8

Intervention Guidelines for Children

In this chapter, we present guidelines for intervention that are applicable to children from all cultures. The chapter includes indications of the need for intervention, selection of intervention goals, approaches to intervention, general intervention guidelines, specific procedures, programming for classrooms, and parent programs.

Indications for Intervention

Is there a need for intervention at the narrative level? This question can be difficult to answer because normative data concerning narrative abilities for speakers from many different cultural and linguistic backgrounds are not currently available. Furthermore, narratives vary to some degree in their length and content depending upon topic, listener, and setting (Peterson & McCabe, 1983). Standardized elicitation procedures are not common. Clinicians need to make their own evaluations in narrative assessment, as we have indicated in the previous chapter. If professionals practice, they will achieve reliability and can then determine whether a speaker needs intervention for narrative abilities. In our research, for example, two raters achieved extremely high correlations on independent ratings of data using the narrative assessment profile (NAP). Specifically, the correlation between numbers of explicit propositions and between numbers of implicit propositions exceeded .94, alpha less than .001, for children with specific language impairment, traumatic brain injury, and typical language development (Bliss, McCabe, & Miranda, 1998; Miranda, McCabe, & Bliss, 1998). *Impaired narration* is defined as reduced discourse coherence with deficits in one or more dimensions of narration.

Clinicians will also determine the necessity for intervention based on information that is provided by a child's significant others (e.g., parents, teachers, and peers). Some questions that professionals can ask the people who interact with the child are presented in Box 8.1.

BOX 8.1 • *Questions to Ask Parents, Teachers, and Peers about a Child's Discourse Performance (adapted by second author from Damico, 1985; Paul, 2001).*

1. Do you understand what the child is trying to convey when she or he tells you about something that has happened?
2. Are there many hesitations, pauses, and repetitions in the child's utterances?
3. When talking about something, does the child leave out important details, present too much information, or repeat information?
4. Does the child switch topics often?
5. Does the child identify the people, places, and objects that are mentioned?
6. Does the child talk for too long a time?
7. Does the child present information out of order?
8. Does the child provide accurate information?

Selection of Intervention Goals

One intervention goal is to preserve the narrative style that a speaker uses in the community. One prominent African American educator makes a point about African American dialect that is relevant here—Delpit (Perry & Delpit, 1998, pp. 17–18) points out that "despite good intentions, constant correction seldom has the desired effect. Such correction increases cognitive monitoring of speech, thereby making talking difficult." Professionals are far more likely to be successful if working *with* the grain of wood—*with* the skills a child brings to school—instead of against them. Repeatedly devaluing what skills a child does have and has learned from beloved parents is likely to result in alienation rather than improvement. In fact, the first author has advocated and outlined some important aspects of a serious multicultural literature-based program of instruction in *Chameleon Readers: Teaching Children to Appreciate All Kinds of Good Stories* (McCabe, 1996). There are many compelling reasons that all children would benefit from such a program, including an ability to eventually comprehend Nobel-Prize-winning world literature, increased understanding of all kinds of peers with whom someday they will work, and decreased racism.

However, also following the arguments put forth by many minority educators (see Perry & Delpit, 1998), we suggest introducing a narrative style that is used and expected in schools in order to enable a child to perform successfully in that environment. Therefore, narratives that incorporate at least two events and optimal performance on the six dimensions of the NAP will be the goal.

Narrative Structure

Before a professional can facilitate narrative content, appropriate basic narration should be elicited. Initially a child should be able to provide at least two events in a

narrative. Narrative length should be gradually increased. The goal is to facilitate classic narrative structure because that is the style of narrative increasingly required on high-stakes testing, among other places. This type of narrative includes a setting, high point, evaluation, and resolution.

Narrative Content

The concept of triage is applicable to the choices professionals make in selecting appropriate targets for intervention (Bliss, McCabe, & Miranda, 1998). The six narrative dimensions of NAP reflect general and specific domains. The more general dimensions are topic maintenance, event sequencing, and informativeness. They have a broad effect on discourse coherence and should be targeted early if impaired.

The more specific dimensions of discourse are referencing and fluency, which are more limited in their impact on discourse coherence. Sometimes they only affect the coherence of one or two utterances. These dimensions should be secondary goals because their impact is restricted.

