. 6.1.7 3. 12.7.8 4. Turn taking |
| **Landry 2006 (linked with Dietrich 2006)** | **PALS: Playing and Learning Strategies**   1. asking mothers to review their experiences across the last week related to their efforts to try the targeted behaviours, 2. (b) describing the current visit’s targeted behaviour, 3. (c) watching and discussing with mothers the educational videotape of mothers from similar backgrounds, 4. (d) videotaping mothers interacting with their infants in situations that the mothers selected (e.g., toy play, feeding, bathing) with coaching, 5. (e) supporting mothers to critique their behaviours and the infants’ responses during the videotaped practice, 6. and (f) planning with mothers as to how to integrate responsive behaviours into their everyday activities 7. with laminated cards defining the behaviour and its importance provided to support practice. 8. A key component of the intervention was coaching mothers to use the target behaviours, including commenting on the infants’ responses when these behaviours were used. 9. Review with alternative caregiver. Through explanations/ demonstrations, mother taught the learned concepts to another person supporting her parenting. 10. Integrating use of responsive interactive behaviours together. To help mother think about and practice using target behaviours in everyday routines 11. Review, 12. discussion, 13. practice of targeted behaviours. 14. Videotaped examples of “good/not so good” use of targeted behaviours in a variety of situations to allow for consolidation of learning and feedback to the coach about mother’s level of understanding and skill. | 1. 2.8 2. 4.1 3. 6.1bV 4. Coaching 5. 2.2V + 2.7V 6. 8.6 + 1.4 7. HO 8. 2.7 9. 4.5 10. 8.6 + 8.1 +1.4 11. RE 12. D 13. 8.1 14. 2.2V + 2.8V | 1. Recognizing and understanding the intent of positive and negative signals as a means of child communication. The range of signals an infant showed and the possible meaning of these signals were viewed and discussed to increase mother’s awareness of her infant’s “talk” without words and that the range of behaviours her infant shows are natural for her infant’s age. 2. Contingently respond to infant signals. The visit promoted mother’s understanding of how to respond promptly and sensitively in ways that were directly linked to her infant’s signals. This included practice in tone of voice, pacing, positive affect, how to interact without being physically intrusive and verbalizations that engaged the infant’s attention. 3. How to maintain attentional focus and build interests rather than redirect attention. Mother was supported to notice and build upon her infant’s focus of attention as a way to avoid placing high demands on her infant’s immature attention and cognitive capacity. Avoidance of redirecting was promoted as it is known to make it more difficult for her infant to organize a response. This helped mother understand it was not always beneficial to introduce lots of toys. 4. How to know when to introduce a new activity. Mother was supported to notice times when her infant was in an alert but passive state and to use these opportunities to engage her infant in face to face interactions, toy play, or physical games. 5. Using rich language while maintaining and introducing activities. Mother was supported to use rich content (e.g., labelling objects and actions, 6. describing how objects look and function) in everyday interactions (e.g., during bathing, diapering, shared reading and play) 7. while responding to signals, maintaining/introducing activities. | 1. 12.7.7 2. 12.7.8 3. 12.7.5 4. 12.7.7 5. 6.1.5 6. 6.1.6 7. 12.7.8 |
| **Landry 2008** | **PALS: Playing and Learning Strategies**   1. (a) asking the mother to review her experiences across the last week related to her efforts to try the targeted behaviours, 2. (b) describing the targeted behaviour for the current visit, 3. (c) watching and discussing with the mother the educational videotape of mothers from similar backgrounds demonstrating the target skills, 4. (d) videotaping coached interactions between the mother and her child in situations selected by the mother (e.g., toy play, feeding, bathing), 5. (e) supporting the mother to critique her behaviours and her child’s responses during the videotaped practice, 6. and (f) planning how to integrate responsive behaviours into everyday activities throughout the coming week. 7. Review with alternative caregiver. 8. Integrating use of responsive interactive behaviours together in everyday situations (e.g. bath, meals, dressing) | 1. 2.8 2. 4.1 3. 6.1bV 4. Coaching 5. 2.2V + 2.7V 6. 8.6 + 1.4 7. 4.5 8. 8.6 | 1. Recognizing-understanding the intent of positive and negative signals as a means of child communication and how this changes from infancy to the toddler-preschool period. 2. Contingently responding to infant and child signals in warm and sensitive ways and, for PALS II, how to use such behaviours even when requests are denied. 3. Behavioural guidance with an emphasis on helping children learn to cooperate through sharing control when possible, providing choices, and other strategies 4. (e.g., praise, 5. ignore, transitions). 6. How to attend to infant focus of attention and maintain and build interest rather than redirect   Continue to develop skills in maintaining attention and when to introduce interactions, social games, and objects   1. Using rich language while maintain attention and introducing, social games, and objects with emphasis on use of labels of objects and actions. | 1. 12.7.7 2. 12.7.8 3. 7.1.7 4. 10.4 5. 14.3 6. 12.7.5   -   1. 6.1.5 |
| **Law & Kot 1999 UK** | **Hanen Early Language Parent Programme (Manolson 1979)** | Hanen | Hanen | Hanen |
| **Manolson 1979** | 1. assisting the parents in selecting goals and lesson content 2. Video tapes are used to help parents focus on verbal and nonverbal techniques of positively interacting with their child 3. After three weeks of practise, 4. parents and child are videotaped in their home and the parents' effectiveness in using these techniques is evaluated 5. A videotape of teaching the parent-child session is used again for evaluative feedback. 6. Session 3 Incidental Teaching The previous week's homework assignment is discussed by the group. 7. Parents are shown how to effectively use their child's initiated requests as a non-stressful opportunity to improve his ability to talk. They practise this by role-playing. The homework is to record three instances each day of incidental teaching. 8. Session 4 Home Visit A home visit is made to observe and videotape the use of language facilitation and incidental teaching techniques. This provides an opportunity for individual evaluation and recommendations. 9. Session 5 Shared Viewing The parent-child videotapes which were filmed during the home visits are viewed and critically evaluated by the group. Recommendations are made. 10. The homework assignment is to apply these techniques during three selected daily activities 11. and to note any changes in the child's responses during the week. 12. The previous week's homework assignment is discussed by the group. 13. Participants pre-program videotapes are viewed to demonstrate and evaluate their use of these strategies 14. Play and music activities to stimulate language development are demonstrated and role played. 15. The homework assignment is to use these nonverbal behaviours in addition 10 the verbal facilitation techniques during three daily activities with the child 16. and to note any changes in the child's responses during the week. 17. They are asked to role-play an "ideal" teaching session 18. which is videotaped for immediate evaluative feedback. 19. The homework assignment is to complete and practise the language lesson with their spouse. 20. Session 8 Scoring Scoring procedures are explained 21. and demonstrated. 22. Parents present their role-played teaching sessions. Teaching strategies, lesson design and scoring are critically evaluated by the group. 23. Homework consists of teaching and scoring a daily language lesson with their child. 24. Session 9 Individual Consultation This is an individual parent-child videotaping session. The teaching strategies, lesson design and scoring procedures are evaluated and the parents are counselled. 25. Session 10 Shared Viewing The parent-child teaching tapes which were filmed during the individual consultation are viewed and critically evaluated by the group. Recommendations are made. 26. Session 11 Play, Music and Environmental Rules Previous week's lesson plan and score sheets are discussed by the group. 27. Play and music activities designed to strengthen individual language goals and enhance the structured lesson are demonstrated. 28. Instruction in implementing environmental rules is given, Le. Consistently requiring the child to use his newly learned ability to communicate in selected real life situations. 29. The homework is to add a play or music activity to the daily lesson, and to use environmental rules were indicated. | 1. 1.3a 2. 6.1aV 3. 8.1 + 8.6 4. – 5. 2.2V 6. D 7. Role play 8. 2.2V 9. 2.2V 10. HW + 1.4 11. 2.4 12. D 13. 2.2V 14. Role play 15. HW + 1.4 16. 2.4 17. Role play 18. 2.2V 19. HW + 8.1 + 8.6 20. 4.1 21. 6.1 22. 2.2 23. HW 24. 2.2 25. 2.2 26. D 27. 6.1 28. 4.1 29. 8.1 + 86 | 1. Session 1 Language Facilitation - Verbal Techniques Parents are made aware of conversational styles that facilitate language use. The emphasis is on increasing the verbal techniques of imitating, 2. expanding, 3. modelling, 4. parallel talk, 5. self-talk 6. and reducing the number of yes/no questions and commands. 7. Session 2 Nonverbal Behaviours That Encourage Interaction The importance of the following nonverbal behaviours is discussed: (I) following the child's lead, 8. (2) getting down to the child's level, 9. (3) encouraging the child to participate, 10. (4) pausing to allow the child to talk, 11. and (5) tuning into the child's body language. 12. Basic teaching strategies are discussed. Parents are taught to (1) specify the goal,   (2) ensure child's attention,   1. (3) present simple, clear instructions, 2. (4) prompt, 3. (5) reward,   and (6) shape and chain. | 1. 6.1.7 2. 6.1.9 3. 6.1 4. 6.1.2 5. 6.1.3 6. Reduce questions and commands 7. 12.7.5 8. 12.7.15 9. – 10. 7.1.8 11. – 12. –   Doesn’t specify how   1. 12.7.1 2. 7.1 3. –   - |
| **Leung** | **Happy Parenting Program (based on PCIT, Stepping Stone Positive Parenting Programme and Hands on Parent Empowerment HOPE-20)**   1. Each session began with a review of the previous session 2. and a discussion of the homework assignments. 3. This was followed by mini-lecture/discussion on the new topics to be taught. 4. Next, the homework was introduced 5. and parents were encouraged to practice the homework activities with other parent participants using role play (modelling and rehearsal), 6. with feedback from the facilitator. 7. Parents were provided with parent notes and a set of worksheets for homework. 8. Each session included mini lectures, 9. group discussions, 10. role play, 11. and homework activities for parents to work with their children at home. 12. Skills integration and generalisation to novel and “problematic” situations 13. Course review | 1. RE 2. D 3. 4.1 4. HW 5. Role play 6.1 + 8.1 6. 2.2 7. HW + 12.5 8. 4.1 9. D 10. Role play 11. HW 12. 8.6 13. RE | 1. parents were suggested to use simple words when talking to children 2. and to use demonstration to help children understand new learning tasks. 3. Picture cards were introduced to help children express their emotions.   Encouraging positive behaviours:   1. Praise   Teaching new behaviours:   1. Prompts 2. and demonstration 3. Giving effective instructions   Behaviour management   1. Ignoring 2. Use of consequences | 1. 12.7.1 2. 6.1 3. SC2 4. 10.4 5. 7.1 6. 6.1 7. - 8. 14.3 9. 14.2 |
| **Lonigan 1998** | **Dialogic Reading**   1. Watched the training video simultaneously 2. and then engaged in one-on-one role plays with the trainer, [which involved … 3. and providing the [parent] with feedback on her use of the dialogic reading guidelines.] 4. Parents were given three of the books 5. Parents of children in the two conditions involving home reading were encouraged to read to their children daily using the methods outlined in training. 6. The final section of the videotape consisted of vignettes of adult-child reading that did not conform to the guidelines. [parents] were asked by the trainer to criticize the reading presented in these vignettes according to the dialogic reading guidelines and to indicate what the adult reader should have done differently. 7. the parents of children in the two conditions involving home reading were asked to fill out a daily log sheet of when dialogic reading occurred and the particular books that were used | 1. 6.1V 2. Role play 3. 2.2 4. 12.5 5. 8.6 6. 6.4 7. 2.3 | 1. Ask who, what, and when questions, not yes-no or where questions 2. Follow answers by child with questions 3. Repeat what child says 4. Praise and encourage 5. Follow child's interest 6. Ask open ended questions 7. Expand what the child says | 1. 7.1.1 2. 7.1.1 3. 6.1.1 4. 10.4 5. 12.7.5 6. 7.1.1 7. 6.1.9 |
