



# Chatterboks Speech Therapy, P.C.

## Parent Guide - Encouraging Engagement/Language Through Play

Over the course of my education, training, and career as a speech language pathologist, I have developed a child-centered, play-based treatment style for children with autism spectrum disorder and other developmental difficulties. I use the same principles of motivation in all of my treatment approaches, valuing the interaction just as much as the treatment goals. Children (and adults) learn best when they feel comfortable and enjoy engaging in fun activities.

My training and continued learning about treatment for children with autism spectrum disorder are related to several different published treatment programs: Son-Rise, PLAY Project, Hanen, and Floortime (website references at end). These programs are child-centered and rely on the interaction between children and caregivers, including parent training in various formats. I do not use one of these programs exclusively. They are all well known and evidence based treatment programs that I support.

The following information is a brief review of treatment ideas/techniques that I use in therapy based on my experience and training with the above programs. My goal is that parents are able to observe me work directly with their child and use the same techniques at home on a daily basis.

\* I will use the pronoun 'he' in most of my examples for expediency, but this applies to all children I work with.

- **Planning:** Parents are encouraged to observe their child to look for a few things:
  - What does my child truly enjoy doing (What does he/she do repeatedly? What are they most comfortable doing?)
  - What is very difficult for my child to do each day? (e.g., get dressed, eat with a fork, look at me, get near a pet)
  - What motivates my child that requires an adult/help? (e.g., food, drinks, hugs)
  - What may have caused a meltdown? (What triggers a change in behavior from comfortable to frustrated/irritated/angry)
  - How does my child take in information? (touching, hearing, seeing, etc.)

It is helpful to write these observations down for reference with family members, caregivers and others who interact with your child. Nothing fancy is needed, just a list of likes and dislikes can help. Some parents find it helpful to create a journal that can be available for adults to add information to as they feel something important should be added.



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**Health questions:** Before beginning a treatment program, parents are usually asked about the physical health of the child from birth. Things that may be asked: born premature, healthy at birth or birthing complications, chronic illness as an infant, multiple ear infections or episodes of eardrum rupturing, gross motor developmental milestones (i.e. crawling, walking on time).

**Mindset:** In order to be more fully present with a child, it is helpful to remove judgements of right or wrong within any activity the child may want to participate in. The exception is a safety issue that should be addressed quickly. We should accept that the child can enjoy many activities that we, as adults may not find fun or entertaining, and try to see what it might be that the child enjoys. For example, I may observe a child continually rocking forward and backward on a bouncy ball in front of a mirror. To show this child that he is loved and accepted, I would find a ball or something nearby to sit on and imitate the child as best I could, rocking forward and backward. In my head, I think about what interests the child in this activity. I may ask, “does he like the movement on the ball? Does he like that his image changes as he rolls closer or further from the mirror? Does he see interesting reflections around his image in the mirror?” Even if I cannot find what I think the child may like, I can take a moment to see what I might enjoy from the activity. I may find the movement soothing and simple, so I can relax and join the child in a peaceful moment.

Changing adult mindsets is a process, not a quick fix. As adults and parents, we want to help, fix, improve, modify things that are perceived as difficult or unusual. Having a present mindset means that we are okay with the way things are in the moment. We have to learn to accept, enjoy and love our children the way they are. This does not mean we are not also focused on how we can help them communicate and be social, but does help us relax and enjoy our experiences more. As therapy progresses and our children see how loved they are and how enjoyable other people can be, we can begin teaching communication in a naturalistic way relating to our play.

Techniques, goals, or ideas to have in mind when playing with children:

**Joining** - Child can show the clinician his/her desired activities, including self-stimulating activities (sounds, hand flapping, jumping, etc.), and the clinician will imitate and join in. We want the child to show us what is fun for them in this child-centered approach. Letting your child lead the activities is closely tied to the idea of mindset in that we are open to anything, allowing the child to be comfortable while we are around them. Sometimes ‘less is more’ in playtime, meaning that we don’t have to talk all the time to show our kids we love them. We can simply be near them and do what they do. This type of interaction can be very powerful in teaching kids that other people can be fun too.



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**Positive Reinforcement** - Child receives verbal praise and reinforcing words when he/she makes sounds/gestures/eye contact to initiate, continue or terminate an activity. We want children to be encouraged for lots of behaviors that show us they are communicating in some way (e.g., thanks for looking at me, nice job pointing to the drink you want, awesome job giving me this box to open for you). We are excited to play with our kids!

**Eye contact** - Praise the child for eye contact with another person, especially when it is an attempt to request adult assistance or engagement. We do not force or require eye contact during play, but simply praise them for looking our way when they do catch our eye.

**Modes of communication** - The child can use signs, verbal approximations, picture symbols and gestures to communicate in many modalities. Adults can model a variety of these styles while playing with the child. For example, I may sign the word for cracker or point to a picture of a cracker while eating crackers with the child. Using signs, picture symbols or augmentative forms of communication is not a replacement for verbal communication in any way, but can actually aid a child's verbal development. We are always using our voice to label and comment while using these other modalities. Many children find pointing to pictures or using their body to gesture or sign easier at first and then begin to use their words as well.

