



WHITEPAPER

Parent-Implemented Early Language Intervention: What Really Works?

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Parent-implemented intervention is considered best practice in the field of early language intervention. We're hearing more and more about the importance and effectiveness of this approach, but despite the increased demand, many early interventionists report they have not been adequately trained to work with parents.

Here, we'll explore what experts are saying about parent-implemented intervention, compare this new type of intervention with the more traditional provider-implemented intervention, describe multiple strategies early interventionists can share with parents to help build their child's language skills, and break down a coaching structure interventionists can use to help parents succeed in this approach.

What is Parent-Implemented Intervention?

Let's look at what some experts say.

Active involvement by families is critical. Without it, intervention is unlikely to be successful – any short term effects are unlikely to be long-lasting. (Bronfenbrenner, 1974)

The earlier parents of children with disabilities are involved in intervention programs, the better the outcomes. (Rossetti, 2001)

Both the experts above use the word *involvement*. This term is heard quite often in the field of early intervention, but it is limited. It can mean different things to different people. Some early interventionists involve parents simply by asking them to watch what happens in a treatment session and hoping they pick up techniques to use at home.

Interventionists who take the route of “parent as observer” *might* find that these parents are more motivated than others, but there’s no way to know, with confidence, how the parent uses the techniques observed between sessions. Other interventionists take a “parent as assistant” approach, and while this has the potential to increase parent involvement, it’s still only periodic, and requires slowly working the parent into the treatment. In other words, the provider begins the intervention as the primary, then shifts this role to the parent. It could have been more effective to support the parent in their role as the primary interventionist from the very beginning.

Again, the word *involvement* has limitations. In fact, more recent thoughts from experts in the field stress that intervention needs to go beyond parent involvement to be successful.

Dempsey and Dunst, two prominent advocates of a family-centered approach to early intervention, use the word *empowerment* instead.

Empowerment of parents involves supporting and strengthening their capacity to access knowledge and gain practical skills ... (Dempsey & Dunst, 2004)

By this, they mean that intervention should be focused on helping parents get the knowledge and skills they need to use to help their child. Developing the parents’ skills becomes the priority in intervention, instead of a secondary task or an afterthought.

The Dempsey and Dunst reference above describes *what* we should be doing in our intervention: helping parents gain skills. Shelden and Rush, also prominent early interventionists, write extensively about a coaching model for early intervention. Among other things, their work indicates *where* the intervention should occur.

Intervention should use a naturalistic approach ... which draws upon strategies that identify and use opportunities for learning that occur throughout the child’s natural activities, routines, and interactions ... (Rush & Shelden, 2011)

They go on to say that interventionists may introduce therapy activities that are contrary to a naturalistic approach, perhaps without intending to do so. It’s important to remember that using therapy activities that do not fit naturally into what is happening in the child’s day may actually get in the family’s way, rather than help the family out.

Finally, Robin McWilliam, a contributor in the field of routines-based early intervention, has a short and sweet definition that gets to the heart of what parent-implemented intervention has the potential to be:

Intervention ... occurs between specialists’ visits. (McWilliam, 2010)

It comes down to this: interventionists are responsible for making sure that parents not only have the skills they need, but are confident in using those skills within their daily life.

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Parent-Driven Intervention vs. Provider-Driven Intervention

Compare the approach that interventionists take in parent-implemented intervention and provider-implemented intervention:

Parent-Implemented Intervention	Provider-Implemented Intervention
The family is the client, and the provider is hands-on with the parent and the child	The child is the client, and the provider is hands-on with the child
The parent is the primary agent of change, and the provider is primarily focused on parent training and support	The parent is a secondary agent of change, and the provider may or may not ask the parent to watch the session
The approach is naturalistic – learning occurs within the family’s real-life activities, and family routines or activities are the priority, followed by strategies	The approach is clinical – learning occurs mostly within the provider’s treatment activities, and the provider doesn’t consistently explain to the parent what is happening and why
The approach is child-focused – learning occurs within extended, enjoyable activities, and the parent does the planning with provider assistance	The approach is child-focused – learning still likely occurs within enjoyable activities, but the provider does the planning, and the activities may not be extended outside treatment sessions

