



Facilitating Peer Interaction: Socially Relevant Objectives for Preschool Language Intervention

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Research over the past decade has provided the rationale to target the peer-related social-communicative competence of children with specific language impairment (SLI). Yet our clinical experiences suggest that verbal interaction skills with peers rarely are emphasized in speech/language intervention with these children. We argue that it is particularly important for speech-language pathologists to target socially relevant language objectives with

children with SLI because these children eventually must live up to standard societal expectations in social, educational, and vocational settings. In this paper, we identify several barriers that may prevent speech-language pathologists from addressing socially relevant language intervention objectives. Several case examples are provided to illustrate ways in which practitioners can address these types of objectives.

The development of peer-related social competence is often regarded as one of the most important accomplishments of early childhood (Hartup, 1983, 1989, 1992). Positive peer interactions in childhood set the stage for the formation of friendships that serve as primary socialization experiences for children. Although it is not clear whether socially competent behavior leads to the efficient formation of friendships or whether friendships provide opportunities for the acquisition and refinement of skills contributing to social competence, peer relationships and social competence are tightly linked. Inherent in most definitions of social competence are notions of a child's *effectiveness* in influencing a peer's social behavior and *appropriateness* given a specific social situation (Guralnick, 1992). These, in turn, lead to *social acceptance* in peer groups and community settings (Howe, Droege, & Phillipson, 1992). For children with disabilities, then, intervention efforts that focus on peer-related social competence address two distinct but interrelated needs: (a) maximizing children's abilities to function effectively and appropriately in real-life, peer contexts and (b) minimizing potential barriers to participation in the mainstream resulting from negative social judgments.

Demonstrations of socially competent behavior draw on a variety of underlying abilities. Guralnick (1992) proposed a hierarchical model of peer-related social competence. The model contains two major levels. The first, social-communicative skills, requires the child to integrate

basic skills from more fundamental developmental domains: language, cognitive, affective, and motor development. At the second level, social-communicative skills must be employed to solve interpersonal problems in the context of specific social tasks (e.g., peer group entry, conflict resolution). Further integration, organization, and sequencing of social-communicative skills at the second level are proposed to result in the effective use of strategies, the hallmark of peer-related social competence.

Within our own field, applied researchers have emphasized the importance of language skills to the development of peer-related social competence (Brinton & Fujiki, 1994; Craig, 1993; Gallagher, 1993; Windsor, 1995). However, in practice, a similar emphasis on verbal interactive skills with peers does not yet occupy center stage.

For most practicing speech-language pathologists, concerns about children's socially appropriate language abilities are addressed under the broad umbrella of "pragmatics" (cf. Craig, 1993). However, when pragmatic abilities are targeted, they typically are addressed within the context of clinician-child interactions (e.g., Brinton & Fujiki, 1989). Speech-language pathologists may be more likely to address basic pragmatic skills (e.g., requesting, topic maintenance) at Guralnick's first level, rather than emphasizing the application of these skills in real-life, peer situations. Unfortunately, we cannot assume that skills acquired in adult-child clinical interactions will be used effectively within the conversational demands of peer

interactions. Peer interactions are fundamentally different from interactions with a patient speech-language pathologist who provides children with sufficient time to formulate conversational turns and gently guides children back on topic as needed (cf. Hadley & Schuele, 1995; Rice, 1995). To address socially relevant language objectives, it is necessary for speech-language pathologists to consider the basic language abilities needed to succeed in social situations, the use or application of those language abilities within specific social tasks, and ways to incorporate authentic or engineered peer situations into language intervention activities.

Many strategies and programs to increase children's social skills have been reported in the developmental psychology and special education literature (see Odom, McConnell, & McEvoy, 1992). Programs such as peer confederate training and social skills training assume that the difficulties children with disabilities encounter in peer interactions are primarily a result of lack of opportunity. Thus, for example, peer confederate training focuses primarily on prompting typical peers to provide opportunities for children with disabilities to interact. Presumably, the increased opportunities lead the child to seek out other interactions with peers. In contrast, sociodramatic script training procedures (e.g., Goldstein & Cisar, 1992) have included a stronger verbal component in that children are taught verbal scripts to increase their interactions in dramatic play activities. However, one might question the extent to which such practiced interactions influence a child's verbal social interaction skills in free play settings where much less structure or supervision is provided by adults. What appears to be lacking in many social skills interventions is a focus specifically on the child's verbal skills, distinct from nonverbal social skills. Simply targeting a child's social skills without addressing the verbal component of social competence appears insufficient. This is even more true if one is concerned with how the child manages the challenges of peer interaction in the often fast-paced and highly verbal interactions of preschool play.

In this article, we argue that some children may require an explicit focus on verbal interactions *with peers* as part of comprehensive language intervention programs. Although there is considerable overlap in the behaviors identified as social skills by some professionals and as pragmatic language skills by others, we believe that speech-language pathologists can play a vital role in peer interaction interventions by addressing the unique contribution of verbal abilities to success in social interactions with peers. Additionally, our focus is on facilitating peer interaction with children with specific language impairment (SLI). Whereas much has been written on the need to target peer-related social competence for children with more global disabilities (cf. Odom et al., 1992), fewer arguments have been made with regard to children with SLI despite indications that these children are also at risk for peer interaction difficulties and problems with the formation of friendships (Craig, 1993; Craig & Gallagher, 1986; Craig & Washington, 1993; Fujiki, Brinton, & Todd, 1996; Gertner, Rice, & Hadley, 1994; Hadley & Rice, 1991; Rice, Sell, & Hadley, 1991; Stevens & Bliss, 1995). Even in the absence of neurological, intellectual, sensory, motor, or emotional problems (cf. Watkins & Rice, 1994), the language limitations of children with SLI place them at a social

