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## Peers as clinicians: Examining the impact of Stay Play Talk on social communication in young preschoolers with autism



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## ABSTRACT

**Background:** Peer Mediated Interventions (PMIs) can be incorporated into integrated early childhood and preschool settings to address socialization impairments observed in children with ASD (Katz & Girolametto, 2013). However, research examining specific PMI strategies with young preschoolers remains limited.

**Objective:** The current study examines the efficacy of the *Stay, Play, Talk* PMI (English, Shafer, Goldstein, & Kaczmarek, 1997) on the social communication skills of young preschool children diagnosed with an Autism Spectrum Disorder (ASD).

**Method:** Each of 3 typically developing children (ages 3–5 years) was paired with a child with an ASD (ages 3–4 years). Typically developing peers were taught to *Stay* with their friend, *Play* with their friend, and *Talk* to their friend. The child dyads played together during two, 20-min weekly sessions for 6–8 weeks. A multiple baseline design across participants was implemented to measure the impact of the *Stay Play Talk* strategies on social initiations and responses characterized by non-coordinated gestures, gestures, and words. Simulation Modeling Analysis was also conducted to confirm visual analysis.

**Results:** All 3 typical peer buddies and all 3 target children with ASD demonstrated increases in the frequency of their responses, reaching levels that greatly exceeded baseline levels. Further, social reciprocations increased among each dyad above baseline. Social initiations remained variable across dyads. Gains were not maintained two months post intervention.

**Conclusion:** Results of this study corroborated previous findings that support the usefulness of PMIs to improve social communication of young children with ASD (Chan et al., 2009) and suggest an economical, naturally occurring approach to improve social communication during early childhood.

**Learning outcomes:** Readers will gain knowledge regarding the social communication profile of children with ASD and how this profile can negatively impact language development and peer relationships. In addition, readers will be able to identify the basic components of the *Stay Play Talk* intervention. Finally, this paper will explain the impacts of the *Stay Play Talk* intervention on the social communication skills of young children with ASD.

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## 1. Introduction

According to the newest prevalence data released by the Centers for Disease Control (Baio, 2014) 1 child in 68 has an Autism Spectrum Disorder in the U.S. An ASD is characterized by deficits in social communication and social interaction skills and the presence of repetitive and restricted interests that appear early in development and impair important areas of functioning (American Psychiatric Association, 2013). Early intervention is critical in order to enhance the social and educational outcomes of children with ASD (Woods & Wetherby, 2003), though more research is needed to examine specific intervention methods and targets that lead to successful intervention outcomes (Wallace & Rogers, 2010). As the prevalence of ASD diagnoses continue to rise, more children with an ASD are being integrated into preschools and early childhood classrooms, where social interactions with peers are an important developmental objective (Katz & Girolametto, 2013). Thus, teachers need access to evidence-based strategies that can be implemented in these inclusive settings (Bene, Banda, & Brown, 2014). Further, interventions that begin as early as risk is detected and occur in greater duration and intensity contribute to better treatment outcomes (Wallace & Rogers, 2010). For many children with an ASD, childcare centers, play dates, and pre-schools create an intervention context, as children spend a lot of time in these settings where peers provide frequent opportunities for observational learning through imitation and modeling within a social context (Bandura, 1997). However, children with ASD do not respond to natural social opportunities for learning in the same way as children with typical development or other developmental delays. Deficits in early play skills that may include restricted and repetitive play that later influence their development of language and social relationships and can result in social isolation. These limitations, including deficits in play skills and joint attention; culminate to produce deficits in social interactions with their peers. Specifically, young children with ASD have reduced social initiations and responses during interactions with peers (McConnell, 2002), which could limit the quality and diversity of early language use. For example, one to two-year old children engage in sound play and imitations with peers, which forms the basis of reciprocal communication. Beyond two years, peers provide opportunities for joint attention, negotiating conflicts, storytelling, and they engage in a variety of types of interactions (Goldstein, Schneider, & Thiemann, 2007). Thus, beginning in the earliest years of life, peer interaction influences social language use. Therefore, research should focus on efficacious interventions that may be delivered within these natural social engagement opportunities that could lead to attainment of other important skills and supplement direct programming (Rogers, 2000).

Peer mediated intervention (PMI) is one methodology, which can be incorporated to address socialization impairments observed in children with ASD in their integrated settings (Goldstein et al., 2007; Katz & Girolametto, 2013). PMIs have been effective in improving social interaction in preschoolers (Chan et al., 2009; Zhang & Wheeler, 2011) and create natural opportunities for social interactions, specifically social *initiations* and *responses* (Thiemann & Goldstein, 2004) beyond outcomes achieved through child-specific interventions delivered in pre-school and school-aged children (McConnell, 2002). PMIs are powerful tools increasing social interactions of young children with ASD (Bene et al., 2014; Goldstein et al., 2007; Hoff, 2006; Zhang & Wheeler, 2011) particularly when the interventions took place in the home, when peer modeling was used, and when consideration was given to maintenance and generalization across participants, behaviors and activities, and in involving collaboration among all researchers, peers/siblings, school staff, and parents/families (Goldstein et al., 2007). However, little attention has been given to the feasibility of these interventions earlier in childhood (Goldstein et al., 2007) when language, social skills, play are cooperatively developing (Thiemann & Goldstein, 2004).

In PMIs, typically developing children take on an instructional role and are taught strategies to implement with peers during positive and extended social interactions, which are prompted and reinforced by adults (Goldstein et al., 2007; Harjusola-Webb, Hubbell, & Bedesem, 2012; Katz & Girolametto, 2013; Rogers, 2000). These social interactions are unlikely to occur in a classroom setting without some form of supportive instruction (Greenspan, 2014). PMIs gain effectiveness because learning skills from typically developing peers eliminates the need to transfer skills learned with adult partners to peer partners (Rogers, 2000).

*Peer proximity*, *peer prompting and reinforcement*, and *peer initiation* are critical components of PMI delivery. *Peer proximity* involves directing the peer model to play near the target child, creating more opportunities for the target child to observe targeted behaviors and engage in joint attention (Carter, Cushing, Clark, & Kennedy, 2005). *Peer prompting and reinforcement* involves the peer model being directed to prompt the target child and provide positive feedback for the target child (Kohler, Greteman, Raschke, & Highnam, 2007). And finally, *peer initiation* involves the peer model being directed to initiate by requesting, asking a question or using instruction for a specific activity with the target child (Lee, Odom, & Loftin, 2007).

*Stay Play Talk* has demonstrated improved verbal and nonverbal social interactions in preschool children with ASD (English, Shafer, Goldstein, & Kaczmarek, 1997) and incorporates each of the 3 critical components. In this model, typically developing children are taught to *Stay* with their friend, *Play* with their friend, and *Talk* to their friend in across the day preschool programs. Although *Stay Play Talk* uses fairly simple strategies with low implementation demands, Goldstein and colleagues demonstrated consistent improvements in preschool children's social interaction across a series of studies (Goldstein, English, Shafer, & Kaczmarek, 1997; Goldstein et al., 2007; Kohler et al., 2007; Odom et al., 2003).

For the present study, it was important to determine whether the strategies themselves resulted in social communication gains in the absence of competing environmental influences occurring in most preschool classrooms. However, a day care or preschool would be the desired setting for practical implementation. The goal of the present study was to examine the

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