| **Maillart 2011**  **FR** | *Cited Raegart & Thomas 2008*   1. Le cours déroulent de la façon suivante: - les parents évaluent la séance precédente et apportent leurs commentaires sur ce qui a été appris précédemment; 2. une partie théoretique est présenté aux parents avec comme principe d’enseignement la participation active et l’apprentissage par la déecouverte; 3. - une partie pratique est ensuite propose aux parents… Les exercices se font en couple ou en petits groups; 4. La mise en pratique est d’abord réalisée par les formateurs ensuite par les parents. 5. des exercices a domicile sont prévus a la fin de chaque séance et sont a realiser avec l’enfant dans le courant de la semaine. | 1. – 2. 4.1 3. 8.1 4. 2.2 5. 8.6 + 8.1 | 1. les stratégies centrées sur l’enfant (par exemple, se mettre au niveau de l’enfant, 2. attendre que l’enfant initie l'interaction) ; - 3. les stratégies de promotion de l’interaction (par exemple, encourager l’enfant à prendre leur tour dans une interaction, 4. à poser des questions) ; 5. - les stratégies de modelage du langage (par exemple, l’expansion, 6. la reformulation, etc).   **Annexe**   1. **Autoverbalisation -** Le parent parle de ce qu'il voit, fait, entend à l'enfant, en utilisant le "je" Parent: je prends la voiture. 2. Verbalisation parallèle Le parent commente ce que l'enfant voit, fait, ressent, en utilisant le "tu" Parent: tu prends la voiture. 3. **Reformulation -** Le parent reprend l'énoncé de l'enfant en corrigeant les erreurs et en accentuant plus particulièrement une seule de ces erreurs. Enfant: oule ature Parent: la voiture roule 4. **Allongement -** Le parent reprend l'énoncé de l'enfant en corrigeant les erreurs et en ajoutant à cet énoncé une nouvelle idée. Enfant: oule ature Parent: la voiture verte roule 5. **Incitation -** Le parent tente de faire répéter un mot à l'enfant sans briser la conversation. Enfant: vais dans adin! Par choix Parent: tu vas dans la cuisine ou dans le jardin? 6. Par ébauche orale Parent: tu vas dans le j… 7. Par phrase en suspens Parent: tu vas dans … 8. Par absurd Parent: tu vas dans la cuisine? 9. Par question Parent: tu vas où? | 1. 12.7.15 2. 7.1.8 3. Turn taking 4. - 5. 6.1.9 6. 6.1.8 7. 6.1.2 8. 6.1.3 9. 6.1.8 + SC3 10. 6.1.9 + 6.1.8 11. 7.1.7 12. 7.1.3 13. 7.1.2 14. 7.1.6 15. 7.1.1 |
| **Regaert & Thomas 2008 FR** | 1. Le cours déroulent de la façon suivante: - les parents évaluent la séance precédente et apportent leurs commentaires sur ce qui a été appris précédemment; 2. une partie théoretique est présenté aux parents avec comme principe d’enseignement la participation active et l’apprentissage par la déecouverte; 3. - une partie pratique est ensuite propose aux parents. La mise en pratique est d’abord réalisée par les formateurs ensuite par les parents. 4. Les exercices se font en couple ou en petits groups; 5. des exercices a domicile sont prévus a la fin de chaque séance et sont a realiser avec l’enfant dans le courant de la semaine. |  | 1. Les attitudes favorisant la communication sont répertoriées avec les parents et conçernent les prérequis à la communication, le contact visuel,   l'attention conjointe,   1. Ies intentions de communication. 2. De façon concrète les parents vont expérimenter ces attitudes facilitatrices en se plaçant à la hauteur de l’enfant 3. et s'assurant qu'il les regarde avant de lui parler (l'appeler par son prénom, placer l'objet cible près du visage...) 4. Les parents seront particulièrement sensibilisés à suivre les intérêts de l'enfant et ses initiatives dans la communication. 5. Ils essayeront d'imiter les actions de I'enfant dans le jeu par exemple. 6. Au niveau du langage l’accent sera mis sur le ralentissement de la vitesse de parole 7. Enfin, les parents féliciteront et encourageront régulièrement l’enfant pour ses essais de communication, même s,il fait des erreurs. 8. Auto-verbalisation 9. Verbalisation parallèIe: 10. Reformulation s’utilise en reaction a ce que l’enfant vient de dire et sert a corriger la pronunciation d’un mot ou une construction de phrase, elle consiste a attire l’attention de l’enfant, reformuler l’énoncé de l’enfant en corrigeant toutes les erreurs, metre l’accent (en insistant) sur une seule de ses erreurs, soit phonologique soit syntaxique 11. l’allongement s’utilise également en reaction a ce que l’enfant vient de dire et a pour objectif l’enrichissement de la phrase, il consiste à: attire l’attention de l’enfant, reformular l’énoncé de l’enfant en corrigeant toutes les erreurs sans insister sur les corrections, ajouter a cet énouncé une idée nouvelle exprimée par un mot ou un petit groupe de mots, metre l’accent sur ce mot ou ce petit groupe de mot qui ajoute une idée nouvelle. 12. L’incitation: la derniere technique, l’incitation, permet de faire répéter un mot cible sans briser la communication. On peut inciter en proposant: un choix exemple, 13. Une phrase en suspens; 14. une ébauche orale, 15. l’absurde. 16. L’incitation par question est possible aussi, mais reste afin de limiter les questions fermées (c’est quoi ca “comment ca s’appelle?”) déja trop souvent posées l’enfant. | 1. eye contact   doesn’t speciy how   1. 12.7.7 2. 12.7.15 3. Child eye contact 4. 12.7.5 5. 12.7.16 6. 12.7.3 7. 10.4 8. 6.1.2 9. 6.1.3 10. 6.1.8 + attn not spec + SC3 11. 6.1.9 + attn not spec + 6.1.8 + 6.1.9 + SC3 12. 7.1.7 13. 7.1.2 14. 7.1.3 15. 7.1.6 16. 7.1.1 |
| **McDade McCartan 1998 UK** | **The Hanen Program (Manolson 1992)**   1. mother and child were videoed implementing the strategies taught to parents 2. and feedback was given   *cited manolson 1992 not accessible* | 1. 8.1 2. 2.2V |  |  |
| **McKean 2012 AUS (same as below)** | **Usual Practice**   1. The first component was a 45-minute parent/carer group education session. A PowerPoint ™ presentation was used to describe the structure of the therapy sessions and program; the SLP’s role; the requirements of the parent/carer in therapy; attendance procedures; grievance policy and procedures; and expectations of practice to be completed at home. 2. At the first individual clinic-based therapy session, goals were developed for each participant with their parent/carer, under direction from the SLP. The Goal-Attainment Scale (GAS; Kiresuk, Smith, & Cardillo, 1994) was used as a framework to identify appropriate goals for the participant. 3. The SLP also discussed the pre-assessment results with the parent/carer to inform them about their child’s speech and language skills. 4. The SLP and participant worked together on tasks selected by the SLP, the SLP modelling strategies/techniques, whilst encouraging the parent/carer to participate as much as they preferred. 5. Approximately 15 minutes was spent discussing home practice and any other issues … Activities to be completed by the participant during this time were discussed and documented by the SLP and generally focused on structured home practice of specific sounds, words, and phrases. 6. The parent/carer was encouraged to document activities completed and strategies used during this period away from the clinic environment. 7. satisfaction with the previous block of therapy, 8. and success of the home program, | 1. PC 2. 1.3b 3. 5.3b 4. 6.1a 5. 8.6 + 8.1 6. 2.3 7. Ask for feedbac 8. – |  |  |
| **McKean 2012 AUS (same as above** | **Family Centred Practice**   1. parent/carer education was provided, using a modified Powerpoint™ presentation. This included the core components of FCP, involvement of the parent/carer as the key therapist in sessions, inclusion of other family members in home practice, and the provision of home visits. 2. GAS was used as a framework to assist identification of appropriate goals for the participant; however, the parent/carer was encouraged to be the key goal setter, in consultation with the SLP. 3. As for the UP intervention, the SLP discussed the pre-assessment results with the family to fully inform them about their child’s speech and language skills and needs. 4. The first component was an initial discussion with the parent/carer about the previous therapy session and the implementation of activities in the home environment. 5. The SLP and parent/carer also explored new concerns, successes, and barriers to the implementation of therapy in the participant’s natural environments. 6. For the direct therapy component, with feedback from the SLP, the parent/carer systematically assumed increasing responsibility for the therapy tasks completed with their child within the clinic setting and selected which therapy tasks to undertake. 7. The SLP modelled new techniques where necessary for the parent/carer to learn. 8. The SLP developed resources specific to the participant’s needs and, as requested by the parent/carer, such as incorporating key words specific to the participant and family into resources, including games with which the family was already familiar. 9. The parent/carer was encouraged to keep a record of words or concepts with which their child was having difficulty. 10. The final component of the session was spent discussing activities (formal and informal) that the family felt could be completed during the week at home and in other environments. 11. These tasks/activities were documented and a copy provided to the family, examples including structured games with parents, highlighting words throughout the day and a list on the refrigerator of words to work on. | 1. PC 2. 1.3b 3. 5.3b 4. – 5. 1.4 6. 2.2 7. 6.1a 8. 12.5 9. 2.4 10. 8.6 + 1.4 11. 12.5 |  |  |
| **McNeill**  **USA** | 1. The home visitor provided training to each mother on one strategy at a time. When a new strategy was introduced, the home visitor met with each mother for approximately 1 hour to discuss and review the new strategy. 2. During this visit videotaped examples of the strategy were shown and the mother 3. and home visitor role played application of the strategy. 4. A two-page handout was used during training and left with the mother. The handout and training focused on (a) an overview of the strategy and its effects on child language; (b) conversational goals toward which the strategy was directed; and, (c) situations and means by which to apply the strategy. 5. After tapes from the 1st week of a mother using a new strategy were coded, the home visitor provided the mother with specific feedback on frequency of use of the strategy. During the weekly visits, each mother was shown a graph depicting her use of the behavior (e.g., praise) from the prior week. 6. Weekly feedback meetings addressed the mother's success with the new behavior being trained, however, mothers were reminded to increase or maintain the previously learned strategy if their rates decreased. | 1. 4.1 2. 6.1aV 3. Role play 4. HO 5. 2.2V 6. 2.2 | 1. We selected praise as the first strategy for training 2. We selected expansion as the second intervention strategy 3. Initiation pause 4. Open-ended questioning | 1. 10.4 2. 6.1.9 3. 7.1.8 4. 7.1.1 |
| **Moore 2014** | **Language and Play Everyday (LAPE)**   1. Identify functional child outcomes a discussion about the family’s priorities. At the beginning of the training we asked parents to identify a functional goal for their child. 2. To meet this goal, parents identified strategies they wanted to work on 3. and specific words they wanted to help their children say each week. 4. During individual sessions, targeted strategies were reviewed 5. and parents practiced the strategies with their children while their coach observed. 6. If needed, coaches modelled strategies. 7. After each practice activity, parents reflected on their use of the strategies 8. and ways they could incorporate them into daily routines. 9. Then coaches provided specific feedback, support, and suggestions. 10. Parent–child interactions were recorded prior to intervention. After the responsive strategies were introduced, parents watched the videos and rated their use of each strategy. 11. Then the coaches reviewed and discussed the videos again with the parents. 12. At the end of each group and individual training, parents identified strategies they will use and target words they will teach in the coming week. 13. Systematic progress monitoring: Parents completed a daily log to rate their use of each strategy and a weekly log to note their child’s progress on targeted vocabulary. 14. Parents also worked individually with their coaches to identify goals for their toddlers and themselves 15. group sessions started with a group discussion about progress. Each parent reported on her toddler’s progress and how she was utilizing previously taught strategies at home (not included in the second session). The first author encouraged parents to reflect on, comment, and support each other’s progress and offer suggestions as needed. 16. After the individual coaching activity, the first author provided an overview of new strategies 17. Parents also met individually with coaches at the end of every session to plan their use of the strategies at home (new and previously taught). 18. parents and coaches watched the parent-toddler video sample collected prior to intervention and rated the parent’s use of each of the LAPE strategies already introduced in the group sessions. Based on this discussion, the parent chose two strategies to focus on during the remainder of the visit. 