disadvantage. Therefore, it is important for speech-language pathologists to target socially relevant language objectives with children with SLI for several reasons. First, because language appears to be the only area of weakness, speech-language pathologists may be the only special educator providing direct services to these children in contrast to the greater number of professionals who may be involved with children with global developmental disabilities (e.g., Down syndrome, autism). Special educators may take more responsibility for addressing the broader base of developmental needs identified on individualized education programs (IEPs), such as "social objectives," but in the case of children with SLI, if speech-language pathologists do not, who will? Second, because the language problems of children with SLI also place them at risk for academic difficulties (cf. Bashir & Scavuzzo, 1992; Fey, Catts, & Larrivee, 1995), enhanced peer interaction skills and social acceptance may be particularly important for supporting their school adjustment and positive perceptions of school (Alexander & Entwisle, 1988; Ladd, 1990; Ladd & Price, 1987). And finally, we believe that socially relevant language objectives are of considerable importance for children with SLI because standard societal expectations are not likely to be altered for these children. Most children with SLI will be expected to succeed in regular education classrooms, graduate from high school, secure gainful employment, perform on the job in socially appropriate ways, live independently, and ultimately circulate in mainstream social circles.

Two major issues are tackled in the remainder of this article. We first address some of the barriers that may prevent speech-language pathologists from addressing socially relevant language intervention objectives for children with SLI. In the second major section, we address the clinical implications practitioners may face if they choose to incorporate these types of objectives into IEPs. General considerations for assessment and intervention are illustrated with several cases, complete with parent/teacher concerns, objectives, ideas for intervention activities, and ways to monitor progress. Although peer interactions are important throughout the school-age years, our examples focus on preschoolers. Before school entry, peer interaction skills are viewed as a developmental priority, in contrast to the increased emphasis placed on academic skills, following instructions, and independent seatwork once children begin kindergarten (Hains, Fowler, Schwartz, Kottwitz, & Rosenkoetter, 1989; Hatch & Freeman, 1988; Walsh, 1989). Therefore, the preschool years are an optimal time to begin facilitating social-communicative skills. We have not included a review of the literature documenting the peer interaction difficulties of children with SLI. Interested readers unfamiliar with this literature are referred to Brinton and Fujiki (1994), Craig (1993), and Windsor (1995) for reviews.

Barriers to Targeting Socially Relevant Language Intervention Objectives

Research over the past decade has provided the rationale for targeting the social-communicative competence of children with SLI, yet our clinical experiences suggest that

peer interaction skills rarely are emphasized in speech/language treatment for these children. Although parents express concern about their child's peer interaction skills, the children's IEPs are often limited to goals that focus on more basic speech/language skills. We believe there are many potential barriers that prevent speech-language pathologists from considering the application of speech/language skills to peer interactions. Recognition of these barriers may help speech-language pathologists move toward targeting more socially relevant language objectives.

To begin, speech-language pathologists may believe that the interface of language with other domains is beyond their scope of practice. Traditional models of intervention and pre-professional training focus heavily on intervention at the level of basic content- and form-oriented language skills. Although we may realize that language ability is a critical variable in social competence, intervening with peer interaction may be viewed as an extra or a luxury, to be targeted only after the obvious needs in vocabulary and grammatical development have been addressed. Further, speech-language pathologists may believe that the use of language in varying social contexts will be addressed by the preschool teacher, the early childhood special educator, the elementary teacher, and/or the special education teacher. Unfortunately, our experience suggests that many teachers do not fully understand language ability as a critical variable in whether a child talks to peers, has friends, and so on. If only because the speech-language pathologist's training has emphasized the importance of verbal skills in maintaining successful social interactions, we argue that peer interactions and social competence fall within the scope of practice of the speech-language pathologist. Moreover, from our vantage point, peer interaction is neither a luxury nor an extra, but rather a priority that the speech-language pathologist needs to address.

Speech-language pathologists may not have much confidence in their ability to assess children's peer interaction skills. Peer interaction cannot be evaluated by a norm-referenced, standardized test. Therefore, methods of observational assessment need to be employed (e.g., Rice, Sell, & Hadley, 1990). Pre-professional training for many speech-language pathologists may not have included such alternate assessment techniques (see also Gallagher, 1991). Often the speech-language pathologist has seen the child only in the controlled environments of the treatment room or the classroom language lesson and has never watched the child in free play situations in the classroom or on the playground. Moreover, speech-language pathologists rarely consider observing the child in new or challenging social situations such as entering a group of unfamiliar peers or resolving a dispute, and it is just these types of situations in which language limitations may be most obvious.

Another contributing factor may be the minimal contact speech-language pathologists have with parents and teachers. Given the average caseload for public school clinicians, time constraints are a harsh reality that limit the information that can be gathered through informant interviews (Nelson, 1993). Parental concerns about the child's interactions with peers may not be adequately

conveyed to the speech-language pathologist. Additionally, when this information is conveyed, speech-language pathologists may not realize that parents view peer interactions as one of the highest priorities for their child.

Similarly, the assessment process in many school districts may not result in the evaluation of social-communicative competence for children with SLI. Although IDEA mandates that every child receive a multi-disciplinary team evaluation, in many school districts this does not happen for children who are referred only for speech/language assessments. If the speech-language pathologist is the only person to evaluate the child, the social consequences of the speech/language impairment may not be addressed for reasons previously noted. We do not mean to suggest that children with SLI have some underlying social/emotional deficit that needs to be identified (see Redmond & Rice, 1998). Rather, we want to encourage practitioners to consider whether the unique demands of peer interactions overburden the child's verbal abilities, resulting in limited success in peer interactions.