Conjunctive cohesion should be relegated to the final stages of intervention. Children with and without impairments frequently use *and* and *and then* for their narratives (Peterson & McCabe, 1987). Additional conjunctions can be added after the other narrative dimensions have been improved.

Specific Approaches to Intervention

Didactic Intervention

This approach is designed to teach specific aspects of discourse. The rationale is that children with language impairments have not learned language spontaneously and they need to learn the rules of discourse with a structured approach (Naremore, Densmore, & Harmon, 1995). The clinician serves as a teacher rather than a conversational partner and focuses on specific rules of discourse and their implementation (Naremore, Densmore, & Harmon, 1995). For example, topic maintenance is elicited by teaching the concept of topic and emphasizing the need to stay on one topic while talking (Naremore, Densmore, & Harmon, 1995). Children identify topics that are maintained and others that diverge from a central theme by observing videotapes of speakers. They are also taught how to indicate topic shifts. They enact scripts and engage in role playing as a means of learning to use the rules that they have been taught (Naremore, Densmore, & Harmon, 1995).

The didactic approach is useful because specific information is highlighted through rules. It can be effective for some school-aged children (Naremore, Densmore, & Harmon, 1995). However, for many it may be too abstract. Some children do not have the metalinguistic, metapragmatic, and cognitive skills to understand the concept of discourse rules. Furthermore, generalization from rule learning to spontaneous discourse may be difficult for some children.

Discourse-Based Intervention

In this approach, narrative coherence is improved implicitly through functional communicative and interactive tasks (Bliss, 1993; Owens, 1999). This approach is based on the rationale that children with language impairments will generalize their new discourse skills if functional communicative contexts and procedures are implemented (Bliss, 1993; Owens, 1999). The clinician serves as a conversational partner rather than a teacher.

An example of a discourse-based procedure would be to have the professional elicit appropriate topic maintenance in a narrative. Instead of telling the child to maintain a topic (a discourse rule), the adult would signal to the child that some utterances deviated from a topic by asking contingent queries or using verbal redirection. Adults pose discourse-based *contingent queries* that help the speaker to return to the main topic. They signal that a communication breakdown has occurred because topic maintenance was not achieved. The professional asks questions such as "Who did it?" or "What happened to Sally?" as a means of enabling the speaker to return to the original topic.

Verbal redirection can also be used; the adult asks a question and answers it and then asks a child the question again (Lucas, 1980), as in the following hypothetical exchange:

Clinician: Where did you go yesterday?

Child: Mommy bought a new coat.

Clinician: You went to the store with your mother?

Child: Yes.

Clinician: You went to the store with your mother. Where did you go yesterday?

Child: To the store.

This approach is expected to facilitate generalization of behaviors because functional communication contexts and discourse-based strategies are used as part of the direct intervention, rather than being contexts to which the intervention is supposed to generalize. However, some children may profit from more explicit structure and specific teaching. Professionals should adapt their approach to suit particular children.

Combined Didactic and Discourse-Based Approach

This approach combines both of the approaches previously described. Children are not taught rules but are instructed to talk about an event or to "tell me as much information as you can." Professionals direct children in their communicative attempts in a less structured manner than is used in the didactic approach; however, they highlight certain discourse behaviors. Discourse-based techniques and modeling approaches are used to elicit narrative coherence.

For example, to increase topic maintenance, the professional might model a brief narrative or a segment of a narrative as a means of focusing on a passage in which all utterances are related to one theme. The professional would then ask the child to tell a narrative about one occurrence and would use contingent queries and verbal redirection techniques to assist the child in this process. The steps of this approach, developed by the second author, can be summarized in the acronym DIME, as in Box 8.2:

BOX 8.2 • *DIME: Combined Didactic and Discourse-Based Intervention*

1. *D = Discourse Attempt*
   The child attempts a narrative. If it is inappropriate, steps 2–4 are carried out.
2. *I = Identification*
   The clinician asks directed questions in order to identify the aspects of the narrative that were not appropriate. The questions might function to redirect the child to the original topic or introduce referents that have not been previously identified. They might also function to provide additional information that was missing. If the child added extraneous material to a narrative about a hospital visit, for example, the adult would use verbal redirection to enable the child to return to the original topic.
3. *M = Model*
   The professional models the complete narrative or segments of the narrative to focus on the aspects that were originally inappropriate. The adult would model corrected or expanded portions of the child's attempt in order to demonstrate, through discourse, how to produce an oral text in which utterances all relate to a topic.
4. *E = Elicited Production*
   The professional asks the child to produce the original or a similar narrative. This production may be coconstructed, with the professional and the speaker both relating parts of the narrative. Elicited production may also consist of unassisted narrative attempts.