19. The coach and parent discussed the strategies and the coach modelled use of the strategies. 20. Then, the parent initiated a routine (e.g., mealtime, diapering) or a play activity (e.g., book reading, playing with toys) with their toddler and practiced the strategies for 5 to 10 min. 21. Following the activity, the coach encouraged the parent to self-reflect on her or his use of the targeted strategies 22. Then, the coach provided specific, performance-based feedback. 23. practiced the strategies, 24. reflected, 25. and received feedback (as described above). 26. Before the end of the visit, the coach and parent set up a plan for practicing all LAPE strategies during the family’s daily routines at home. 27. the parents identified when and how they planned to practice the LAPE strategies at home and wrote their ideas on a weekly LAPE strategy log. 28. After the first home coaching session, parents were asked to practice the strategies 15 min per day 29. during routine and play activities with their children and rate their progress on their weekly logs. | 1. 1.3a 2. 1.1a 3. 1.4o 4. 4.1 5. 8.1 6. 6.1a 7. 2.8 8. 8.6 + 4.1 9. 2.2 10. 2.8 11. 2.2V 12. 1.4o 13. 2.3 + 2.4 14. 1.1a + 1.3a 15. 3.1 16. 4.1 17. 8.6 + 1.4 18. 2.2 + 2.8 19. 6.1a 20. 8.1 21. 2.8 22. 2.2 23. 8.1 24. 2.8 25. 2.2 26. 8.6 + 1.4 27. 2.3 28. 8.1 29. 2.3 + 2.4 | 1. Parents were taught to identify times when their children were initiating communication. 2. Then they were taught take conversational turns with their children during play and daily interactions. 3. Wait and respond. Wait for your child to communicate 4. and then respond accordingly. 5. Talk in short, simple sentences. When talking directly to your child, use sentences your child would be likely to say. 6. Answer instead of asking. Avoid asking yes/no and “test” questions (e.g., What color is this? How many do you have?). 7. Repeat and add. When your child says a word or sentence, repeat what s/he said and add a word. 8. Do what your child does and talk about it. Imitate your child’s actions, and say what s/he would say. 9. Say what your child would say. Respond to your child’s spontaneous requests/comments by saying the word/words your child might say in a way that encourages/prompts her/him to imitate you. 10. Give your child a choice. Say the words for the items as you provide choices, such as “do you want milk or juice?” 11. Environmental Arrangement. Give your child more opportunities to communicate by setting up situations where your child wants/needs to (e.g., Ask for more of something, Seek your assistance, 12. Comment on something new or silly). | 1. 12.7.7 2. Turn taking 12.7.7 3. 7.1.8 4. 12.7.8 5. 12.7.1 6. - 7. 6.1.9 8. 6.1.4 9. 12.7.1 10. 7.1.7 11. 12.1 12. 7.1.6 |
| **Morgan 2004** | 1. Mothers were provided information about the effects of storybooks reading on language development and an explanation of how language skills and literacy knowledge contribute to later school performance. 2. In addition, mothers were taught to audiotape storybook reading interactions using a tape recorder and microphone. 3. Following baseline, each training session introduced a decontextualized language strategy. The decontextualized language strategies taught were text-to-life utterances, explanatory talk, and interpretation … Training procedures consisted of five steps: (a) definition of strategy, 4. (b) observation of a videotape illustrating examples of the strategy, 5. (c) modelling of the strategy by the researcher using a storybook, 6. (d) maternal practice with storybooks 7. Storybooks marked with sticky notes to encourage strategy use, 8. and e) practice reading to child without the use of cues. 9. Mothers were instructed to attempt to meet a minimum criterion of six instances of the targeted strategy for each storybook read. 10. After learning a strategy, mothers were encouraged to read the provided books each week while incorporating the new strategy. Each time a new strategy was introduced, mothers were reminded to incorporated it into storybook reading along with the previously trained strategies. 11. Approximately each week of the intervention, mothers received feedback via telephone on their use of trained strategies. The first author collected tapes weekly and, prior to transcription, listened to each tape to get a general index of strategy use in order to provide feedback. Mothers were typically informed about the frequency of strategy use. 12. When necessary, mothers were given suggestions for how to apply the strategy more broadly. 13. If use of a targeted strategy dropped lower than the criterion level of six for more than two consecutive sessions, the targeted behaviour was reviewed with the mother. 14. Two mothers participated in a booster training session that included a review of all three strategies 15. and a demonstration of how to coordinate the use of these strategies during storybook reading. 16. For this training, the first author created a small booklet containing sample storybook pages. Each page consisted of examples of how all three decontextualized language strategies could be used. After review, both mothers were given a copy of this booklet to keep. | 1. 4.1 2. 2.3 3. 4.1 4. 6.1aV 5. 6.1a 6. 8.1 7. 7.1a 8. 8.1 9. 1.1b 10. 8.6 11. 2.2 12. 4.1 13. RE 14. RE 15. 6.1a 16. HO | 1. Text-to-life – comments and questions about the story that are used to make connections to child’s world. These utterances may include a reference to something contextualised that is then connected to the child’s experience. These utterances may refer to past and future events as well as people, places, and things, that are not present. Explanatory: utterances that give the child novel information for the purpose of instruction. Utterances may include defining words, describing similarities/differences, or classifying. Interpretation: utterances that require making predications and inferences about book content, thought about character emotions and motivation, and opinion of book content. Interpretations include: Predication/consideration of possible outcomes or inferences, Comments and questions regarding character feelings and motivations, Giving/asking for a reason | 1. 12.7.1 |
| **O’Bleness2015** | **No name (play based for low SES)**   1. If the mothers asked about compensation, the research assistant would outline the payments for the sessions. Otherwise the compensation was explained during the consent process. available), compensation (total of $700), 2. The mothers were also instructed to play one-on-one with their child every day. 3. The mothers completed diaries (i.e., activity logs) of how often and the amount of time they played. The diaries included information about the date, amount of time they played, and what they played with or the activity during the playtime. 4. The research team provided a set of toys for the mother and child to play with during the play sessions. 5. The training session included explaining Child’s Game to the mother, 6. watching a short video to illustrate aspects of the Child’s Game, 7. research assistant and mother practicing the skills, and then the mother practicing with her child 8. while the research assistant provided feedback. 9. A handout was given to the mother so she could refer to the strategies later and during subsequent play sessions with her child (see Appendix C). 10. The research assistant reviewed the handout with the mother before each play session 11. and feedback was provided to the mother after a warm-up time of two minutes and after the completed play session. 12. Mothers were asked to play this way during the video recorded play sessions and once a day. 13. Mothers were taught to use specific play and communication techniques in interacting with their child. The research assistant explained, “This type of play is called Child’s Game because the basic idea is for the child to assume the leading role and you assume the role of the follower.” The child was in charge and the mother enthusiastically supported the child. Mothers were told that the play strategies may not seem natural at the beginning and it may seem that there is a lot to remember. 14. To ensure that mothers provided continuous commentary and interest in her child’s activity, they were asked to aim for at least four attends (neutral or positive) per minute. The rate of attends were coded from the videotapes at a later time. 15. Mothers were asked to aim for at least two rewards per minute. | 1. 10.2 2. 1.1b 3. 2.3 4. 12.5 5. 4.1 6. 6.1aV 7. 8.1 8. 2.2 9. HO 10. 4.1 11. 2.2 12. 1.1b 13. PC 14. 1.1b 15. 1.1b | 1. Mothers were taught how to do three things in Child’s Game: attend to her child, follow her child’s lead, 2. and reward her child. 3. Mothers were also encouraged to imitate 4. and enjoy the playtime with their child. 5. The mother was told to follow, rather than lead, her child’s activity 6. by providing verbal commentary. Each mother was also instructed to watch closely, and with interest, what her child was doing and to describe aloud what her child was doing. 7. Mothers were instructed to use neutral or positive attends. Negative comments or attend were not to be used during playtime. Neutral attends would include: “You just put the red block on top of the green block,” or “Oh, the animals are going to sleep.” 8. Positive attends were to be used when the mother perceived her child to be doing something good. Examples of positive attends might include: “Oh, you are talking in your indoor voice.” or “You are building a great tower.” 9. Second, the mother was to follow the child’s lead. The child was allowed to direct the play and the mother was to follow enthusiastically. 10. The mother could also follow her child’s lead by imitating his/her play. Mothers were told that her child’s activity should be the center of her attention. 11. Therefore, while imitating, the mother was told to continue to describe her child’s activity. 12. Third, the mother was to use rewards when her child was behaving appropriately. Rewards were classified as one of three types: specific verbal rewards, 13. nonspecific verbal rewards, and physical affection. 14. During the play sessions, if the child engaged in behavior with which the mother was not comfortable (i.e., throw toys, destroy objects, yell), the mother was instructed to not attend or follow the behavior. The mother was told to ignore the behavior … 15. During Child’s Game there were also four things mothers were told to not do: ask questions, give commands or suggestions, try to teach (i.e., “What color is that?” or “The cow goes ‘moo.’”), and use any critical comments or discipline. The importance of not using these kinds of comments was because the child would no longer be leading the play. | 1. 12.7.5 2. 10.4 3. 6.1.7 4. Enjoy 5. 12.7.5 6. 6.1.2 7. - 8. 6.1.2 9. 12.7.5 10. 12.7.16 11. 6.1.4 12. 10.4 + 2.2 13. 10.4 14. 14.3 15. 12.7.5 |
| **Olson 2016** | **uTalk**   1. After survey completion, participants were sent 3 text messages per week for 12 weeks. Three types of text messages were included in the program: messages describing activities that promote child language development 2. [e.g. Even when children can’t talk, they learn words by hearing you speak. The more words he hears, the sooner he will say new things! At dinner talk about the food you are eating. Talk about the color and the shape. Ask your child how it tastes—sweet? salty? When you talk to your child, try to make eye contact. Watching you move your mouth can help her learn to make sounds]; 3. messages providing information on local, low-cost community organizations specializing in early child development [e.g. The public library has free books that you can borrow! Call XXX to learn how to get a library card]; 4. and messages containing survey questions. [e.g. Have you done any of the activities we texted you this week? Reply to this message with “yes” or “no”] | 1. 7.1b 2. 4.1 3. OS 4. 7.1b |  |  |
| **Pearce 1996** | **The Hanen Program for parents**   1. The program included seven evening sessions to teach program strategies and three individual consultations to provide parents with individual feedback regarding their own 2. and their child's progress.   *This paper states the details of the intervention program are also provided in Girolametto 1996, Appendix A (which was not present on the paper) and Girolametto, Greenberg, & Manolson, 1986) Details of the research design, intervention program, and procedures used for determining the children's outcome measures are also provided in Girolametto et al. (in press [a])* | 1. 2.2 2. 2.7 | 1. Parents were given a list of the target words during the second parent training session and instructed to use them in labels, 2. comments, 3. or expansions during naturalistic routines. 4. In the third evening session, parents were trained to model the words in many different contexts, using different exemplars, and to express different intentions (e.g., request, comment). 5. Focused stimulation plus Hanen ITTT | 1. 6.1.5 2. 6.1.6 3. 6.1.9 4. 6.1 5. 6.1 + 6.1.1 |