Once peer interaction is identified as an area of weakness, specific goals and objectives need to be generated. There is evidence that this would represent a step in the right direction. For example, a recent content analysis of IEPs for children with disabilities between the ages of 2 and 8 revealed that social goals and objectives (e.g., social language, turn taking, peer interaction, initiations to adults/peers) often were not identified as programming priorities (Michnowicz, McConnell, Peterson, & Odom, 1995). In particular, only 60% of the IEPs identified any social goals/objectives. These tended to be more common on the IEPs of the most severely involved children. Additionally, only 9% met federal standards for specifying the instructional setting, the way the objective would be measured, and a mastery criterion. Challenges involved in conceptualizing and operationalizing "social competence" make it more difficult for special educators to devise appropriate ways to evaluate progress (McCullum, 1995). In addition, authentic social interaction skills do not readily lend themselves to mastery criteria of 90% accuracy in obligatory contexts. Thus, speech-language pathologists need to become comfortable with alternate avenues for writing objectives and quantifying behavior (cf. Olswang & Bain, 1994).

Several barriers arise when considering intervention. If our interventions have focused on developing children's basic language skills, then primary importance may have been placed on child-adult interactions as a foundation of "good language input." Clinicians may not view peer interactions as opportunities for language learning. Our observations of many group language sessions suggest that even in this context, where peers are readily accessible, adult-child interchanges are valued implicitly above child-child interchanges. What begins as an opportunity for much peer interaction results instead in a series of adult-child interchanges in the company of a large group of children.

Speech-language pathologists may fail to recognize the unique challenges that peer interactions present for a child with weak language skills. As language skills improve, it is

assumed that new skills will be used in interactions with adults and peers alike. However, there is a need to be consciously aware of the unique challenges presented by different conversational partners. If we never consider that peer interaction is an area of weakness for an individual child, then certainly we will never identify the child's vulnerabilities in peer interaction, nor will we see the need for intervention. No doubt many parents would be far more impressed with learning that their child is now talking to other children and negotiating with peers appropriately and effectively on the playground than with learning that their child is marking regular past tense with 90% accuracy in a language sample. Our intention is not to minimize the need to improve children's basic language skills, but to underscore the need to broaden the focus of language intervention to encompass the application of these skills to peer contexts and to embrace alternative strategies for documenting progress.

In summary, as practitioners, we seem to have two choices. We can either view socially relevant language objectives related to verbal interactions with peers as beyond our scope of our practice or we can choose to prepare children for the peer interaction challenges they will face. Because we cannot shelter children from the realities of the classroom, the lunchroom, and the playground, we need to design language intervention activities that promote verbal skills within the context of authentic peer interactions.

Implications for Practice

To include socially relevant language objectives as part of language intervention services, speech-language pathologists may need to reconsider the extent to which language objectives reflect primary concerns of parents and classroom teachers, the way in which ongoing assessments are conducted, how progress is measured, and the contexts or settings for intervention.

Assessment of communication skills takes place not only at the outset of placing a child in special education services/speech-language treatment, but also as part of an ongoing process in the course of treatment. Typically, initial assessment focuses first on whether a child meets eligibility requirements for a particular disability and second, on whether the child needs special education services. Initial assessment is often limited; time constraints usually dictate that the speech-language pathologist has a brief period of time during which to determine eligibility, to gather information about the child's communication skills, and to identify initial objectives. Moreover, much information is gathered outside the context of real-life, functional interactions. This limited time period rarely allows the speech-language pathologist to thoroughly assess speech/language skills, let alone the social uses of language. However, Wilcox and Shannon (1996) suggested that to generate functional objectives, additional information about classroom and home routines must be gathered. This may mean that sufficient opportunities to explore the child's language capabilities in the context of peer interactions may arise only after the initial placement has been

made. For this reason, it is likely that initial IEPs may not address socially relevant language goals, and instead may focus on getting the child talking or on specific language concerns.

Assessment of children's peer interactions skills often occurs as part of ongoing intervention, and socially relevant goals are typically incorporated at the time of subsequent annual reviews. Even more so than with assessment of other aspects of language, assessment of social uses of language should begin by gathering information from those who are most likely to observe the child in real-life contexts that involve peers (Nelson, 1994). Teachers might comment on how a child communicates in the classroom, the PE teacher might comment on how the child communicates during his/her physical activities, and parents might comment on how the child communicates with siblings, relatives, and neighborhood friends. By conducting assessment at this level, the child's needs are derived from the nature of his or her typical interactions (Wilcox & Shannon, 1996). Subsequent to obtaining this information, the speech-language pathologist might choose to observe on his/her own, taking data in the form of qualitative notes or using an observational instrument, scale, or checklist to gather information about the child's skills (Nelson, 1994; Rice et al., 1990; Silliman & Wilkinson, 1994). What seems particularly inappropriate or ineffective is for the speech-language pathologist to evaluate the child's peer interaction skills without considering the input of others. In other words, the assessment of social uses of language and peer interactions will rely heavily on the concerns of those individuals who frequently interact with the child (e.g., teacher, parents) in typical, normalized peer settings. The speech-language pathologist's responsibility is to synthesize the information from various informants, clarify the child's communication needs and, in conjunction with the parents and teachers, design appropriate plans for intervention.