General Intervention Guidelines

1. Preserve a speaker's cultural style and add other options. Silva and McCabe (1996, p. 31) advocated, "We have to tell children from non-European backgrounds that their language and culture are unique and wonderful but they have to learn how to master another set of rules."
2. Incorporate a speaker's community into intervention by including prominent cultural features in discourse activities, such as discussing food and holidays (Kayser, 1995). Use relevant literature, stories, and folklore that are familiar to a child.

3. Consider a second-language learning approach in which different discourse styles are contrasted. Efforts must be made to treat both discourse styles as acceptable and worthy. A bidialectal approach will succeed only if both styles are appreciated for their communicative value (Campbell, 1996).
4. Use discourse hierarchies. One hierarchy involves progressing from simple to more complex genres. For example, as we noted in the preceding chapter on assessment, relatively easy tasks involve describing simple procedures or routine events (e.g., scripts or procedures), such as making a peanut butter and jelly sandwich. More complex discourse tasks involve describing a baseball or basketball game (e.g., a harder procedural discourse) or an experience (e.g., personal narrative).

   Another hierarchy involves length; shorter narratives should be elicited before longer ones. Discourse complexity involves other, more specific hierarchies, such as adding more actions and participants in an event; increasing the displacement of time or location; and including mental states, motivation, and inferences in a narrative (Norris & Hoffman, 1993).
5. Incorporate a variety of narrative genres to promote discourse flexibility, including fictional stories (either spontaneously constructed ones or descriptions of familiar books or movies) and personal and vicarious narratives.
6. Enable children to tell narratives in different contexts, such as formal situations (e.g., classrooms) and more informal contexts (e.g., recess).
7. Use meaningful communication by enabling the child to convey new information to a listener. Speakers are inherently motivated to convey novel and interesting information (Hudson & Shapiro, 1991).

Specific Intervention Procedures for Narrative Structure (High Point)

One intervention goal is to enable children to produce a classic narrative with at least two events and a setting, high point, and resolution. In order to enable children to produce at least two-event narratives, clinicians can show them pictures with a single character performing different actions and model a story about the individual in the pictures. The children can then relay the story to uninformed listeners with the pictures removed. The adults can gradually lengthen the stories by adding more pictures and actions and by asking questions that will enable children to elaborate on the original story. In this way, more elaborate narrative structure will be elicited by modeling, elaboration, and expansion.

Specific Intervention Procedures for Narrative Content (NAP)

The six narrative dimensions may be targeted separately or together. For example, clinicians may find it more effective to focus on topic maintenance and event

sequencing at the same time rather than separately. The rationale is that impairments of these dimensions frequently co-occur and it may well be more efficient to focus on two dimensions simultaneously. However, some children cannot attend to more than one dimension at a time and thus will need to devote separate attention to each.

Two other options are possible when working on NAP dimensions. Each dimension can be highlighted in different discourse genres before a second dimension is elicited. For example, professionals may focus on topic maintenance initially within scripts, then procedural discourse, and finally narratives. The same order could be used for event sequencing and informativeness.

An alternative approach would be to focus on each of the six dimensions within one genre before moving on to doing the six with another genre. In other words, the goal would be to improve all dimensions in scripts, followed by all dimensions in procedural discourse, and then narratives.

Which is more effective? Unfortunately, guidelines are not yet available to answer this question. Clinicians need to observe their clients and determine which approach will be most beneficial for them.

Topic Maintenance

1. Some children need to increase their auditory comprehension or attention because topic maintenance violations can result from an inability to understand or attend to what a conversational partner has said. In such instances, activities that are designed to increase children's ability to comprehend and pay attention should be implemented.
2. Contingent queries and verbal direction help a child to return to the original topic. The adult asks the child a question that serves to clarify a child's discourse or to return to the original topic.
3. Topic maintenance is achieved more easily in scripts and procedural discourse because they are more structured than personal narratives. These genres should be the starting points in therapy for children with severe narrative deficits.