| **Girolametto 1996 pilot – Canada** | **The Hanen Program for Parents + Focused Stimulation**   1. The program included seven evening sessions to teach program strategies and three individual consultations to provide parents with individual feedback regarding their own and their child's progress. 2. During these consultations, mothers were videotaped interacting with their children in free play. Their videotapes were subsequently reviewed to provide immediate feedback on the use of program techniques 3. And mothers were given an opportunity to practice suggested modifications. 4. During evening sessions, parents observed videotapes illustrating program techniques 5. and engaged in participative lectures, 6. roleplays, 7. and focused discussions 8. Home practice, related to the content of the lectures, was assigned. 9. The parent's use of target words was reviewed during each evening session, 10. and parents kept diaries of the child's imitative and spontaneous production of these and other words. 11. Parents taught to use 10 target words in routines which already exist in the home, 12. and trained to record interactions in diary. 13. Videotape evaluation of parent use of target words and diary. Videotape evaluation of parent use of target words and diary. Videotape evaluation of parental use of target words. 14. Parents taught to incorporate program strategies and target words into play. Parents taught to incorporate target words into games at the child's level. Parents taught to use, adapt and make books to focus on target words. Review target selection for new words and word combinations. Parents taught to create new daily routines, or adapt existing ones, to focus on targets. Parents taught to adapt songs and music to incorporate target words.   *The program content and schedule can be found in Appendices B and C. Paper also references Manolson 1992 for Hanen to be adapted with the focused stimulation approach. Therefore the description provided within the paper was used only (no further references to a more detailed description etc. was given, and to take the Hanen and Focused Stimulation separately may overstate the programme).* | 1. 2.2 2. 2.2V 3. 8.1 4. 6.1aV 5. 4.1 6. Role play 7. D 8. 8.1 + 8.6 9. 2.2 10. 2.4 11. 8.6 12. 2.3 + 2.4 13. 2.2V 14. 8.6 | 1. The Hanen Program trains parents to: (a) follow the child's lead to establish a joint focus, 2. (b) model language that is contingent on the child's focus (e.g., labels, 3. expansions, 4. comments) 5. and (c) encourage the child's participation in conversation by promoting turn-taking (Manolson, 1992). 6. This program content was adapted to include three modifications consistent with a focused stimulation approach. First, mothers were taught to introduce specific target words during the second parent training session. Parents were given a list of the target words and instructed to use them in naturalistic routines. 7. In the third evening session, parents were trained to model the words in many different contexts, using different exemplars to express different intentions (e.g., request, comment). 8. Second, in the sixth evening session, parents were trained how to select additional lexical targets. 9. Third, in the final evening session parents were taught to expand target words into two-word phrases and model word combinations. 10. Respond to the child's initiations, subtle cues, and activities of interest (no target words) 11. Imitate, 12. interpret, 13. comment, 14. use good questions, 15. wait for a response. 16. Targets to be labelled 5 times in each routines. 17. Imitate 18. and add, 19. interpret, 20. expand, 21. use gesture, 22. emphasize key words, 23. repeat. 24. Parents trained how to select new words and when to teach word combinations.   **Child-Oriented**   1. Respond to child's focus of attention 2. Follow child's lead 3. Match child's style and abilities 4. Organize environment to increase child initiations 5. Enter the child's world by situating self at same physical level, maintaining face-to-face interaction, playing.   **Interaction-Promoting**   1. Take one turn at a time 2. Wait with anticipation 3. Signal for turns 4. Decrease directiveness 5. Use animation, 6. indirect elicitation strategies to motivate child to communicate   **Language-Modelling**   1. Comment on activities of child 2. and self 3. Use contingent labelling 4. Use short, simple utterances 5. Use repetition 6. Expand or 7. extend the child's turn | 1. 12.7.5 2. 6.1.5 3. 6.1.9 4. 6.1.6 5. Turn taking 6. 1.4o 7. 6.1 + 6.1.1 8. 1.4o 9. 6.1.9 10. 12.7.8 11. 6.1.7 12. - 13. 6.1.6 14. 7.1.1 15. 7.1.8 16. 6.1.1 17. 6.1.7 18. 6.1.9 19. - 20. 6.1.9 21. SC2 22. SC3 23. 6.1.1 24. 1.4o 25. 12.7.8 26. 12.7.5 27. 12.7.1 28. 12.1 29. 12.7.15 30. Turn taking 31. 7.1.8 32. Turn taking 33. 12.7.5 34. 12.7.4 35. 12.1 36. 6.1.2 37. 6.1.3 38. 6.1.5 39. 12.7.1 40. 6.1.1 41. 6.1.8 42. 6.1.9 |
| **Peredo 2017** | **EMT en Espanol – adapted from EMT + Teach Coach Model Review**   1. Strategies were first introduced at the beginning of each phase change during a 15- to 20-min interactive workshop in which the parent educator explained the strategy … discussed with the caregiver how to use the strategy with her child, 2. showed video examples of how to use the strategy (all videos were in Spanish), 3. and answered questions from the caregiver. 4. and followed the Teach-Model-Coach-Review instructional protocol. During the “Teach” portion, the parent educator“ (a) reminded the caregiver of the strategies being practiced that day, 5. (b) reviewed the rationale for the strategy, 6. (c) role played with the caregiver or asked the caregiver open-ended questions about how she might implement the strategy with her child, and 7. (d) gave the caregiver an opportunity to ask questions. 8. In the “Model” part of the session, the parent educator interacted with the child for 10 min to demonstrate how to use the strategy while the caregiver watched. The parent educator pointed out her strategy use during this demonstration at least four times 9. The caregiver interacted with her child with assistance from the parent educator in the “Coach” portion of the session. During the coaching component, the caregiver played with the child for 10 min and engaged the child in a book-sharing activity for 5 min. 10. In addition, to help with caregiver generalization of strategy use, the parent educator and caregiver identified one home routine during each intervention session in which the caregiver practiced strategy use. 11. At the end of the session, the parent educator engaged the caregiver in the “Review” portion by asking open-ended questions about what the parent thought about her use of the strategies that day, 12. relating the caregiver behavior to the child behavior, 13. and giving overall feedback on the caregiver’s use of targeted strategies. | 1. 4.1 2. 6.1aV 3. QA 4. 4.1 5. 5.3d 6. Role play 7. QA 8. 6.1a 9. Coaching 10. 8.6 + 8.1 11. 2.8 12. 2.7 13. 2.2 | 1. Sit face to face with the child at the child’s level 2. Follow the child’s lead 3. Respond to all child communication 4. Use matched turns by saying one thing after the child communicates 5. Mirror and map by imitating the child’s play action and using words to describe what adult and child do together 6. Model child language targets for half of all adult utterances 7. Expand child communication by adding more information to child’s utterance 8. Add steps/roles to routines to expand what child can talk about 9. Set up request (e.g., assistance, … inadequate portions) 10. choice, 11. pause, 12. Ask child to use target language to request using least to most support sequence (time delay, 13. open question, 14. choice question, 15. “say” prompt) | 1. 12.7.15 2. 12.7.5 3. 12.7.8 4. Turn taking 5. 6.1.4 6. 6.1 7. 6.1.9 8. Add to routine 9. 12.1 10. 7.1.7 11. 7.1.8 12. 7.1.8 13. 7.1.1 14. 7.1.7 15. 7.1.4 |
| **Peterson 2005**  **USA** | **EMT + Teach Coach Model Review**   1. Each training session began with a description of the skill to be learned by the parent or a review of the procedure that currently was being practiced, 2. Next, the trainer modelled the use of the skill with the child for the parent 3. The parent then practiced the skill with her child 4. and received feedback 5. and coaching from the trainer. 6. Parents were asked to practice the newly taught milieu language teaching skill twice a week for homework. 7. Parents were asked to write down the date and time they did the homework with their child and to tape record the sessions. 8. The audiotaped were used to verify that the parents did the homework, but not to provide feedback regarding their performance. | 1. 4.1 2. 6.1a 3. 8.1 4. 2.2 5. Coaching 6. 8.1 7. 2.3 8. 2.1 | 1. RI skills taught to parents included descriptive statements, 2. imitations, 3. and expansion. 4. At the beginning of the RI phase, parents were taught to arrange their child’s environment to facilitate naturalistic teaching interactions. 5. IT skills taught to parents included modelling, 6. manding, (*incorrectly termed – question to elicit a mand*), 7. mand-modelling, 8. and time-delay. 9. During the first treatment session following baseline, parents were taught to arrange their child’s environment to make it conducive to milieu teaching (e.g. having an adequate selection of toys available). | 1. 6.1.6 2. 6.1.7 3. 6.1.9 4. 12.1 5. SQ1 6. 7.1.1 7. SQ2 8. 7.1.8 9. 12.1 |
| **Pile 2010 CAN** | **Emergent literacy development programme (based on STAR justice etc al**.)   1. Clinicians modelled the following skills; Clinicians … modelled how to respond to the children using imitations, expansions, comments and further questions 2. Parents received a storybook 3. and a manual providing written reminders of the points stressed in the training session 4. Parents observed the sessions and met the clinician. Clinician provided feedback on the parents use of book reading strategies | 1. 6.1a 2. 12.5 3. HO 4. 2.2 | 1. Modelled how to respond to the children using imitations, 2. expansions, 3. comments 4. and further questions | 1. 6.1.7 2. 6.1.9 3. 6.1.6 4. - |
| **Roberts & Kaiser 2012** | 1. Language targets were chosen for each child prior to the intervention on the basis of the review of language sample transcripts. 2. At the beginning of each phase, the topic for the phase was introduced through an hour-long workshop in which the therapist (a) defined the strategy, (b) provided a rationale for each component of the strategy, 3. (c) described how to do the strategy, 4. (d) showed video examples of the strategy, 5. and (e) answered parent questions about the strategy. 6. Following each 1-hr workshop, parents practiced the specific set of strategies during sessions that occurred twice weekly (one clinic and one home session). 7. Each of the clinic sessions contained four, 15-min segments that occurred in the following order: (a) the therapist reviewed the EMT strategies taught in the workshop (teach); 8. (b) the therapist modeled the EMT strategies with the child (model); 9. (c) the parent practiced the strategies with his or her child 10. with coaching from the therapist (coach); 11. and (d) the therapist provided feedback to the parent, 12. summarized the session, 13. and answered the parent’s questions (review). This teach–model–coach–review method of parent training was used during all sessions. 14. During the initial review segment, the therapist reviewed the target EMT strategies previously discussed in the workshop. 15. Then, she explained these strategies in relation to the selected toys, discussed different ways to play with these toys, 16. and checked for understanding by asking whether the parent had any questions. 17. During the therapist modelling segment, the therapist used all EMT strategies but verbally highlighted the target strategies at least six times during the segment. 18. During the parent–child practice segment, the therapist provided the parent with constructive feedback 19. or specific praise at least once per minute for 15 min. 20. After the session, the therapist asked the parent how he or she felt about the session, summarized how the parent used the target strategies, 21. and related parent use of strategies to child communication during the session. 22. Home sessions followed the same parent training protocol with three additional components. The modelling segment by the therapist occurred only in the play routine at home. 23. Parents also practiced the target strategies while reading a book, eating a snack, and doing a common household routine of their choice. These routines lasted between 3 and 5 min each. 24. During these routines, the therapist provided constructive feedback 25. or specific praise at least once per minute | 1. 1.3b 2. 5.3d 3. 4.1 4. 6.1aV 5. QA 6. 8.1 + 8.6 7. RE 8. 6.1a 9. 8.1 10. Coaching 11. 2.2 12. SU 13. QA 14. RE 15. 4.1 16. QA 17. 6.1a 18. 2.2 19. 10.4 + 2.2 20. SU 21. 2.7 22. 6.1a 23. 8.1 + 8.6 24. 2.2 25. 10.4 + 2.2 | 1. Responses; 2. Turn Taking, 3. Waiting, 4. Mirroring And Mapping 5. Modelling, 6. Expanding verbal and nonverbal communication 7. Time Delay: Assistance, 8. Choices, 9. Waiting With Routine, 10. Waiting With Cue, 11. Inadequate Portions 12. Open Questions, 13. Choice Questions, 14. Say Prompt | 1. 12.7.8 2. Turn taking 3. 7.1.8 4. 6.1.4 5. 6.1 6. 6.1.9 7. 12.1 8. 7.1.7 9. 7.1.8 10. 7.1.8 11. 12.1 12. 7.1.1 13. 7.1.7 14. 7.1.4 |