To target socially relevant language objectives, it is ideal for children with SLI to participate in classrooms with a variety of peers, especially peers who are more verbally competent than the child with SLI. Once children with SLI are enrolled in integrated preschool classrooms, these objectives can be embedded into most existing classroom curricula. Speech-language pathologists can begin by making environmental modifications to facilitate the peer interactions of all children. For example, most preschool curricula include some activities that change on a daily basis and other activities that remain rather consistent from day to day or week to week (Bunce, 1995; Wilcox & Shannon, 1996). Routine classroom activities such as sharing or snack can be conducted in a way that emphasizes peer interaction skills, as illustrated in a case example we present later. Routines and repetition can maximize opportunities for peers to interact. Variable activities, such as dramatic play or art activities, also can be planned with a specific interest in facilitating interaction between children. These activities can be manipulated to engineer opportunities for peer interaction in small and large group interactions. For example, a particular child may be assigned a key role in a dramatic play, such as the cashier

at the fast-food restaurant, to increase the likelihood that peers will integrate this child into their play. Speech-language pathologists may also instruct children to create a class mural instead of individual paintings or provide only two glue sticks to a group of children. Suggestions for environmental manipulations have been expanded on by several authors (see Bunce, 1995; Constable, 1983, 1986; Fey, 1986; Ostrosky & Kaiser, 1991).

It is also important to recognize that access to peers in a preschool classroom does not guarantee peer interaction for children with limited language skills (Hadley & Rice, 1991; Rice et al., 1991). Adults play a critical role in supporting the development of sustained verbal interactions with peers for children with language limitations. Teachers may encourage interactions between children with SLI and specific typical children who are likely to be most supportive of the conversational attempts of children with SLI. Teachers also should realize that the challenge of verbal interactions with peers, at least for children with language limitations, is highly dependent on the type or context of the play activity. Therefore, it is essential that adults view their role not simply as a supervisor of peer play time, but as a supportive teacher, providing the right amount of assistance at critical junctures so as to enable children with SLI to more fully participate in verbal interactions with peers.

In the next sections, we address the specific needs of individual children. Although some children's difficulties in peer interaction are related to limitations in social motivation or social immaturity, we focus here on children for whom limited language skills are suspected to play a primary role in the problems they are experiencing.

Using Classroom-Based Routines With Molly

Molly, a 3-year-old child with SLI, was recently enrolled in an integrated preschool program. Although Molly had severe phonological, receptive, and expressive language impairments, her mother described her as a bright, loving child and an outgoing communicator when she interacted at home. She noted that Molly was excited when she met new children, but that over time Molly showed less interest in going to her neighborhood playgroup. As in the playgroup setting, Molly was excited about meeting the new children in the preschool, but after the first month she started to isolate herself from peers. She preferred to spend her free time looking at books with the assistant teacher and the speech-language pathologist. Molly's mother wanted her to develop positive relationships with peers at school, but she was worried that Molly's unintelligibility interfered with communication. She feared that because Molly's peers rarely understood her, Molly lost motivation to interact with them. The teacher had similar concerns. She noted that Molly liked to be physically near her and seemed to prefer talking to her. When Molly initiated with peers, they often did not understand her and did not know how to respond.

Molly received all of her speech/language intervention in the classroom context. She participated eagerly in

classroom-embedded activities designed to improve her intelligibility, vocabulary, and utterance length. However, the speech-language pathologist also recognized that Molly preferred to interact with her alone. When the speech-language pathologist tried to include other children in her activities, Molly tended to seek out one-on-one interaction with another adult in the room.

After the parent and teacher raised their concerns about Molly's increasing "social isolation," the speech-language pathologist decided to obtain additional objective data regarding Molly's interactions. She used an online assessment tool, the Social Interactive Coding System (SICS; Rice et al., 1990). The speech-language pathologist focused on coding Molly's verbal interactive behaviors including verbal initiations, verbal responses (i.e., multi-word vs. single-word), nonverbal responses, and failures to respond. She also noted who Molly's conversational partners were. Five-minute samples of routine activities and free play were obtained over 3 different days within a 1-week period. These data were used to determine the average number of verbal initiations to peers versus adults in each sampling context. This analysis confirmed that Molly rarely initiated to peers during free play ($M = 0.33$ per 5 min) or even during the routine classroom activities without adult support ($M = 0.67$). Until the speech-language pathologist stepped back to observe, this had not been obvious. Thus, in consultation with Molly's parents and the classroom teacher, an additional objective was added to Molly's IEP.

Objective. Molly will make positive verbal initiations to peers 3 times during a 5-minute observation of routine classroom activities (e.g., sharing, snack) without any adult assistance on three different days within a 1-week period.

Intervention Ideas. The rationale for establishing peer interactions within the context of classroom routines is drawn from the mother-child interaction literature, which indicates that children's language performance is aided by familiar situations or "routines" (Bernstein Ratner & Bruner, 1978; Bruner, 1978, 1981, 1983; Conti-Ramsden & Friel-Patti, 1986; Snow, Perlman, & Nathan, 1986). Familiar situations support children's acquisition of new words and language structures and may allow children to take on more assertive conversational roles. In addition, the use of routines is intended to improve Molly's conversational success with peers because they will have a predictable format to aid interpretation of her initiations. For classrooms without routines, the establishment of such activities would be an important first step.