Event Sequencing

1. Temporal words, such as *first, then,* and *last,* can function as anchor points. They may enable children to organize their thoughts.
2. For children with narrative difficulties, accurate event sequencing tends to decrease with added length and complexity. Therefore, simple and short passages should be attempted before longer and more complex forms. Also, events that occurred more recently or within a shorter time span may be easier to describe than those that occurred after a longer time span (Norris & Hoffman, 1993).
3. Describing events that have previously occurred highlight event sequencing. A child can enact an event, such as going to a doctor, and then describe the event to someone who was not present.

Informativeness

1. A task that enables a speaker to give directions or instructions to a naïve listener highlights the need to be informative. While this task does not constitute narrative, it may be used initially to emphasize the need to provide the listener with sufficient information. Narratives can be attempted after these skills have been achieved.
2. An adult can give an incomplete story and have the child ask contingent queries to obtain further information. The adult may need to model contingent queries initially. This procedure is useful to demonstrate that missing information creates a listener burden; that is, the listener does not understand what the speaker is trying to convey.

Children can be encouraged to provide more evaluation when an adult asks specific questions that will stimulate thinking about internal states, predictions, and inferences. For example, the following types of questions can be posed: "What did she feel?" "How were they going to do that?" "Why did it happen?" and "What will happen next?" Narratives should include evaluation because evaluation makes a narrative interesting and dynamic. Many speakers with language impairments do not provide an evaluative component, as was the case with some of the narratives in this book. Without evaluation, a speaker may give the impression of being impersonal and cold.

Referencing

Length of discourse and the narrator's social class are factors in referencing. As oral messages increase in length, children with language impairment struggle to provide adequate referencing (Purcell & Liles, 1992). Clinicians need to consider, however, that individuals from lower socioeconomic backgrounds who have no language impairment nonetheless habitually tend to use pronouns without previous identification (Hemphill, 1989). These factors need to be considered before targeting referencing for intervention.

1. To elicit appropriate referencing, professionals may want to use wordless picture books. An adult tells a story using a book that has many recurring characters so that adequate identification of pronouns is essential. The child then retells the story to an unfamiliar listener. The book must be removed in order to avoid reliance on visual aids or degeneration into picture description rather than narration.
2. Referencing in personal narratives should be targeted after fictional narratives (e.g., story retelling) have been used. The rationale for this procedure is that composing personal narratives is less structured than retelling fictional stories and presents additional challenges in terms of referencing. Clinicians need to ensure that the child can transfer skills from fictional to personal narrative.

3. Contingent queries during personal narration, as we have stressed, are useful as a means of signaling to the client that a referent was not clear.
4. Referencing by means of lexical specificity can be accomplished by increasing word retrieval abilities (German, 1992). Teaching vocabulary and facilitating word recall and retrieval are useful procedures (McGregor & Leonard, 1989).

Conjunctive Cohesion

Conjunctions should not receive considerable attention. Children with typical and impaired language development use them appropriately in most contexts, as we have seen, although even children without language impairment tend to over-rely on *and* and *and then* (Peterson & McCabe, 1987).

1. Appropriate use of a conjunction requires that a child understand its meaning. For example, forms that reflect causality and temporal relations need to be comprehended before a child is expected to use them meaningfully. Children typically link their utterances with *and* and *and then*; these forms do not generally need to be elicited, especially if the child is able to produce narratives.
2. Meaningful contexts need to be developed in which a conjunction is necessary (Bliss, 1993). For example, a clinician can model a story that has many temporal connectors other than *and then* (e.g., *next, last, when,* etc.). The child can then be asked to relay the same or a similar story that is based on sequencing events. Stories that involve causality can be modeled for a child. Then fictional and real stories that involve this concept can be elicited.

Fluency

1. Dysfluencies may signal an inability to plan discourse. If this is so, a speaker needs to be encouraged to plan a discourse before it is transmitted. The child can learn to organize and frame a narrative with specific components, such as settings, actions, participants, and evaluations.
2. Dysfluencies may also signal a word retrieval deficit. Children will need to have their vocabulary enriched and to use word retrieval strategies (German, 1992; McGregor & Leonard, 1989).