| **Roberts & Kaiser (2015) – Nashville TN USA** | **EMT**   1. The intervention included 2 components: caregiver instruction and child intervention. First, the caregiver received individual instruction by using the teach-model-coach-review method (described below) to learn how to use specific language facilitation strategies at home with their toddlers 2. The format of each session was standardized and included (1) review of the strategy taught in the workshop, 3. (2) modelling of the strategy by the interventionist with the child, 4. (3) caregiver practice of the strategy with their child 5. while the interventionist provided coaching, 6. and (4) review of the session. 7. specific language targets were chosen for each child based on performance during the baseline assessments 8. Defined language facilitation strategy, Provided rationale 9. Described how to do the strategy 10. Showed video examples 11. Answered questions 12. Restated the strategy, gave example 13. Role played 14. Modelled language facilitation strategy, Highlighted strategy use 15. Coached caregiver while she practiced with the child 16. Discussed the session 17. Linked caregiver and child behaviours 18. Made a plan for home use of strategies   *A complete description of the intervention is available in the manualized intervention protocol (Roberts & Kaiser 2013).* | 1. Teach coach model review 2. RE 3. 6.1a 4. 8.1 5. 2.2 6. RE 7. 1.4o 8. 5.3d 9. 4.1 10. 6.1aV / 6.1bV 11. QA 12. 4.1 13. Role play 14. 6.1a 15. Coaching 16. - 17. 2.2 + 2.7 18. 8.6 + 1.4 | 1. Matched turns 2. Responsiveness 3. Targets 4. Expansions 5. Time delays 6. prompting | 1. turn taking 2. 12.7.8 3. 6.1 4. 6.1.9 5. 7.1.8 6. 7.1 |
| **Kaiser 2013 parents as communication partners** | **EMT + Teach model coach review**   1. Introduction involves previewing the material that is the focus of the teaching. 2. Illustration includes a demonstration of the use or application of the knowledge or skill. 3. Practice involves the adult learner using the new knowledge or skill. 4. Reflection is engaging the adult learner in a self-assessment regarding his or her knowledge. Mastery extends reflection by engaging the adult learner in a self-assessment that is linked to a set of external standards. 5. We highlight family strengths by showing videos of existing positive interactions between parents and children and by pointing out how the interaction strategies that parents already use have contributed positively to their child’s development. 6. Finally, we emphasize the effects of parents’ use of language support strategies on their child’s communication rather than simply focusing on changing parents’ behaviours. 7. Parent training begins with the teach component, which involves two parts. First, the parent attends a 60-min workshop without their child to focus on learning specific EMT strategies (the sequence of teaching the strategies is discussed in the next section). During this workshop, the parent learns about the target strategy by listening to an overview of the strategy. This includes a description of the strategy with examples, specific steps to implement the strategy, 8. and a rationale for using the strategy. 9. Next, the parent watches a video in which they are using the target strategy to some degree and their child has a positive response to their use of the target strategy, 10. and another video in which they fail to use the strategy and the child does not respond as positively. 11. This contrast demonstrates to the parent the impact that their behaviour has on their child’s communication. 12. The therapist summarizes the key steps in the strategy with additional simple examples. 13. Next, the parent role-plays with the therapist to practice the target strategy. 14. The parent is given goals for their use of each target strategy that include when to use the strategy and how often or how accurately the strategy is to be used. Examples of parent goals are provided in Table 1. 15. The parent is shown graphs illustrating their initial levels of the target behaviour. As training continues, they are shown graphs illustrating their levels of previously learned skills before and after training. 16. Last, the parent and the therapist discuss how the target strategy may be implemented across the day at home in familiar routines. 17. The second part of the teach component occurs during the first 10–15 min of the next EMT therapy session following the workshop. Both the parent and the child are present. During this first part of the practice session, the therapist asks the parent about their understanding and comfort with the specific EMT strategy taught in the workshop and how they think their child will or is responding to the strategy. 18. Then, the therapist reviews the key elements of the target strategy 19. and briefly practices with the parent by role-playing. 20. Before beginning practice with the child, therapists ask the parent if they have questions and answers any questions the parent poses. 21. After the brief review of the target strategy, the therapist models the target strategy with the child. During this 15- to 20-min segment, the therapist models with the child during a routine or activity of the parent’s choice. The therapist verbally highlights the strategy while interacting with the child. 22. After watching the therapist use the strategy with the child, the parent then practices for 15–20 min. 23. During this practice session, the therapist provides coaching in the form of praise and constructive feedback. 24. Following this practice session, the parent and therapist review the session. The therapist begins by asking the parent about their perceptions of the session. 25. The parent and therapist discuss the session. 26. The therapist summarizes their impressions of the session by describing the parent’s use of the strategy in relation to the child’s communicative behaviour.   EMT strategies are taught sequentially using the Teach-Model-Coach-Review approach. | 1. PC 2. 6.1a 3. 8.1 4. 2.8 5. 6.1bV + 2.2 6. 5.3d 7. 4.1 8. 5.3d 9. 6.1bV 10. 6.4 11. 2.7 12. 4.1 13. Role play 14. 1.1b 15. 2.2V 16. 8.6 + 1.4 17. 2.8 18. RE 19. Role play 20. QA 21. 6.1a 22. 8.1 23. 2.2 + 10.4 24. 2.8 25. D 26. 2.2 + 2.7 | 1. following the child’s lead in conversation and play, 2. responding to communicative initiations from the child 3. with target language, 4. expanding child utterances by adding words to increase complexity while maintaining the child’s meaning, 5. arranging the environment to support and elicit communication from the child, 6. and systematic use of milieu teaching prompts (model, 7. mand-model, 8. time delay, 9. and incidental teaching). 10. Play and engage: Choose interesting and engaging toys; join the child by actively playing with the toys he chooses; teach target level play actions and sequences 11. Notice 12. and respond; 13. Sit face to face with the child; 14. follow the child’s lead; 15. respond to all child communication 16. Balance turn-taking: balance turns by responding to each child utterance with only one comment 17. Mirroring and mapping: imitate the child’s nonverbal actions (mirror) and model (map) language to these actions 18. model, 19. show, and give gestures; model target signs 20. or words; 21. expand child communication by adding words 22. and or symbols 23. Environmental arrangement strategies: Assistance, … inadequate portions 24. choices, 25. waiting with routine, waiting with cue, 26. EMT prompting strategies: Open questions 27. choice questions, 28. “Say” prompt, 29. First, parents are taught strategies for playing and engaging with their child across naturally occurring routines and activities. Parents learn to choose toys and activities that are interesting and motivating for their child. Parents learn specific strategies for playing with toys and structuring daily activities that are appropriate for their child’s developmental level. 30. Second, parents are taught to notice 31. and respond to their child’s communicative attempts. 32. Parents are encouraged to sit face to face with their child 33. Third, parents learn to balance communicative turns, first by waiting for their child to communicate, 34. and second by responding to communication with only one verbal turn. 35. Fourth, parents learn to “mirror” (i.e., imitate their child’s actions) and “map” (i.e., provide a specific target word for these actions). 36. they are taught to respond using specific language models. Language models are (a) at the child’s specific target level, (b) forms the child is ready to learn, and (c) appropriate for the child’s specific focus of interest and actions. 37. When children communicate, parents are taught to expand their child’s communication by adding a semantically meaningful word. 38. Sixth, parents are taught several environmental arrangement strategies that involve structuring activities in ways that increases the likelihood that children will initiate communication without verbal prompting. 39. Finally, parents learn to use specific milieu teaching prompting strategies. These prompting strategies include using open-ended questions, 40. choice questions, 41. and direct prompts (“say” prompts) to elicit child target language. | 1. 12.7.5 2. 12.7.8 3. 12.7.1 4. 6.1.9 5. 12.1 6. SQ1 7. SQ2 8. 7.1.8 9. 12.1 10. 12.7.5 11. 12.7.7 12. 12.7.8 13. 12.7.15 14. 12.7.5 15. 12.7.8 16. Turn taking 17. 6.1.4 18. 6.1 19. SC2 20. 6.1 21. 6.1.9 22. SC2 23. 12.1 24. 7.1.7 25. 7.1.8 26. 7.1.1 27. 7.1.7 28. 7.1.4 29. 12.1 30. 12.7.7 31. 12.7.8 32. 12.7.15 33. 7.1.8 34. Turn taking 35. 6.1.4 36. 12.7.1 37. 6.1.9 38. 12.1 39. 7.1.1 40. 7.1.7 41. 7.1.4 |
| **Roberts 2014** | **EMT + Teach-Model-Coach-Review**   1. The teach component included an hourlong workshop in the clinic in which the caregiver educator (a) defined the language support strategy, 2. (b) provided a rationale for each component of the strategy, 3. (c) described how to do the strategy, 4. (d) showed video examples of the strategy, 5. and (e) answered caregiver questions about the strategy. 6. The workshop included standardized information (e.g., handouts, 7. PowerPoint slides, video examples). 8. Following the workshop, caregivers practiced the language support strategy during two 40-minute intervention sessions each week in the clinic. 9. First, the caregiver educator reviewed the strategy by (a) restating the strategy and giving an example of the strategy, 10. (b) role-playing with the caregiver, 11. and (c) discussing with the caregiver ways to use the strategy with the specific set of toys selected based on child interests and skills. 12. Second, the child interventionist modelled the language support strategy during a 10-min session while the caregiver educator highlighted and explained the strategy use to the caregiver. 13. Third, the caregiver played with her child for 10 minutes. The caregiver used the specific strategy being taught 14. while the caregiver educator verbally coached the caregiver in her strategy use. 15. This coaching included both praise (i.e., providing a positive statement about the caregiver’s use of the strategy) 16. and constructive feedback (i.e., telling the caregiver when to use a specific strategy or how to use the strategy correctly). 17. Fourth, after the practice section, the caregiver educator and the caregiver reviewed the session. The caregiver educator first asked the caregiver, “How did that feel?” or “What do you think about the session?” This allowed the caregiver to review and reflect about the session and her use of the strategies. 18. The interventionist responded to the caregiver’s comments, acknowledging her feelings and summarizing the caregiver’s use of the language support strategy in a positive way. 19. The caregiver educator also linked the caregiver’s use of strategies to child communication behaviour (e.g., “I noticed that he imitated almost every word that you expanded. You taught him so many new words today.”). 20. Finally, the caregiver educator answered any questions, 21. and the caregiver and the caregiver educator made a plan for the next session (e.g., areas of focus/improvement). 22. The caregiver was also instructed to use the target strategy throughout the day at home during daily routines and activities. | 1. 4.1 2. 5.3d 3. 4.1 4. 6.1aV 5. QA 6. HO 7. 6.1aV 8. 8.1 9. RE 10. Role play 11. 4.1 12. 6.1a 13. 8.1 14. Coaching 15. 10.4 16. 2.2 17. 2.8 18. 2.2 19. 2.7 20. QA 21. 1.4 22. 8.6 | 1. Matched Turns, Matched turns.Matched turns were defined as adult verbal or nonverbal communicative turns that immediately followed (within 2 seconds) a child communicative turn and were contingent to the child communicative turn. Adult communicative turns were considered not matched if they (a) did not immediately follow a child turn, (b) were not contingent, or (c) were not related to what the child communicated. 2. Expansions - Expansions. Expansions were defined as (a) adding one or two content words to the child’s previous utterance, 3. (b) replacing a word in the child’s previous utterance to make it grammatically correct, or (c) changing the verb tense in the child’s previous utterance to make it grammatically correct. 