Sharing time can be conducted with one child asking another child several questions (Bunce, 1995). This arrangement provides a structured format for peer conversations. The teachers can prompt peer initiations at levels appropriate to individual children. A standard series of questions may include: *What do you have? Where did you get it? What do you do with it?* These questions can also be simplified for children with more limited language abilities (e.g., *Whatcha have? Where'dya get it? Whatcha doing?*). As participation in this routine becomes more independent, children may rely less on the teacher's support and spontaneously begin to ask novel questions of their peer partner. Importantly, the predictability of the routine allows

them to participate successfully in the social situation.

Snack time provides another routine context for facilitating language use among peers. Before children eat their snacks, they wash their hands. Children often line up to wash their hands one at a time. The child at the head of the line can turn the handle of a paper towel dispenser for the child with wet hands. Aside from being an efficient, cooperative process, this arrangement provides a natural opportunity for teachers to prompt peer-directed requests (e.g., *Paper, please. Need a towel?*). During snack time, children request additional servings of juice or crackers. By placing small pitchers and plates on the table, children are encouraged to ask their peers to pass the juice or crackers. This setup allows requests that are often directed toward teachers to be naturally redirected to the peer closest to the pitcher or plate.

Different levels of adult assistance to prompt peer initiations or to redirect Molly's adult-directed initiation towards a peer partner may include (a) a direct model of initiation with elicitation statements (e.g., *Ask Mary, what do you have? Say whatcha have?*), (b) a direct prompt for peer initiation, but without a model (e.g., *Ask John to pass the crackers.*), or (c) a hint or indirect prompt for a peer initiation (e.g., *I can't reach the juice. Maybe Jessica can.*). The complexity of the models depends on the child's comprehension and production abilities. Similarly, hints would only be effective for children who displayed an understanding of indirect speech. In Molly's case, greater levels of adult support would be most appropriate. As peer initiations in routine contexts increase in frequency, more indirect strategies could be used. Additionally, peer-directed initiations in free play contexts could be more explicitly targeted, and reflect a related, but separate intervention objective. More detailed discussions regarding the implementation of this intervention technique and its efficacy are reported in Hadley and Schuele (1995) and Schuele, Rice, and Wilcox (1995).

Monitoring Progress. To document progress, the speech-language pathologist planned to examine the frequency of peer initiations during routine activities on a quarterly basis. A series of 5-minute observations were planned during routine classroom activities across 3 days as during the baseline data collection. To document intermediate gains, the speech-language pathologist planned to index each peer initiation by the level of adult assistance required (i.e., direct model, direct prompt, indirect prompt). Verbal initiations could also be monitored during free play to determine whether Molly was gaining confidence in her ability to verbally initiate to peer partners outside of the routine situations in which her initiations were being targeted initially.

Promoting Functional Phrases With David

David, another 3-year-old child with SLI, was in the same integrated classroom. In contrast to Molly, David had age-appropriate receptive language skills, a mild phonological impairment, and severely restricted expressive language skills. Although David often produced two- and three-word utterances at home, he rarely used more than

one-word utterances in the classroom context. David's parents were very concerned about his limited expressive repertoire, especially because he was easily upset and frustrated when they didn't understand him. They also were worried about his ability to get along with peers. David was an only child and hadn't had any previous peer experiences. Because of their work schedules, neither David's mother nor his father was able to observe him in the preschool, and they wondered how he was getting along. David's teacher was concerned about his ability to share classroom toys and his interest in parallel and social interactive play. He preferred to play alone. The teacher's greatest concerns revolved around what she described as "bossy toy snatching." When David wanted a particular toy, he typically grabbed toys from peers' hands while asserting "*mine, mine.*" When peers did not acquiesce, temper tantrums often ensued, which disrupted the functioning of the classroom for a significant period of time.

The classroom teacher consulted with the speech-language pathologist regarding David's behavior and his parents' concerns. The teacher was trying to sort out whether David simply had poorly developed social skills and didn't know that his behavior was inappropriate or whether the behavior was the consequence of his severely restricted communication abilities. Although she knew that David's unwillingness to share might be related to social immaturity, the limited verbal repertoire he had available for negotiating with other children was also a possibility. She asked the speech-language pathologist to observe David and help her come up with some options to sort through these possibilities. She was particularly concerned because the assistant teacher was beginning to interpret his behavior as "bad" and characterize him as a "problem child."

Given the specific concerns of the teacher, the speech-language pathologist again modified the SICS coding scheme. She adapted the verbal interactive behavior coding by recording only the peer-directed initiations that were requests for objects (i.e., toys/materials). She also recorded nonverbal initiations (i.e., point, touch, grab) used to obtain objects from peer partners. The speech-language pathologist noted whether the initiation was appropriate or inappropriate and whether the object was successfully or unsuccessfully obtained without adult intervention. Observations were conducted during child-centered free play activities for 5 minutes on 3 different days. Based on these observations, less than 25% of David's requests for objects were judged to be appropriate. Some conflict requiring teacher intervention arose for nearly 50% of his total requests. The speech-language pathologist suggested that the introduction of some simple functional phrases would help determine if his inappropriate behavior needed to be "managed" or whether an alternative, more appropriate linguistic means would do the trick.

Objectives. (1) David will spontaneously produce prosocial, functional phrases 3 times per day to request objects from peer partners without any adult assistance on 3 different days within a 1-week period; and (2) David will increase the percentage of *appropriate* peer-directed verbal requests without any adult assistance to 60% during 5-minute observations on 3 different days within a 1-week period.