Implementation of Narrative Intervention Strategies

An example of narrative intervention will be shown with one child with SLI who produced a narrative in Chapter 3 (pp. 41, 122). The clinician asked him about a hospital visit. He used inappropriate discourse with respect to topic maintenance, event sequencing, informativeness, and fluency. He had variable abilities with respect to referencing and conjunctive cohesion. The aim of an intervention program for him is to improve the first three NAP dimensions because these are most critical in terms of

discourse coherence. The other three pertain to more specific aspects of discourse and can be treated later. The following procedures would be undertaken:

D = Discourse Attempt
The adult elicits a narrative from the child.

I = Identification

The clinician segments the narrative into three components: before the speaker went to the hospital, events in the hospital, and what happened after he left the hospital. This analysis will help the boy focus on brief amounts of information in short passages. Each section should be worked on separately. For the first section, the adult would ask the child questions such as "Where did it happen? What was the first thing that happened? Then what happened? What happened after that?" In this step, the clinician discovers pertinent information regarding the child's experience.

M = Model

The clinician would model the first section of the narrative:
I was on the street. I was on my bike and going fast. I fell off my bike. I hurt myself because I fell off my bike.

E = Elicited production

The clinician would then ask the child to tell this part of the story or would coconstruct it with him by giving him the first part (e.g., I was on the street) and then asking him to finish the narrative (e.g., Then what happened?).

The clinician should then focus on the second and, after that, the final part of the narrative, using the same procedures as described above. The child should proceed to tell the narrative completely to an uninformed listener. Finally, the child should tell a new narrative about a similar experience. The new narrative can be divided into three parts, such as before, during, and after an event.

Programming for Classrooms

In preschools, narratives are important because of their positive relationship to literacy (see Chapter 2, for review of relevant research). Children need to be encouraged to present well-developed and coherent narratives before they attend school.

Some activities that elicit and foster narration in a preschool context are sharing time, description of field trip activities, and dramatic play. (Note that show-and-tell might seem to call for narratives, but often becomes more a description of objects displayed.)

Many teachers will want to foster narrative development. Specifically, teachers can (1) encourage children to elaborate their narratives, (2) appreciate children's narratives by commenting on their communicative attempts, (3) avoid interrupting children, and (4) model well-developed narratives themselves and/or bring in professional storytellers. Children can construct stories about historical events, interesting experiences on a field trip (avoid reiterating the itinerary), and dramatic personal experiences. Children also should be encouraged to develop stories in the context of dramatic play, where teachers can stimulate variation by systematically introducing new evocative prompts (e.g., for restaurant play, shoe store play, doctor's office scenarios, pretend school).

Parent Programs

Parent interventions are more successful than school-based intervention programs in enhancing narrative abilities in young children (Peterson, Jesso, & McCabe, 1999). One reason is that parents spend much more time with their children than do educators or clinicians, and much time and interaction is necessary to truly improve narrative ability. Personal narrative conversations form an integral part of the relationships between parents and children, so parents are natural collaborators for teachers and clinicians. However, some parents need to be trained to elicit and foster narrative abilities in the home (Peterson, Jesso, & McCabe, 1999). In the Appendix of this volume, we give the details of one such program. This successful parent program was designed to enhance the narrative abilities of preschool children from lower-class backgrounds (Peterson, Jesso, & McCabe, 1999). Parents were taught to elicit narratives by asking leading questions, listening, and following a child's conversational lead. They were taught the following skills to augment narrative abilities:

1. Elicit narratives at mealtime, bedtime, waiting in a doctor's office, and during car rides.
2. Model narratives about their own past experiences.
3. Use clarification requests and expansions to enable their child to elaborate narratives.

Meetings and phone calls were used to encourage parents to maintain the narrative enhancement strategies that they had learned. The results of this program revealed that the parents were able to improve the narrative abilities of their children, with the unforeseen side benefit that they also significantly increased their children's vocabulary.

In summary, intervention for narrative discourse is comprised of many steps. Initially, appropriate basic narration is targeted, followed by the improvement of the six dimensions of NAP. The DIME procedure is effective in increasing narrative coherence. Parents and teachers need to be included in intervention programming.

Patterns of Narrative Discourse

A Multicultural, Life Span Approach

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