4. Time delays. Time delays were defined as adult attempts to elicit verbal and nonverbal requests from the child and label these requests with specific target language. (a) presented a time delay nonverbally without using language to prompt a child’s response or recruit the child’s attention (e.g., gave the child a small piece of Play-Doh); (b) waited for the child to make a request; (c) labelled or expanded the child request with target language (e.g., said “more Play-Doh” when the child reached for more Play-Doh); and (d) gave the child access to the desired object or performed the desired action with the object (e.g., gave the child more Play-Doh). 5. (a) Assistance, Assistance was defined as creating a situation in which the child needs the adult’s help (e.g., putting a lid on a container that the child is unable to take off independently). 6. (b) Inadequate Portions, Inadequate Portions was defined as providing a small amount of a desired material (e.g., only putting a small amount of paint on a tray so that the child cannot finish her picture). 7. (c) Choice Making, Choice Making was defined as holding up two or more objects as options and then waiting for the child to communicate (e.g., providing choices between colors of Play-Doh). 8. (d) Sabotage, Sabotage was defined as not providing all the material the child needed to complete a task or interrupting the child from completing a desired task (e.g., putting a hand in front of a car going down a ramp). (f) Silly Situation, Silly Situation was defined as the adult violating a child’s expectations by doing something unexpected that the child might find interesting or amusing (e.g., putting a pot on the child’s head as a hat). 9. and (g) Waiting With a Cue. Waiting With a Cue was defined as waiting with an expectant look before completing a desired task (e.g., pouring a small amount of water into a bowl, pausing before pouring more, and then looking expectantly at the child to request more). Waiting With a Cue typically was presented within the context of a familiar routine or practiced sequence of actions (e.g., holding the nose in front of a Mr. Potato Head’s face and looking expectantly at the child to request the action of putting on the nose). 10. Milieu prompting episodes. Milieu prompting episodes were defined as sequences of adult prompts in response to a child verbal or nonverbal request. (a) was in response to a request; 11. (b) included the child’s communication target; 12. (c) followed a sequence of least to most prompts (i.e., open question to “say” prompt); 13. (d) maintained the child’s engagement throughout the episode; (e) included adequate time for the child to respond to the prompts; 14. (f) excluded the use of yes/no or test questions (i.e., questions with only one correct answer, such as, “What’s your name?”); and (g) ended with giving the child the desired object 15. and expanding the child’s response if the child used the prompted target or giving a correction if the child did not use the prompted target. 16. Additionally, the caregiver was instructed to pause for 5 seconds between each prompt 17. and to expand the child’s utterance if the child used the prompted target 18. or to correct the child if the child did not use the prompted target after two “say” prompts. 19. (a) open questions, An open question provided the least support and required the child to generate an answer based on his or her preferences or knowledge (e.g., “What do you want?”). 20. (b) choice questions, A choice question provided a choice between two objects or actions (e.g., “Drive the car or drive the truck?”). 21. and (c) the “say” prompt. A “say” prompt directly modelled the desired response and prompted the child to repeat (e.g., “Say ‘drive the car.’”). 22. Child communication targets. Communication targets were chosen for each child based on the number of different words spoken during the language sample prior to intervention. | 1. Turn taking 2. 6.1.9 3. 6.1.8 4. 7.1.8 5. 12.1 6. 12.1 7. 7.1.7 8. 7.1.6 9. 7.1.8 10. 12.7.8 11. 6.1 12. SC? 13. 7.1.8 14. - 15. 6.1.9 16. 7.1.8 17. 6.1.9 18. 6.1.8 19. 7.1.1 20. 7.1.7 21. 7.1.4 22. 1.4o |
| **Sheehan 2009 Canada** | **“You Make The Difference” (Manolson et al. 1995)**   1. The format of the session included a review of home practice 2. and viewing of video clips from the previous week's videotaping session. 3. Next, new information was shared using a participative lecture format that included discussion, 4. analysis of the program video and book chapter, 5. and/or role-plays. 6. parents joined their children in the playroom and were individually videotaped while interacting with their child This provided an opportunity for parents to practice the new strategies with their child 7. and receive individual coaching from the instructor. 8. At each session, parents were provided with a toy (e.g., ball, bubbles, book) to use during the video feedback session that they could take home to remind them to use the strategies they had learned. 9. In the first group session, parents learned how their interactive styles (e.g., helper, teacher) influenced their child's participation in interactions. 10. During the practice session, the instructor gave each parent a ball along with ideas for how to use it during interaction with their child… During the practice session, the instructor gave parents and children a rubber duck with which to play and provided ideas for how to incorporate the newly learned strategies… During the practice session, parents used bubbles to interact with their child and received feedback on how to include the newly taught strategies… During the practice session, parents were given a blanket to use for playing peek-a-boo with their child and were given feedback on their use of program strategies 11. The fifth group session focused on using the previously taught responsive interaction strategies during storybook reading. 12. During the videotaping session, the instructor gave parents a picture book (i.e., Wheels on ·the to use with their child and were given Bus) ideas for how to incorporate program strategies to create a conversational style of book reading. 13. The final session was a review of all program strategies. 14. Information on community support services was shared with the parents in case their children required future developmental assessments or intervention. | 1. - 2. 6.1bV 3. 4.1 + D 4. 6.1aV 5. Role play 6. 8.1 7. Coaching 8. 12.5 9. 5.3 10. 12.5 11. 8.6 12. 12.5 13. RE 14. OS | 1. child-oriented strategies (e.g., allow the child to lead; 2. observe, wait, and- listen), 3. interaction-promoting strategies (e.g., take turns, 4. imitate, 5. ask questions), 6. and language-modeling strategies (e.g., imitate and add a word 7. or action, 8. use repetition, 9. expand). 10. They also learned to observe, wait, and listen for the child's cues 11. and then to follow the child's lead by using language that shares the child's focus. 12. The second group session targeted strategies that promoted interactions focused on the child's interests. Parents learned to beface-to-face, 13. imitate their child's actions 14. and sounds, 15. interpret their child's behavior as communicative, 16. comment on their child's interests, 17. ask open-ended questions to keep the conversation going, 18. and take turns to extend the child's participation in conversations. 19. In the third group session, parents learned to fine-tune their language by adding new words and experiences. Parents also learned to use actions/gestures to accompany their words (e.g., point to make the meaning of their verbal messages clearer), 20. add new vocabulary for objects or actions their child was interested in, 21. use emphasis to make important words stand out, 22. repeat the same actions or words many times, 23. and add new ideas to the conversation (e.g., expand on the topic by adding explanations, talk about feelings, talk about the future). | 1. 12.7.5 2. SQ4 3. Turn taking 4. 6.1.7 5. - 6. 6.1.9 7. SC2 8. 6.1.1 9. 6.1.9 10. SQ4 11. 12.7.5 12. 12.7.15 13. 12.7.16 14. 6.1.7 15. 12.7.7 16. 6.1.6 17. 7.1.1 18. Turn taking 19. 6.1.9 20. 6.1 21. SC3 22. 6.1.1 23. 12.7.1 |
| **Song 2016 Korea** | **Hanen It Takes Two To Talk**   1. Parents were encouraged to spend 10-15 minutes of quality time with their children and to focus exclusively on applying what they learned during parent-training 2. Following each training session, all of the participants were encouraged to apply the parent-child interaction strategies at home. 3. Control group: The parents in this group did not use Talk-LIME for intervention. Instead, the parents in the control group were asked to maintain a daily diary of their interaction with their child. … The parents were instructed to record the amount of time they spent with their child and describe which strategies from parent-training that they applied in their parent child interaction. 4. Video feedback about parents’ interactions   **+ Talk-LIME Mobile Technology**   1. size of the ball changes based on the number of utterances over the past 3 minutes; The brightness of the ball is used to represent the initiation utterance ratio of the total number of utterance that he/she spoke.; The glares in the ball determines who is speaking and shows the turn-taking that occurs between the parent and the child.; The timer bar shows the amount of time remaining 2. to motivates the parents by setting a short-term goal. 3. collecting and showing data from the previous sessions, the parents are able to observe the change in the number of utterances and the initiation ratio of the children as a function of time. 4. The number of average utterances of the same age group is shown with a dotted line, motivating the parents by setting a long-term goal. 5. Experimental group: After the first session of the parent training, the parents in the experimental group were provided with a smartphone (Samsung Galaxy Note 4) which had Talk-LIME installed. 6. The parents were instructed on how to use the system, including a description of the interface, the definition of the balls showed on the screens, the result graphs, for approximately one hour. 7. The parents in this group used TalkLIME during the parent-child interactions and received real-time feedback through the smartphone. 8. Similar to the control group, the parents were also asked to spend 10 to 15 minutes with their children every day with TalkLIME.   *And was based on It Takes Two To Talk (Pepper J. and McDade E., Weitzman. 2004. It takes two to talk: A practical guide for parents of children with language delays. The Hanen Centre) but ‘based on’ not mean we should add that to it* | 1. 8.6 2. 8.6 3. 2.3 4. 2.2V 5. 2.2V 6. 1.1b + 1.3b 7. 2.2V 8. 1.1b + 1.3b 9. 12.5 10. 4.1 11. 2.2V 12. 8.1 | 1. Let your child lead; Parent’s and Child’s interaction level, type 2. Look at child’s gesture, expression 3. Wait for child to response 4. Follow your child leads 5. participate child’s play 6. Mimic child’s expression, sound, voice 7. Comment to child’s verbal and action 8. Interpret child’s response 9. Take turns to keep the interaction going 10. Continue conversation with questions 11. Give a sign for turn-taking 12. Add language to the interaction; Speak simple and short and slowly 13. Extend child’s message, 14. highlight words 15. Sharing books and music Interaction by reading books 16. and singing | 1. 12.7.5 2. 12.7.7 3. 7.1.8 4. 12.7.5 5. 12.7.5 6. 6.1.7 7. 6.1.6 8. - 9. Turn taking 10. 7.1.1 11. Turn taking 12. 12.7.1 13. 6.1.9 14. SC3 15. 12.5.1 16. 12.5.2 |