Intervention Ideas. Children with limited communication skills may not know that words work, at least in a conversational sense. Frequently, young 3-year-olds with very limited expressive language skills are inclined to use physical means to obtain toys or turns from other children. Their prior experiences tell them “pulling and grabbing work better for me than my words do.” However, this is not an acceptable behavior in the eyes of teachers, nor does it win points with peers. Generic phrases such as “My turn please,” “(object label), please,” or “let’s trade” can be used to help children verbally assert themselves when requesting a wide variety of objects, to minimize physical aggression, and to minimize the social cost of compliance when swapping toys. Functional phrases also can be taught in response to these requests. For example, if the child wants to drive one more nail into the workbench before giving up the hammer, phrases such as “one more time” or “in a minute” may be used to acknowledge the request, and indicate intended compliance, while simultaneously giving children a little bit more control over the situation. At times, it may also be necessary to provide other adjustments in the preschool environment to ensure that these early negotiations proceed smoothly. That is, children may use an egg timer set to a prespecified time to make the length of time for individual turns with objects or in particular activities more concrete. The support provided by the environmental strategies may provide children with enough confidence to begin using the functional phrases to assert themselves more independently rather than calling immediately for the aid of an adult. Even if these phrases are not unique, the use of these phrases is likely to be appropriate. And if they reduce the incidence of classroom squabbles, the spontaneous use of functional phrases is clearly a step in the right direction.

Monitoring Progress. To determine whether David was using his repertoire of functional phrases, the speech-language pathologist planned to chart any observed uses of functional phrases noted during the child-centered free-play activities on a weekly basis. She also planned to note whether the phrases were used spontaneously or with what level of adult assistance. Finally, she planned to enlist the classroom teacher to help log incidents of tantrums or squabbles that revolved around David’s negotiations for toys or materials. A decrease in these disruptive incidents would provide clear evidence of meaningful progress to both the parents and the teachers. To measure progress on the second objective, the speech-language pathologist planned to repeat the classroom observations following the same procedures as during the baseline period on a quarterly basis. The intent of this observation was to determine if an increase in David’s use of functional phrases also resulted in a proportional increase in the number of appropriate peer-directed requests for classroom objects and materials, the outcome of ultimate importance.

Increasing Trevor’s Participation in Dramatic Play

Trevor, a 4-year-old with SLI, was in his second year in the integrated preschool. Trevor had just begun to combine

words last year, but now demonstrated the ability to formulate multiword sentences and to get his basic needs met through verbal communication. His teacher observed that in some dramatic play activities Trevor was involved in the action but rarely verbalized. The other children seemed to be doing all of the talking. In less action-oriented dramatic play activities, where the activity lent itself to lots of talking but not much doing, Trevor generally showed little interest. His teacher believed that his language skills were not sophisticated enough for him to engage the other children during more verbally demanding dramatic play activities. She commented that even though he easily talked in three- and four-word sentences with her, he did not do this with his peers.

Trevor’s parents responded to the teacher’s concerns by indicating that he played well with a neighbor of the same age. The two children enjoyed playing a rescue game where one child rescued the other. Trevor’s mother noted that although she never thought about it before, the two children “do” more than “talk” when they play. Trevor’s mother went on to explain that he had a very difficult time playing with his cousin, who generally constructed elaborate storylines that she wanted Trevor to follow. Trevor often lost interest and wandered away from the cousin, who was younger yet had verbal skills much better than Trevor’s. Both the preschool teacher and Trevor’s parents remarked that they would like to see Trevor use his language skills to verbally interact more with peers.

Given this information, the speech-language pathologist decided to explore Trevor’s peer interactions more systematically. She planned to collect some observational data to quantify the anecdotal observations. She was particularly interested in determining whether Trevor avoided play situations that challenged his language skills. She was also interested in the extent to which he initiated verbal interactions with peers and the extent to which he verbally responded to the initiations that other children directed toward him. The speech-language pathologist planned to compare Trevor’s verbal interaction skills in action-oriented dramatic plays and conversationally oriented dramatic plays. The speech-language pathologist observed Trevor on two different days during the 40-minute free play time when children could move freely between four different play centers. The two dramatic play activities were grocery shopping and pizza parlor. The speech-language pathologist used the SICS to note the number of peer initiations and responses Trevor made during 10 minutes of observation. She also decided to informally gauge the length of time Trevor participated in each dramatic play relative to the other center activities.

The speech-language pathologist’s systematic observations supported the concerns voiced by Trevor’s teacher and mother. Trevor spent approximately 15 minutes in the dramatic play area happily pushing a shopping cart through the aisles gathering groceries. However, Trevor rarely interacted with the store clerks and other shoppers. As he went through the checkout line, he responded to his peers nonverbally or with minimal verbal responses. Only 2 of his 12 responses were multiword utterances. Furthermore, his only peer initiations were two requests for

possession of a shopping cart. In contrast, Trevor had a much more difficult time getting involved in the pizza parlor dramatic play. He approached and hovered around the children in the area on several occasions without getting involved. Eventually, a teacher drew Trevor into the activity. Trevor had five verbal interactions with the teacher as he took her order and served her a pizza. Next, a peer approached and ordered a pizza. When Trevor returned with the order, the teacher was gone. After a single verbal exchange with the peer, Trevor wandered off from the dramatic play area. This period of engagement was estimated at 3 minutes.

Objectives. (1) In a 10-minute observation during dramatic play activities, Trevor will produce five positive verbal initiations to peers and 10 verbal responses to peers on 3 days in a 1-week period; and (2) When participating in a conversationally oriented dramatic play activity, Trevor will stay engaged in the activity for 5 consecutive minutes, for 3 days in a 1-week period.