**Waiting** - Adults provide models for words/signs/gestures the child can use to express his/her wants/needs in play. Then wait up to 5 seconds for the child to respond before moving on, providing another model, or giving him/her what he/she wants. We do not require imitation, but give them a chance to do so by pausing briefly.

**Rehearsal** - Adults provide repeated, frequent models of signs and word attempts in play to increase exposure to proper language use. Using the same cracker example, we would say the word cracker in a variety of ways as we eat together (e.g., here's my cracker, this is your cracker, I like crackers, another cracker for you, etc.).

**Articulation and expressive language** - Encourage the child to use early developing sounds in syllables or short words to increase his/her use of words.

*Target sounds:* Start with B, M, P, T, D, N, H, Y, W and all vowels. *Words:* nouns (labels), verbs, yes/no, all done, more, hi, bye, names of family members.

This will vary based on the skills of your child when therapy begins. Think of a scale of difficulty that starts with simple single sounds, then progresses to syllables, words, phrases, and sentences. Simple pointing should be praised for its communicative intent. Each child can be at different levels when therapy starts, and targets will be specific for your child. These are general ideas (ex. We could model 'duh' for 'all done' or 'mo' for 'more' to make them easier at first).



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**Eye level** - Adults can be quite large in comparison to a child, which can be intimidating. It's also more work for a child to look high up to find an adult's face as they stand over them. We want to get down to a child's level when we play, which means usually on the floor so it's very easy to see us. This increases the chances they will look at our face or eyes, even accidentally, and we can praise them more often. When we have toys, food or other items they like, these can be held at eye level to encourage them to look at our faces more. For example, I may hold up a ball near my temple, even with my eyes and wait until the child looks for the ball. Then I can say "Here's the ball! Thanks for looking at me!" Or I might put the cracker near my face, say cracker, then give the child the cracker to eat.

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This is the beginning of what I would like to share with families. I hope to expand this over time and provide video clips on my website to show examples of how I play with children.

## References

[www.autismtreatmentcenter.org](http://www.autismtreatmentcenter.org) Son-Rise Program  
Check out: <https://www.youtube.com/user/autismtreatment>

[www.hanen.org](http://www.hanen.org) The Hanen Program

[www.playproject.org](http://www.playproject.org) PLAY Project

[www.icdl.org/dir/floortime](http://www.icdl.org/dir/floortime) DIRFloortime

## Great books

What You Can Do Right Now to Help Your Child with Autism by Jonathan Levy:

[https://www.amazon.com/Jonathan-Levy/dp/1402209185/ref=sr\\_1\\_7?dchild=1&keywords=jonathan+levy&qid=1596749875&s=books&sr=1-7](https://www.amazon.com/Jonathan-Levy/dp/1402209185/ref=sr_1_7?dchild=1&keywords=jonathan+levy&qid=1596749875&s=books&sr=1-7)

Son-Rise: The Miracle Continues by Barry Neil Kaufman:

[https://www.amazon.com/Son-Rise-Barry-Neil-Kaufman/dp/0915811618/ref=sr\\_1\\_2?crid=1DV6NOW94104V&dchild=1&keywords=son-rise+book+autism&qid=1596749616&sprefix=son-rise%2Caps%2C231&sr=8-2](https://www.amazon.com/Son-Rise-Barry-Neil-Kaufman/dp/0915811618/ref=sr_1_2?crid=1DV6NOW94104V&dchild=1&keywords=son-rise+book+autism&qid=1596749616&sprefix=son-rise%2Caps%2C231&sr=8-2)



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Autism: The Potential Within by Richard Solomon:

[https://www.amazon.com/Autism-Potential-Project-Approach-Children-ebook/dp/B01FRCBZCM/ref=sr\\_1\\_1?crid=3OSRATRR8BV1Q&dchild=1&keywords=play+project&qid=1596761362&s=books&sprefix=play+project%2Caps%2C235&sr=1-1](https://www.amazon.com/Autism-Potential-Project-Approach-Children-ebook/dp/B01FRCBZCM/ref=sr_1_1?crid=3OSRATRR8BV1Q&dchild=1&keywords=play+project&qid=1596761362&s=books&sprefix=play+project%2Caps%2C235&sr=1-1)

Autism Breakthrough: The Groundbreaking Method That Has Helped Families All Over the World by Raun Kaufman:

[https://www.amazon.com/Autism-Breakthrough-Groundbreaking-Method-Families/dp/1250063477/ref=sr\\_1\\_2?crid=AIJ3HYUMASGV&dchild=1&keywords=autism+breakthrough+raun+kaufman&qid=1597356615&sprefix=autism+break%2Caps%2C251&sr=8-2](https://www.amazon.com/Autism-Breakthrough-Groundbreaking-Method-Families/dp/1250063477/ref=sr_1_2?crid=AIJ3HYUMASGV&dchild=1&keywords=autism+breakthrough+raun+kaufman&qid=1597356615&sprefix=autism+break%2Caps%2C251&sr=8-2)