| **Stoner 2013** | **PiCS Parent Implemented Communication Strategies**  joint planning: agreement on the actions or opportunities to practice between coaching sessions;  (b) observation: evaluation of actions or practices to be used to develop new strategies;   1. (c) action: spontaneous or planned events in the natural environment that will allow the coachee to practice;   (d) reflection: analysis of existing strategies to decide about needed changes;   1. and (e) feedback: information provided by the coach to expand the coachee’s current level of understanding and practice 2. (c) demonstrate the intervention, 3. (e) give feedback after the parent practices,   (f) develop joint interaction,   1. (g) provide guided practice with feedback, 2. (h) use problem solving,   and (i) be child focused.   1. (a) share a vision and establish long-term and short-term goals; … (c) set session goals and implement the intervention strategy; 2. (d) observe parent, give feedback, and evaluate progress;   and (e) monitor progress and set new objectives.   1. We must emphasize that parents are the focus of this session and, as such, our primary objective is to actively listen. 2. and identify their long-term and short-term goals regarding their children’s communication. 3. We begin the teaching session by explaining the strategy, why we chose it, why we believe it will positively affect the child’s communication, and why we believe the parent should implement it. 4. We take the time to ask for parent concerns and answer questions, 5. we teach the parent how to implement the strategy by modelling it with the child 6. or showing a video that gives the parent a visual representation of the strategy used by other parents. 7. We take the time to answer parents’ questions, address their concerns, and modify the intervention to better meet the needs of both the child and the family. 8. We discuss with parents how they could use the strategy with their children within their normal routines in their natural environments. 9. and asking the parent what short-term objective she would like to achieve in this session. We write the objective in behavioural terms, without the criteria usually associated with objectives. 10. We encourage the parent to provide many opportunities for the child to practice the target behaviour/skill within the natural environment. 11. We use an action plan to help the parent think about all the steps that need to be done to use the intervention in the family’s everyday routines. 12. We ask the parent to implement the intervention while we observe. After the observation, we ask the parent to provide us with a self-reflection statement of what she did correctly or incorrectly, 13. and we provide corrective feedback as needed 14. We ask the parent to use the intervention strategy within natural home routines. 15. We also video recorded parents’ implementation of the naturalistic and visual teaching strategies. During the PiCS project, we used these video-recordings for data collection and to provide parents with instructive feedback. 16. We purposely show parents video footage of them accurately implementing the intervention to reinforce their skills. We then show them times when the intervention was not implemented as planned, when steps were ignored, or when the parent failed to establish joint attention with the child. The use of video-recording is powerful, and parents enjoy seeing their implementation and their children’s responses 17. Between sessions, it is helpful to ask parents to identify (a) times when they used the intervention strategy and (b) their children’s outcomes. In essence, we are teaching parents to collect data, which can be very reinforcing. We provide a form for parents to complete while we are not there, and this not only allows us to document child and parent progress, but also facilitates discussion and problem solving during the next session … and might also ask parents to record their children’s behavior or communication after they implement the teaching strategies. | 1. 8.1 2. 2.2 3. 6.1a 4. 2.2 5. 2.2 6. 1.2 7. 1.1a 8. 2.2 9. Active listen 10. 1.3a 11. 4.1 + 5.3d 12. QA 13. 6.1a 14. 6.1bV 15. QA 16. 8.6 + 1.4 17. 1.1b 18. 8.6 19. 1.4 20. 2.8 21. 2.2 22. 8.6 23. 2.2V 24. 2.2 + 2.7 25. 2.3 + 2.4 | 1. This intervention may be a naturalistic teaching strategy, such as modelling 2. or time delay, 3. or a visual teaching strategy, such as task analysis or rule reminder cards aspects of modelling: arrange the environment,   establish joint attention,   1. verbalize the target word, wait 3 s if there is no response from the child, verbalize again, wait 3 s, and if there is still no child response, give the child the object with a verbal model. If the child responds correctly, we reinforce the vocalization with the object and verbal praise. | 1. SQ1 2. 7.1.8 3. 12.1   Doesn’t specify how   1. SQ1 |
| **Sylvestre 2015 – the example they give oten don’t match with the BCT they name and describe** | **Describes PCI in general, mentions some specific interventions, but does not look to describe these as Lane does, and instead they are almost incidental mentioned**  *This paper describes the “active ingredients” of parent-child interaction programmes, the “form” that these programmes take, and then describes several programmes and their development. BCTs are mentioned throughout.*   1. L’intervenant interagit directement avec l’enfant en présence du parent et fait ainsi la démonstration des comportements que l’adulte mettra en place 2. l’orthophoniste travaille avec les parents dans le but d’offrir un coaching 3. Pour ce faire, l’orthophoniste offre des modèles 4. et du coaching au parent 5. L’intervenant donne au parent des modèles de réponse contingente et rapide aux amorces communicationnelles de l’enfant 6. puis encourage le parent à faire de même. | 1. 6.1a 2. Coaching 3. 6.1a 4. Coaching 5. 6.1a 6. 8.1 | 1. Ces propriétés se manifestent d’abord par la détection et l’interprétation juste des signaux de communication de l’enfant, notamment l’interprétation des gestes, des vocalisations ou des actions de pointer que fait l’enfant. 2. La deuxième étape fait référence à la réactivité au message de l’enfant (responsiveness). Il s’agit alors que l’adulte offre à l’enfant une réponse prompte et contingente, tout en étant centrée sur les intérêts de l’enfant (Guttentag et al., 2014 ; Levickis et al., 2014). 3. Par exemple, en nommant l’objet qui attire l’attention de l’enfant. 4. À titre d’exemple, placer un jouet à la vue mais hors de portée de l’enfant serait une stratégie pour provoquer une demande d’objet de la part de ce dernier. 5. Le parent soutenant fournit à l’enfant des modèles sémantiques et syntaxiques à l’aide de techniques d’imitation, 6. d’interprétation, 7. de dénomination 8. et d’expansion du langage. L’expansion se définit comme la répétition d’une partie ou de la totalité de la production de l’enfant en y ajoutant un ou plusieurs mots ou morphèmes. Le modèle verbal s’exprime par la répétition appropriée d’une partie ou de la totalité de la production de l’enfant 9. Le premier est de sensibiliser les parents au développement de la communication de leur enfant en portant une attention particulière aux intentions de communication de l’enfant ainsi qu’aux comportements qui constituent une forme de communication non intentionnelle. 10. Le deuxième objectif est d’encourager les parents à attendre que leur enfant produise des comportements interprétables, par exemple d’attendre que l’enfant regarde un objet qu’il désire, avant de donner un modèle verbal. 11. Le troisième est de miser sur ce qui attire l’attention de l’enfant afin de suivre son amorce communicationnelle. 12. Le quatrième objectif est d’offrir une réponse, c’est-à-dire une conséquence, qui se situe dans la zone proximale de développement de l’enfant et y est ainsi ajustée. 13. L’intervenant encourage également le parent à laisser du temps à l’enfant pour amorcer l’interaction. 14. Pendant ces rencontres, pour les enfants qui ont peu de langage verbal, les techniques de stimulation langagière privilégiées sont d’abord le modèle verbal, qui vise à nommer ce qui retient l’intérêt l’enfant, 15. puis l’expansion qui est une répétition dans une forme adulte du mot ou de l’approximation de mot produite par l’enfant au sujet d’un objet ou d’une action pour laquelle il exprime une intention de communication. 16. Lorsque les enfants ont acquis un vocabulaire expressif de 50 à 100 mots et qu’ils commencent à combiner des mots à des gestes, les expansions utilisées par l’adulte se complexifient pour contenir deux mots au lieu d’un. 17. Ainsi, les parents sont invités à observer et à suivre les initiatives de leur enfant dans le but d’interpréter les intentions de communication de ce dernier. 18. L’intervenant encourage également le parent à laisser du temps à l’enfant pour amorcer l’interaction. 19. Le parent répond ensuite rapidement en ajustant le contenu de son tour de parole pour qu’il se situe dans la zone proximale de développement par rapport à ce qui a été exprimé par l’enfant. 20. Concrètement, le parent est amené à organiser l’environnement de jeu pour encourager l’enfant à amorcer des échanges. À cette fin, les « tentations de communication » décrites par Wetherby et Prizant (1989) sont d’excellents moyens de déclencher une réaction chez l’enfant dans le but de l’amener à exprimer une demande. 21. **Objectif 1 : Promouvoir l’intentionnalité:** Organiser l’environnement de jeu pour encourager l’engagement de l’enfant dans l’interaction; Sélectionner des jeux qui intéressent l’enfant; Créer des « tentations de communication » 22. **Objectif 2 : Susciter les productions verbales (énoncés de 1 mot):** Les cibles sélectionnées sont en lien avec les intérêts de l’enfant et son niveau de développement; Donner un modèle verbal de 1 mot : nommer l’objet ou l’action qui attire l’attention de l’enfant 23. puis prendre une pause en attente d’une imitation possible de la part de l’enfant; Ajuster la nature de ce modèle verbal au niveau de développement langagier de l’enfant 24. Reprendre les mêmes cibles de façon régulière 25. Si l’enfant imite un modèle, le répéter à nouveau 26. Poser des questions auxquelles l’enfant peut répondre en utilisant les cibles de l’intervention 27. Objectif 3 : Amener l’enfant à combiner des mots: Donner un modèle verbal de 2 mots. Ce modèle verbal pourra être contingent à un mot utilisé par l’enfant pour exprimer une intention | 1. 12.7.7 2. 12.7.8 3. 6.1.5 4. 12.1 5. 6.1.7 6. 12.7.7 7. 6.1.5 8. 6.1.9 9. 12.7.7 10. 7.1.8 11. 12.7.5 12. 12.7.8 13. 7.1.8 14. 6.1 15. 6.1.8 (called expansion) 16. 6.1.9 17. 12.7.5 18. 7.1.8 19. 12.7.8 20. 12.1 21. 12.1 22. 6.1.5 23. 7.1.8 24. 6.1.1 25. 6.1.7 26. 7.1.1 27. 6.1.6 |
| **Tannock 1992 Canada** | **the Hanen Early Language Parent Program; Manolson, 1985)**   1. Parents were provided with a parent guidebook - It Takes Two to Talk: A Hanen Early Language Parent Guidebook (Manolson, 1985) – 2. and videotapes of each parent interacting with his/her own child were used to teach program strategies 3. as well as to provide individual feedback to parents. 4. The three home visits were designed to provide families with individual guidance and consisted of a review and discussion of a 5-minute videotaped sample of interaction during which parents practised their use of strategies taught in the previous evening sessions. 5. All home videotapes were subsequently reviewed by the speech-language pathologist, and written comments were prepared for the following evening session. 6. The evening sessions were approximately 2-hours long and included a review of the previous week's instruction, 7. presentation of new information using a combination of participative lectures 8. and videotape analysis, 9. an application section in which the new information was roleplayed 10. or discussed, 11. and the assignment of home activities.   For a complete description of the program content and format, see Girolametto et al (1986). *Unable to access.* | 1. HO 2. 6.1bV 3. 2.2V 4. 8.1 5. 2.2 6. RE 7. 4.1 8. 6.1aV / 6.1bV 9. Role play 10. D 11. HW | 1. The principal components of the program included; (1) interaction-promoting strategies (e.g., taking one turn and waiting expectantly for the child to respond, 2. signalling the child nonverbally to take a turn) which are presumed to encourage the child's participation in balanced turntaking and avoid adult dominance of the interaction; 3. (2) language-modelling strategies, which included the use of responsive labels 4. and comments 5. (expansions, 6. extensions, 7. parallel talk); 8. and (3) child-oriented strategies, in which parents were instructed to follow the child's lead, 9. interpret the child's cues, 10. respond to the child's focus of attention, 11. and reduce directiveness   (for details of strategies, see Tannock & Girolametto, in press). *Unable to access.* | 1. 7.1.8 2. Turn taking 3. 6.1.5 4. 6.1.6 5. 6.1.8 6. 6.1.9 7. 6.1.2 8. 12.7.5 9. 12.7.7 10. 12.7.8 11. 12.7.5 |
| **Van Balkom 2010 – example of a very poorly defined description of intervention** | **Parent-based intervention programme involving Video Home Training (PVHT)**   1. In the VHT-sessions, video clips of successful, smooth, fluent and reciprocal conversations (‘good practice’) between parent and child were shown and discussed during home visits 2. certified VHT-trainers they were also responsible for the formulation of the feedback to the parents during their home visits. 3. Specific attention was paid to fragments scored as not coherent and the nature and impact of the repair strategies used by the parent, guided by questions as ‘What caused the breakdown or the misunderstanding?’and ‘Has it [the breakdown] been successfully dealt with?’ | 1. 6.1bV + 2.2V 2. 2.2 3. 2.8 |  |  |
| **Wake 2011** | **Modified version of “You Make the Difference”22**   1. Parents attended the first 1.5 hours while children were supervised in an adjacent room. In each session, the group leader started by reviewing the previous week’s home practice 2. and showing video clips of parent-child interactions to highlight previously learnt strategies; 3. this was followed by a participative lecture. 4. In the last 30 minutes, each parent and child pair was videotaped practising the new strategies 5. with coaching as needed, 6. from which a short positive clip was drawn for the group to view the following week to reinforce specific strategies.   *the intervention, its supporting theory, and its implementation are detailed in our report of the Let’s Learn Language pilot study.24* | 1. - 2. 6.1bV 3. 4.1 4. 8.1 5. Coaching 6. 6.1bV + 2.2V | It promoted child centred, interaction promoting, and language modelling responsive interaction strategies | Unable to code |