Intervention Ideas. The teacher will want to consider two things in planning intervention for the above objectives. First, the teacher will have to think about how the various dramatic play activities planned for the classroom influence Trevor's ability to verbally interact with peers. Second, the teacher will want to consider specific strategies that might increase Trevor's verbal interactions with peers.

Some researchers have asserted that children's shared knowledge of the events in a dramatic play will foster interaction and conversation (French, 1985; Nelson & Gruendel, 1979; Nelson & Seidman, 1984). We agree that shared knowledge of the events in a dramatic play seems to guide children's social interaction, but this knowledge does not guarantee that conversation will emerge. Corsaro (1983) argued that the emergence of conversation is related to the goal of dramatic plays. He suggested that conversation is more likely when interpersonal exchanges rather than actions are the focus of the dramatic play. For example, in an action-oriented dramatic play such as "firefighter," children may share knowledge of the sequence of events (e.g., going to the fire, putting it out, and returning to the station), yet they may not engage in extended conversations (Corsaro, 1983). Language use may be restricted to general announcements at the beginning and end of the event sequence (e.g., *We're on our way to the fire! Good job, men!*). Thus, it is important to evaluate the types of dramatic plays that are planned and consider how central conversations are to acting out the dramatic play. To facilitate Trevor's verbal interactions with peers, one might initially expect verbal interactions to be used, albeit minimally, in this type of dramatic play. Slowly, the teacher and speech-language pathologist may facilitate Trevor's verbal interactions in more verbally challenging dramatic play activities.

Teachers may wish to use a variety of dramatic play activities to stretch children's cognitive and social knowledge of roles and events and to introduce new vocabulary (Bunce, 1995). Action-oriented dramatic plays that do not require verbally demanding exchanges are important at the beginning of the school year to coax

participation from reluctant children. As themes are repeated over time, action-oriented dramatic plays can be expanded by incorporating new interpersonal dimensions. For example, with a firefighter dramatic play, a reporter role might be added so that after the firefighters return from the fire, they must explain to the reporter what happened at the scene of the fire. The child then would have to explain the sequence of events and describe what each child did in putting out the fire. Specific intervention strategies that the speech-language pathologist and teacher might use could include prompting initiations and redirecting initiations from adult to peers. In prompting initiations, the adult suggests that the child initiate to his or her peer. In contrast, in a redirected initiation, the adult waits until the child initiates to the adult and then suggests that the child verbally initiate to a peer for that same purpose (see Hadley & Schuele, 1995; Schuele et al., 1995). To increase the chances that Trevor would remain engaged in the conversationally oriented aspects of this dramatic play, the teacher could assign him to the reporter role by giving him a highly valued prop such as a real microphone that recorded the firefighters' interviews. Speech-language pathologists may also use explicit script training in advance of planned dramatic plays (Goldstein & Cisar, 1992; Goldstein & Gallagher, 1992). Typically, these scripts and the verbal roles are taught outside the context of the classroom-based activity; however, speech-language pathologists can also introduce and rehearse scripts with compliant typical peers as part of the opening circle activities when teachers introduce children to the dramatic play of the day.

Monitoring Progress. The speech-language pathologist planned to use the SICS to record Trevor's patterns of verbal initiations and responses. To measure the effectiveness of redirecting the child, she planned to adapt the coding scheme reported in Schuele et al. (1995). The speech-language pathologist and teacher planned to tally online responses to redirects for 10-minute periods twice a week. They planned to tally the frequency of redirects to Trevor and of the instances where a redirect prompt culminated in an initiation to a peer. A percentage of successful redirects could be calculated then. To measure engagement, she planned to train an aide to use a time-sampling procedure (e.g., Bakeman & Gottman, 1986). Specifically, Trevor's behavior would be sampled at 15-s intervals for a period of 5 minutes once a week to determine whether he was in the dramatic play area and verbally engaged at each interval. In this case, the unit of analysis would shift to the play area Trevor occupied and his engagement per unit of time rather than the patterns of verbal interactive behaviors.

Toughening Kurt for Peer Resistance

Kurt, a 5-1/2-year-old, had been receiving treatment in the classroom for nearly 2 years. Although he was eligible for kindergarten, his parents were afraid he wasn't "ready," socially or (pre)academically. He participated in all classroom activities; however, his communication was less effective when he found himself in challenging peer

situations. His mother believed that he had difficulty asserting himself, preferring to be passive and not cause trouble. She felt that his siblings and other children in the neighborhood took advantage of Kurt's good nature. The teacher thought his difficulties dealing with these social challenges stemmed from shyness. The speech-language pathologist suggested that Kurt's difficulties might be related to the verbal challenges of situations that required quick formulations of requests, responses, and so on. She explained that children who were very effective in everyday communicative interchanges still could have substantial difficulties in more challenging conversational contexts. She noted that the use of justification and verbal persuasion were still beyond Kurt's facility with language. Based on informal observations of Kurt's social-conversational participation, the speech-language pathologist characterized Kurt as a passive conversationalist (Fey, 1986) who participated in social interactions willingly in the role of the responder but was relatively ineffective in the role of initiator. To support her characterizations, the speech-language pathologist shared two recent qualitative observations she had recorded in the classroom with Kurt's mother.

On one occasion, Kurt had been trying to get a camera to take pictures of wild animals during an African safari. Kurt's imperative directed to a same-age boy (i.e., *Let me have that.*) was refused. Instead of trying another appeal, Kurt approached a younger girl. He touched the camera gently and said "Hey." This strategy was no more successful than the first. In the second incident, Kurt was unable to access a playgroup of his same-age peers. Two peers were doctoring a sick puppy. Kurt tried to access the group, carrying a syringe to assume the role of the veterinarian. However, when his verbal bid to join the play was rejected, Kurt dropped the syringe, turned on his heels and left the dramatic play area.

