Adapting Enhanced Milieu Teaching for Young Children with DS
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EMT Principles and Strategies
1. Promote adult-child communication now
   - Notice and respond
   - Follow the child’s lead and interests
2. Increase child engagement with objects and activities
   - Child preferred activities
   - Join the child in play and activity
   - Teach play and participation
3. Expand the social basis of communicative interactions
   - Arrange environment to increase engagement
   - Teach joint attention strategies
   - Balance turns (mirror and map)
   - Increase person engagement
4. Teach child communication target forms to advance language
   - Respond
   - Model
   - Expand
   - Prompt

EMT Child Communication Goals
1. Increase duration of engagement with objects and persons
   - Social (joint engagement)
   - Objects (play)
   - Communicative (turns)
2. Increase rate of communication
   - Emphasize spontaneous social initiations, comments (not just requests)
3. Increase diversity of communication
   - More diverse words: agents, actions, objects
   - More phrases especially verb phrases: agent-action, action-object
   - More functions (requests, comments, questions)
   - Across more contexts and partners
4. Increase complexity of communication
   - Prelinguistic to linguistic, teach point, show, give to set occasion for contingent models
   - Mean length of utterances: by increasing phrase use, including early morphological markers
   - Complexity of utterance types
5. Increase independence
   - Initiated social communication
   - Responses in nonobligatory contexts
   - Generalization across contexts, people

Adaptations within EMT
- Increase child interest and play with objects (leading to opportunities for symbol infused joint engagement)
- Teach symbolic play with objects (extend engagement, diversity modeling opportunities, motivate talk)
- Give choices with increasing complexity (phrases, negation, morphological markers)
- Motivating activities;
• Use environmental arrangements and nonverbal behaviors to maintain and extend interest and engagement
• Respond to communication and communication approximations; model, expand and shape toward more typical communication
• Expand horizontally (more exemplars of language types) before moving to a higher level skill
• Determine what prompting sequence is appropriate
  • Start with choices; maintain motivation; simplify as needed to maintain responding
  • Monitor responding to keep moving toward independence
• Support positive behavior via expectations, environmental arrangement, contingencies, pacing,
• Change as the child changes with and across sessions: interest, topic, trials, prompting
• Provide sufficient dosage of models, opportunities to respond with increased independence

Adaptations for Children with DS: Include an AAC/SGD
• Make SGD accessible across people, settings
• Assess motor and symbol use skills prior to instruction
• Adapt display to child skills, language abilities, interests
• Program for high interest activities, words
• Teach using core EMT strategies
  • Embed in interactions, communicate using SGD
  • Model with words and SGD at least 50%
  • Expand with words and SGD at least 50%
  • Use time delays and prompting much less than modeling
  • Pair spoken language with SGD
  • Accept SGD responses or spoken responses, expand with words and SGD
  • Allow sufficient motor response time
  • Use errorless or near errorless teaching procedures initially; use supportive correction procedures throughout (word cues, motor models, hand over hand)

Adaptations for Children with DS: Teach Parents to Use EMT
• What to teach:
  • Play and engage
  • Notice and respond
  • Model and expand
  • Time Delays and Milieu Prompting
  • Strategies for positive behavior support
  • Use of AAC/SGD

Teach Using Teach-Model-Coach-Review
Based on adult learning strategies
Systematic, planned, responsive to child and parent
Give clear rationale, instructions, information
Model with the child while parent watches: dosage, priming,
Support the parent while practicing:
Review the impact of parent behavior, reflect with parent,
encourage parent questions and input

Adaptations for Children with DS: Add Trial Based Teaching for skills and learning behaviors
• What to teach:
  • Imitation
  • Core receptive language
  • Joint attention behaviors (point, show, give)
  • Basic SGD responding
  • Teach using direct instruction or trial-based strategies
  • Trials, with repeated practice
  • Antecedent-Response-Consequence trials structure
Prompting and reinforcement
• Tangible reinforcers if needed; motivation is key
• Carefully sequenced skills
• Use a communication curriculum (e.g., Smith et al, 2001; Smith, 2009) adapted to the child
• Data driven

**Adaptations for Children with DS: Add Behavior Support**

- All children need basic positive behavior support
- Children most likely to need specific supports
  - Less receptive language
  - Lower cognitive skills
  - Fewer play skills and low object interest
  - Brief attention span
  - No previous intervention experience
  - Younger with less advanced motor development

- **Use Prevention strategies** first: environmental arrangement, schedules, timers, clear expectations, follow through, brief sessions, preferred activities
- Use more intensive interventions if needed: tangible reinforcers, easier responses, breaks, minimal response criteria
- Use trial based teaching to support learning basic behavior skills: stay, play, respond to prompts, engaging with persons
- Teach parents to implement same strategies
- Fade supports as soon as child becomes more independent - within session, across sessions, across settings and demand situations

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<tr>
<th>Adaptation</th>
<th>How to teach</th>
<th>Tools</th>
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| Joint engagement and play | Environmental arrangement, model, expand, prompt | Play assessment  
                      Play skills for modeling and building routines  
                      Toys |
| Use of SGD          | Model, expand, prompt                  | Software. SGD  
                      Skills for setting up, managing SGD  
                      Fluent integration into EMT  
                      Supporting partners |
| Train parents       | Teach-Model-Coach- Review              | Skills for teaching parents  
                      Handouts, videos |
| Add trial based teaching | Direct instruction                      | Skills assessment  
                      Curriculum  
                      Data collection  
                      Direct instruction skills  
                      Plan for integration with EMT |
| Support Behavior    | Positive behavior support strategies  
                      Environmental arrangement  
                      Interesting, motivating activities  
                      Visual schedules, tangible reinforcers etc. as needed | Skills for positive behavior support  
                      Behavior consultation  
                      Planning across settings |

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