| **Sheehan 2009** | **“You Make The Difference” (Manolson et al. 1995)**   1. The format of the session included a review of home practice 2. and viewing of video clips from the previous week's videotaping session. 3. Next, new information was shared using a participative lecture format that included discussion, 4. analysis of the program video and book chapter, 5. and/or role-plays. 6. parents joined their children in the playroom and were individually videotaped while interacting with their child This provided an opportunity for parents to practice the new strategies with their child 7. and receive individual coaching from the instructor. 8. At each session, parents were provided with a toy (e.g., ball, bubbles, book) to use during the video feedback session that they could take home to remind them to use the strategies they had learned. 9. In the first group session, parents learned how their interactive styles (e.g., helper, teacher) influenced their child's participation in interactions. 10. During the practice session, the instructor gave each parent a ball along with ideas for how to use it during interaction with their child… During the practice session, the instructor gave parents and children a rubber duck with which to play and provided ideas for how to incorporate the newly learned strategies… During the practice session, parents used bubbles to interact with their child and received feedback on how to include the newly taught strategies… During the practice session, parents were given a blanket to use for playing peek-a-boo with their child and were given feedback on their use of program strategies 11. The fifth group session focused on using the previously taught responsive interaction strategies during storybook reading. 12. During the videotaping session, the instructor gave parents a picture book (i.e., Wheels on ·the to use with their child and were given Bus) ideas for how to incorporate program strategies to create a conversational style of book reading. 13. The final session was a review of all program strategies. 14. Information on community support services was shared with the parents in case their children required future developmental assessments or intervention. | 1. - 2. 6.1bV 3. 4.1 + D 4. 6.1aV 5. Role play 6. 8.1 7. Coaching 8. 12.5 9. 5.3 10. 12.5 11. 8.6 12. 12.5 13. RE 14. OS | 1. child-oriented strategies (e.g., allow the child to lead; 2. observe, wait, and- listen), 3. interaction-promoting strategies (e.g., take turns, 4. imitate, 5. ask questions), 6. and language-modeling strategies (e.g., imitate and add a word 7. or action, 8. use repetition, 9. expand). 10. They also learned to observe, wait, and listen for the child's cues 11. and then to follow the child's lead by using language that shares the child's focus. 12. The second group session targeted strategies that promoted interactions focused on the child's interests. Parents learned to beface-to-face, 13. imitate their child's actions 14. and sounds, 15. interpret their child's behavior as communicative, 16. comment on their child's interests, 17. ask open-ended questions to keep the conversation going, 18. and take turns to extend the child's participation in conversations. 19. In the third group session, parents learned to fine-tune their language by adding new words and experiences. Parents also learned to use actions/gestures to accompany their words (e.g., point to make the meaning of their verbal messages clearer), 20. add new vocabulary for objects or actions their child was interested in, 21. use emphasis to make important words stand out, 22. repeat the same actions or words many times, 23. and add new ideas to the conversation (e.g., expand on the topic by adding explanations, talk about feelings, talk about the future). | 1. 12.7.5 2. SQ4 3. Turn taking 4. 6.1.7 5. - 6. 6.1.9 7. SC2 8. 6.1.1 9. 6.1.9 10. SQ4 11. 12.7.5 12. 12.7.15 13. 12.7.16 14. 6.1.7 15. 12.7.7 16. 6.1.6 17. 7.1.1 18. Turn taking 19. 6.1.9 20. 6.1 21. SC3 22. 6.1.1 23. 12.7.1 |
| **Ward 1999** | **No name - It has similarities with some aspects of ‘milieu teaching’,**  **discussed by Kaiser et al. (1992),**  This programme also contained two or three suggestions for activities to be carried out in naturally occurring situations | 1. 8.6 | 1. In the first programme, the suggestion is made that the carer spends time alone with the infant in a quiet room 2. The importance of child-led shared attention within this time is stressed 3. General advice is also given that the carer is close to the infant when she speaks 4. and uses short utterances 5. The suggestion is made that the carer imitatively models the infant’s sounds. 6. The second programme for this group contains only one ‘compulsory’ item. This relates to the carer using ‘playsounds’, that is, imitating environmental sounds 7. The only ‘compulsory’ item on the third programme relates to repetition 8. and the melodic vocalizations and exaggerated contours 9. The suggestion is made that the carer responds to the infant’s communication with an appropriate verbal response. 10. The importance of infant and carer spending time alone together in a quiet place is once again stressed 11. It is suggested that the carer uses rhymes 12. and ritualized vocalizations (for example, ‘up you come’) to foster enjoyment in listening to voice. 13. The carer is also encouraged imitatively to model the infant’s sounds, 14. The second programme directly seeks to develop verbal comprehension. The concept of following the infant’s focus of attention is introduced here to facilitate the mapping of meaning onto words. 15. Examples of appropriate short utterances are given. 16. Additional items to be added to this programme, if necessary, include encouragement to the carer always to respond to the infant’s communicative intent, 17. to increase the frequency of her responses, 18. a reiteration of the importance of using short utterances, 19. and advice to use pointing to establish shared reference. 20. The suggestion that she use ‘funny phrases’ (Fernald’s ‘stereotyped prosodic contours’) is made to foster enjoyment in listening and comprehension in situational contexts. 21. The third programme for this group seeks to increase the quantity both of input and interaction, and to give the infant opportunities to perceive the prosodic aspects of speech. The suggestion that it is helpful to talk frequently to infants at this stage is made directly. 22. The two appropriate ways of talking to infants at this developmental stage are introduced. It is suggested that at times when the infant is watching the carer, she give a ‘running commentary’ to enable him to perceive the prosodic aspects of a continuous flow of speech, 23. The additional items for this programme are any of those modifications that are not already occurring, together with a suggestion that the infant’s communicative intent is responded to with an appropriate verbal input. 24. The reduction or, if possible, elimination of background sound for part of each day is essential for these infants. 25. The suggestions are made that in these quiet times the carer encourages play with noisemakers and sings or tells rhymes and action rhymes to foster the enjoyment of foreground sound in an interactive setting. 26. At other times, the carer is encouraged to help the infant to link sounds with their sources. 27. The second programme seeks to increase the quantity of vocal/verbal input to the infant. The suggestion is given directly, 28. followed by that of developing infant led joint attention 29. The beginnings of adult–child speech modification are introduced with examples of appropriate short utterances, 30. as is the concept of the ‘running commentary’ to enable the infant 31. The only additional item to this programme is a suggestion that the carer always responds to the infant’s communicative attempts. 32. The third programme contains only one compulsory item. This instructs the carer not to use speech to reprimand the infant whenever possible, 33. to remove from his environment anything that would tend to make him reluctant to listen to speech. 34. Response to the infant and development of interactive dialogue are fostered by encouraging the carer imitatively to model his sounds 35. and to respond to his communications with appropriate verbal replies. 36. The carer is encouraged to be close to the infant to help him | 1. 12.7.13 2. 12.7.5 3. 12.7.15 4. 12.7.1 5. 6.1.7 6. 12.7.12 7. 6.1.1 8. SC3 9. 12.7.8 10. 12.7.13 11. 12.5.1 12. 6.1.2 13. 6.1.7 14. 12.7.5 15. 12.7.1 16. 12.7.8 17. 12.7.2 18. 12.7.1 19. 12.7.14 20. 7.1.6 21. 12.7.2 22. 6.1.2 23. 12.7.8 24. 12.7.13 25. 12.5.1 26. 12.7.11 27. 12.7.2 28. 12.7.5 29. 12.7.1 30. 6.1.2 31. 12.7.8 32. Decrease negative 33. 12.1 34. 6.1.7 35. 12.7.8 36. 12.7.15 |

This table covers the coding of the papers themselves, and any extra materials they point to, specifically to do with the described intervention. Any interventions that describe themselves as ‘based on’ are not followed up unless it specifically states ‘more/full description in…’ Any descriptions or interventions pointed out in the introductions or background sections of papers are not coded, since that is not necessarily what they used in the study. Some papers described multiple interventions; if each were parent-led language interventions, these descriptions were coded. Papers which stated a certain intervention was used and cited another place for that intervention, but then went on to describe this within the paper and without directing the reader to a fuller/more complete description, only the description in the paper itself was coded.

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| --- | --- | --- | --- |
| Level 1 | | Level 2 | |
| goal setting (behaviour) | **1.1** | Visual aids (gesture/pictures/body language etc) | SC2 |
| Collaboratively, with the parent | **1.1a** | Verbal emphasis | SC3 |
| Individually, without the parent | **1.1b** | Demonstration of behaviour | 6.1 |
| Both collaboratively and individually | **1.1c** | Repeating | 6.1.1 |
| Goals were set by another professional | **1.1d** | Parallel-Talk | 6.1.2 |
| Problem Solving | **1.2** | Self-Talk | 6.1.3 |
| goal setting (outcome) | **1.3** | Mirroring and Mapping | 6.1.4 |
| Collaboratively, with the parent | **1.3a** | Contingent labelling | 6.1.5 |
| Individually, without the parent | **1.3b** | Contingent commenting | 6.1.6 |
| Both collaboratively and individually | **1.3c** | Imitating | 6.1.7 |
| Goals were set by another professional | **1.3d** | Recasting | 6.1.8 |
| Action Planning (behaviour) | **1.4** | Expanding | 6.1.9 |
| action planning (outcome) | **1.4** | prompting | 7.1 |
| Monitoring of techniques | **2.1** | Fading prompts | 7.3 |
| Feedback (regarding parent) | **2.2** | Open questions | 7.1.1 |
| feedback (regarding parent) video | **2.2V** | Cloze sentences | 7.1.2 |
| Monitoring of impact | **2.3** | Phonemic prompt | 7.1.3 |
| Self-Monitoring of techniques | **2.4** | Say' prompt | 7.1.4 |
| Self-Monitoring of impact | **2.5** | False assertions | 7.1.5 |
| Feedback (regarding child) | **2.7** | Absurd/funny phrases | 7.1.6 |
| Feedback (regarding child) video | **2.7V** | Forced alternative | 7.1.7 |
| Encourage self-evaluation of performance | **2.8** | Pause | 7.1.8 |
| Encourage self-evaluation of performance V | **2.8V** | Social reward | 10.4 |
| social support (unspecified) | **3.1** | restructuring the environment | 12.1 |
| Instruction | **4.1** | Target-level talking | RCE1 |
| Encourage re-explanation | **4.5** | Increasing amount of vocal/verbal input to child | RCE2 |
| General information vbl | **5.3a** | Speaking more slowly | RCE3 |
| Individualised information about their child | **5.3b** | Using animated and exaggerated facial expressions | RCE4 |
| Rationale behind chosen therapy | **5.3c** | Following the child's lead (reducing directiveness) | RCE5 |
| Rationale for specific techniques taught | **5.3d** | Increasing interactions | RCE6 |
| demonstration (unspecified) | **6.1** | Identify communication | RCE7 |
| Demonstration via video (unspecified) | **6.1V** | Respond to child (vbl or nvbl) | RCE8 |
| Demonstration/Modelling 1 by SLT | **6.1a** | Decrease interruptions | RCE9 |
| Demonstration/Modelling 1 by SLT video | **6.1aV** | Decreasing vocal/verbal input | RCE10 |
| Demonstration/Modelling 2 by parent | **6.1b** | Linking sounds with sources | RCE11 |
| Demonstration/Modelling 2 by parent video | **6.1bV** | Imitating environmental sounds | RCE12 |
| Information about others' approval | **6.3** | Reducing background noise/distractions | RCE13 |
| Incorrect demonstration | **6.4** | Pointing | RCE14 |
| Prompting f2f | **7.1a** | Physical level adjustment | RCE15 |
| Prompting text etc | **7.1b** | Physical/nonverbal mirroring | RCE16 |
| Reduce prompts/cues | **7.3** | Modelling | SQ1 |
| Practice/Rehearsal | **8.1** | Mand-Modelling | SQ2 |
| Generalisation | **8.6** | OWL | SQ4 |
| Material reward | **10.2** | SOUL | SQ5 |
| Descriptive praise (collapsed into 2.2 and 10.4) | **10.4a** | Preparing child for behaviour change | PREP |
| Non-specific praise | **10.4b** | Music | 12.5.1 |
| Adding objects to the environment | **12.5** | Books | 12.5.2 |
| Preparing parent for behaviour change | **PC** | remove reward (behaviour) | 14.3 |
| Reviewing previous information - just 4.1 | **RE** | Punishment (behaviour) | 14.2 |
| Summarising information | **SU** |  |  |