In both situations, Kurt did not appear to know what to say or do when he encountered resistance. He either tried a new partner or gave up. The speech-language pathologist noted that this contrasted with the array of options the children with typically developing language skills used to incorporate justifications or persuasive appeals into their attempts at conflict resolution or bids for group entry. She believed Kurt would benefit from intervention designed to develop more effective strategies for negotiating for toys, resolving disputes, and gaining access to peer groups. The focus would be on the demonstration of social competence in specific social tasks, not on the use of a discrete language behavior. She explained to Kurt's mother that intervention might not result in Kurt being able to formulate quick novel responses to peers. However, she believed that intervention could broaden his repertoire of strategies and strategy combinations to enhance the likelihood of positive outcomes in these types of peer-related social situations. The speech-language pathologist suggested that time spent on these social uses of language would be time well spent, given that these social tasks prove to be challenging for children with SLI well into the school-age years (Craig, 1993; Craig & Washington, 1993; Stevens & Bliss, 1995).

Objectives. (1) In a role-play task, Kurt will generate 3 different verbal/nonverbal strategies to achieve a specific social goal (e.g., obtain a desired toy, peer group entry) for 3 tasks presented; and (2) In classroom peer interactions, when prompted by an adult, Kurt will make a second attempt to achieve his specific social goal when an initial bid has been unsuccessful 5 times per day on 4 consecutive days.

Intervention Ideas. The first objective above might be appropriate to target in individual and small-group interactions. This intervention will have as its aim that Kurt acquire strategies that will provide a foundation of abilities to use in challenging social tasks. The second goal focuses on Kurt's abilities to use these strategies in real-life, functional contexts, albeit with prompting or coaching from an adult (cf. Fey, 1986). Because Kurt has a great deal of difficulty in this area, it is assumed that Kurt will need quite a bit of adult support to begin to use his strategies effectively. Additionally, it would be a good idea for teachers to steer Kurt toward peer groups consisting of at least one peer who is friendly towards Kurt and plays well with him in dyadic interactions. This type of environmental engineering may make the task of entering a more dynamic group of peers somewhat easier.

Both Corsaro (1979, 1983) and Dodge and his colleagues (Dodge, Pettit, McClaskey, & Brown, 1986; Dodge, Schlundt, Schocken, & Delugach, 1983) have discussed the importance of planning and sequencing strategies during peer group entry situations in particular. Of particular interest is that sequences of nonverbal strategies (i.e., nonverbal entry, producing variants of ongoing behavior) are generally more successful than direct, verbal strategies alone. When using verbal bids alone for entry, children place themselves at a higher risk of rejection. However, when children encounter such initial resistance, verbal negotiation skills are of critical importance. Thus, for children with SLI, it is particularly important to plan beyond the initial turn and to help them plan some "comebacks" in preparation for less optimal outcomes. In addition, when attempting these comebacks in authentic situations, it is helpful for the clinician to be within earshot of the negotiation to provide some additional impetus for the peers to comply and provide the children with SLI with more successful initial experiences.

To compensate for the lack of verbal negotiation skills, nonverbal strategies can be used to help children become more self-reliant negotiators as they are developing more sophisticated expressive language skills. For example, in the first scenario, children can be informed that trading toys may be a useful method of persuasion. Kurt may have been more successful if he had offered his peers a pair of binoculars in exchange for their cameras. In the second scenario, Kurt might have been more successful if he recognized that he possessed a valuable prop for the enactment of the dramatic play, something that could help justify his access to the group play. As children experience success pairing nonverbal tactics with their verbal negotiations, they may be more willing to engage in additional negotiations, increasing the opportunities to refine these skills in future interactions.

Monitoring Progress. The speech-language pathologist planned to chart the number of spontaneously produced strategies Kurt was able to generate during role-play tasks as well as his ability to produce strategies introduced in previous role-plays. Role-play tasks were used to focus on negotiations for toys and later on peer group entry. After Kurt was able to generate three different strategies to three different social problems during role-play tasks, the speech-language pathologist planned to document explicit use of strategies in the classroom situation. She was particularly interested in whether Kurt would persist in his desired social goal (i.e., toy, group entry) after initial resistance. The speech-language pathologist planned to chart instances of potential resistance/conflicts revolving around toys and/or peer group rejection and the type of support required for Kurt to make a second attempt: (a) directly model strategy and verbal turn, (b) suggest strategy but provide no verbal model, and (c) remind Kurt to think about his alternative strategies. In addition, she planned to obtain a functional outcome measure by noting the number of times Kurt's initial and repeated attempts were successful as well as the repeated attempts that did not require adult prompting.

Conclusions

In this paper, we have argued that it is important for speech-language pathologists to broaden their scope of practice to consider how children with SLI employ their social-communicative skills in the context of authentic peer interactions. Several barriers in everyday practice settings may prevent speech-language pathologists from addressing socially relevant language objectives. We have attempted to identify ways in which speech-language pathologists may overcome some of these barriers and have provided a rationale for doing so. We believe it is critical to prepare children with SLI for the realities of the challenging peer situations they will encounter as children. We cannot shelter and protect children from these situations and then wonder why they are ill-equipped to handle challenging social situations in later educational and vocational settings. Interacting appropriately and effectively through verbal interactions with one's peers is not a "luxury" or an "extra." It is an investment for a lifetime.

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