There are clear differences between parent-implemented and provider-implemented intervention (and, as you’ll see, clear advantages to parent-implemented intervention). However, it’s important to note that parent-implemented intervention (using the definitions described above) is actually less common than many people imagine. Jeanne Wilcox, a professor in the field of communication disorders who specializes on family-centered language intervention, gave a presentation at the American Speech-Language Hearing Association Conference in 2012 titled *A Look at Early Intervention: What’s going on?* She and her colleagues reviewed videotapes of multiple intervention sessions from various fields, and she found that in most cases, the provider demonstrated the strategies they were using for the parent, but didn’t explain what they were doing, or why they were doing it. Wilcox and her colleagues concluded that even though the field had been advocating parent-implemented intervention for decades, nothing’s really changed. The interventionists do the same thing they have always done, just in a different location – before it was in the clinic, and now it’s in the family’s home. (Wilcox, 2012)

Making Parent-Implemented Intervention Doable

So how do we turn the parent from an observer into a participant?

There’s no denying that this will always be a challenge, but there are ways to make it easier.

There are two critical components that need to be in place during early language intervention: the quality of interactions, and the quality of language input. This means that the parent and child need to have interactions that make the child *want* to communicate; at the same time, the parent needs to model new language that the child can use later on, when he's ready. Both of these components need to be in place, because if there's a breakdown in one, there will likely be a breakdown in the other, and ultimately there will be a breakdown in the child's ability to learn.

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To help parents and caregivers remember these components, interventionists can teach them intervention strategies, and explain how to fit these strategies within the daily activities important to the family.


The first step is for the parent to **be face-to-face** with the child. This is essential because it makes it easier for the parent and child to connect, and it encourages the child to take the lead. (Weitzman, 2017)

Next, the parent should **observe** the child, paying attention to what he says and does, and what types of interactions he initiates. Then the parent should **wait**, to give the child time to do or say something. Finally, the parent should **listen**, and show that child that his message is important by responding to what he does or says. To help the parent remember this, refer to the strategy as **OWLing**. (Weitzman, 2017)

These two strategies (being face-to-face and OWLing) put the parent in a better position to join in with what the child wants to do and say. They help the parent connect with the child and get the interaction started.

First get Face-to-Face, then

O	observe,
W	wait,
L	listen



There are other strategies the parent can use to help her join in, including:

- **Imitating** what the child says and does

- **Interpreting**, or vocalizing what the parent thinks the child is trying to tell her
- **Commenting**, or using words that match what the child is doing or saying in the moment (Weitzman, 2017)

Once the interaction has started, there are more strategies the parent can use to keep the interaction going and help it last longer.

For example, the parent can **match the child's turn**. This simply means that each turn the parent takes in the conversation is about the same length as the child's. In many interactions between adults and children, the adult will take at least three turns to every one of the child's turns. At that pace, the child loses interest in the conversation, making it difficult to keep going. The parent's turn should also match what the child is interested in at that moment – this encourages the child to take more turns and stay in the interaction longer. (Weitzman, 2017)

If the child is reluctant to take a turn, the adult might need to **cue the child to take a turn** by giving signals that let the child know it's time to take a turn. It's also helpful to **balance questions with comments**. Too many questions can make the child feel that he's being tested and turn him off the conversation. (Weitzman, 2017)

Finally, try structuring family routines using **SPARK**. SPARK is an acronym that helps parents turn familiar routines into opportunities for the child to communicate.

S	Start the same way each time
P	Plan the child's turn
A	Adjust the routine so the child can take his turn
R	Repeat the same actions, sounds and words each time
K	Keep the end the same

Using SPARK, parents can help their child become accustomed to routines, and eventually help him understand his place in the routine. Then the child can learn to ask for the routine, and learn when he should take his turn during the routine. Teaching the child these skills is a good first step towards having conversations. (Weitzman, 2017)

Once the parent has mastered these strategies, she's ready to start increasing the child's language learning. She can **add language to build the child's understanding**, using words that match what the child is interested in, and modelling action or social words. The interventionist should help the parent avoid getting stuck on naming words, which happens quite a lot in these interactions. (Weitzman, 2017)

The parent can also **highlight language** to emphasize what she says. Have her include some animation in her voice and facial expressions – this makes it easier for the child to understand what the parent is saying. Finally, the parent can **expand the child's message** by copying the words the child is saying, but also adding more words to make the message complete. (Weitzman, 2017)

Helping Parents Become Interventionists

There are quite a few strategies here, and helping parents learn and begin to use all of them can present some challenges. Fortunately, professionals from various fields have done extensive research into how adults learn, and interventionists can use this information to help parents successfully learn these strategies.

These are some of the most common approaches:

- Giving or sharing information: a back-and-forth conversation between the parent and interventionist to help them find common ground with each other
- Observation: the interventionist watches what happens between the parent and child, without offering feedback.
- Showing and demonstrating: the interventionist explains the strategy to the parent, and then uses it with the child while the parent watches.
- Practicing, with provider feedback: the parent begins using the strategy during the session, while the interventionist gives suggestions.
- Parent reflecting and problem solving: the interventionist guides the parent in self-reflection and problem solving after practicing the strategy, as often as possible.
- Joint planning: the parent and interventionist plan together when and how the parent will use the strategy.

(Dunst & Trivette, 2009; Friedman, Woods & Salisbury, 2012; Rush & Shelden, 2011)

In their meta-analysis study, Dunst and Trivette (2009) examined 79 different training programs from various fields to try and discover which of these approaches is most effective. They realized that what mattered most was not which one of these coaching strategies was used more than the others, but how many of the coaching strategies were used overall. The biggest changes in the adult learner came when the training program used five or six different approaches. That being said, all three sets of experts referenced above indicate that if what we are truly after is a deep understanding or a mastery of the strategies learned, we need to consistently engage the adult learner in self-reflection and problem solving.

Clearly, it's important that interventionists become skilled at coaching parents, and this is easier for the interventionist that has an effective coaching framework.

The Hanen Centre has created a four-step parent coaching model you can use in your work.

Step 1: Get the parent ready for the learning

The interventionist does something to get the parent thinking about the strategy ahead of time. For example, at the beginning of the first session (or, if possible, before the first session), the interventionist could ask the parent to read some information or watch a video of another parent using the strategy with their child. The parent and interventionist can then discuss the strategy and how this strategy relates to the parent's interactions with her child or how the strategy could help their child learn.

Step 2: Show and tell

The first part, showing, simply means that the interventionist demonstrates the strategy so the parent can see what it looks like to put this strategy to use. This can mean that the interventionist performs the strategy in person, or the interventionist could choose to show a video of another parent using the strategy. The video option can help the parent feel encouraged that they too can successfully use the strategy. The second part, telling, involves the interventionist providing a description of how to use the strategy. The interventionist should be careful to keep this part interesting for the parent by having a balanced conversation, asking questions and allowing the parent to reflect and to help develop a meaningful description of the strategy.

Step 3: Try it out and talk it over

This step should be the longest part of the intervention session. The parent may understand the strategy during Step 2, but in the moment, she may face some unexpected struggles. The interventionist should have her try it multiple times. If necessary, the interventionist can demonstrate the strategy again. In addition to trying it out, the parent and interventionist talk over how to put this strategy to use most effectively. The interventionist could ask questions like “What worked well for you?”, “What did you find challenging?”, and “What parts of the strategy got good responses from your child?”

Step 4: Plan the next steps

The interventionist and parent use their answers to the “talk it over” questions to plan together when and how the parent can use the strategy during their day. They should also discuss what the parent hopes to accomplish by using the strategy, and how she will remember to use it.

The Hanen Approach

This was just an introduction to the Hanen approach. If you're interested in learning more about these strategies or this coaching framework, we encourage you to consider our workshop, [SPARK Communication™: Coaching Parents to Use Hanen Strategies](#). This two-day training is designed for interventionists who find themselves regularly engaged in early language intervention, even though they aren't speech-language pathologists.

If you're a speech-language pathologist, you might be interested in attending one of our three-day certification workshops:

- [It Takes Two to Talk®](#), for speech-language pathologists who work with parents of young children with global language delays
- [More Than Words®](#), for speech-language pathologists who work with parents of young children with autism

- [Learning Language and Loving It™](#), for speech-language pathologists who consult or train early child educators who work with these children in a classroom setting

Don't forget to [sign up to be notified](#) when Hanen workshops come to your area.

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If you found this content valuable and you want to learn more about parent-implemented intervention, [sign up to be notified](#) when SPARK Communication comes to your area.

About The Hanen Centre

Founded in 1975, The Hanen Centre is a Canadian not-for-profit charitable organization with a global reach. Its mission is to provide parents, caregivers, early childhood educators and speech-language pathologists with the knowledge and training they need to help young children develop the best possible language, social and literacy skills. This includes children who have or are at risk for language delays, those with developmental challenges such as autism, and those who are developing typically.

For more information, please visit www.hanen.org.

The Hanen Centre is a Registered Charitable Organization (#11895 2357 RR0001)

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