**Commentary**

Designing and Implementing a Prevention Program that Targets Language and Literacy Development

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### Introduction

Over the past decade, there has been a wealth of studies that have documented the negative effects of poverty on child development (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Duncan, & Brooks-Gunn; 2000; Hammer & Weiss, 1999; Hart & Risley, 1995; Mayer, 1997). The results of this work has led to a growing interest in using the skills of speech-language pathologists (SLPs) to work with families from diverse sociocultural and economic backgrounds from a prevention model (Oetting, Pruitt, & Roy, 2006; Watkins, Lybolt, & Furey, 2002).

A lot of attention has been given to the components of home literacy practices including home literacy environments and parent-child book reading interactions (Morgan, 2005; NELP, 2009; Purcell-Gates, 2004; Roberts et al., 2005; van Kleeck, 2006; Weigel et al., 2006). Researchers have examined home literacy practices including shared book reading frequency, maternal reading strategies, child's enjoyment of reading, and maternal sensitivity. The work done in this area has shown that early literacy practices influence later academic success. For this reason it is imperative for all children not only to have exposure to literacy practices prior to formal education, but to also become accustomed to the types of literacy behaviors that will be required in an academic setting.

The purpose of this paper is to describe a caregiver training program that is designed to ensure that children from minority cultures enter school with the pre-literacy skills necessary to deal with the literacy demands of mainstream school practices. Caregiver training programs involve teaching caregivers how to help their children develop language and literacy skills and encourages caregivers to increase the frequency and quality of activities that facilitate language and literacy activities in their homes (Crain-Thoreson, Dahlin, & Powell, 2001; deJong & Leseman, 2001; Hoff-Ginsberg, 1991; Senechal, LeFevre, Thomas, & Daley, 1998). The logic behind this training is that by targeting both areas (quantity and quality) one would typically see change in the children's receptive language skills, emergent reading behaviors, and concepts of print and letter knowledge, increasing their chances for success in literacy development and academics.

The parent training program described here was developed using the sociocultural theoretical perspective of language-literacy development and Vygotsky's theory of social learning.   The sociocultural theoretical perspective of language-literacy development views book reading practices as culturally defined and language development is considered in its cultural context (Bronfenbrenner, 1979). Vygotsky's (1978) theory of social learning purports that language develops as a result of children being active in their environment and through the interactions that occur between children and adults.  Considering research from the field of prevention science which suggests that prevention programs are successful only if there is a fit between the source, the message, and the audience, the program was described to each participant and the link between the behaviors targeted, language and literacy development, and later academic success were explicitly stated.

Influenced by Vygotsky's social learning theory and the prevention science literature, I designed a training program that occurred in the caregivers' and children's natural environment and was based on training activities and materials that were relevant and a cultural "fit" for the participants.  The training program was used with 20 African American mothers/grandmothers and their preschool children in southern Louisiana.  The purpose of the training program was to increase the parents' use of evidence-based strategies during book reading with their children. The program is detailed next.

## Parent Training Program

Prior to the training program, a caregiver-child shared book reading activity was video-recorded and from the recording, the caregiver's reading behaviors were classified and tallied for pre-training data. To begin the training program, each caregiver received an orientation and a reading schedule.  During the orientation, the importance of reading was explained and it was explained to the participants that the literature suggests that certain behaviors increase the benefits of shared reading.  Following the orientation, a pamphlet that provided a written definition of each behavior and two written examples was used as a way to introduce each behavior. The four behaviors that were targeted included (1) text to life utterances (comments and questions about the story used by the caregiver to make connections to the child's experiences (Hammer et al., 2005; van Kleeck et al., 1997); (2) interpretations (utterances in which caregivers asked the child to make predictions or required the child to make inferences about the story); (3) references to print (any comments, questions, or requests about print); and (4) tracking print (the adult reader runs her finger under the text as she reads).

The program consisted of three days of training.  Each day of training began with a review of the pamphlet that explained each of the four targeted behaviors.  The primary instructional strategy for Day 1 of the training program was a four-minute training video.  After reviewing the pamphlet, the caregiver watched the training video with the SLP/researcher. For each of the behaviors targeted in the video, a definition of the behavior was followed by three different brief vignettes in which an adult was depicted using the target behavior during shared

book reading with a preschool child.   For example, for tracking the print, three different vignettes showed an adult pointing to the text as she was reading.

The primary instructional strategy for Day 2 of the training program was modeling.  After reviewing the pamphlet, the SLP/researcher modeled or read with the child utilizing the targeted behaviors while the parent observed.  While reading the book with the child, the SLP/researcher used each targeted behavior at least three times.

The primary instructional strategy for Day 3 of the training program was video feedback. After reviewing the pamphlet, the caregiver was asked to engage her child in a book reading session using the behaviors that were being targeted.  The interaction was video-recorded.  After the parent finished reading the book to her child, the SLP/researcher and the parent watched the videotape and the SLP/research provided verbal feedback to the caregiver.  Throughout the training, parents/caregivers were encouraged and allowed to ask questions during the modeling and feedback sessions.

At the end of each training day, a probe was collected to measure use of the targeted behaviors.  After the probe, each caregiver was given two books and was asked to read the two books two times over the next day to practice using the targeted behaviors.  A final probe was collected a week after the training program ended to measure how well the caregivers maintained the newly learned reading behaviors.

## Results and Recommendations

Detailed results from the parent training study can be found in Morris (2010).  In short, analyses of the data revealed that all of the caregivers increased their use of the behaviors targeted in the training program and that book reading sessions increased in length and quality suggesting the parents were a lot more interactive than they had been prior to the training. Qualitatively, parents were very positive about the training and reported they really enjoyed learning the strategies.  Some even commented that they did not realize the need to do these things while reading with their children.  These comments highlight the importance of sharing the knowledge we have as professionals with parents and caregivers so that they understand the impact that they can have in their child's learning.

Based on the findings of my caregiver training program, below I provide some suggestions for designing effective parent training programs.

1. **Provide parents with written information** about the program that they can refer back to in the absence of the professional.  Recall that each session began with a pamphlet.  The parents kept a copy of the pamphlet so that they could refer to it if they needed to during the practice with their child.

2. **Identify the fit or the motivation for the participants** and make sure the population you are training will be motivated by the proposed outcome.  For example, during the orientation the connection between the training and the possible outcome for the children was explained.  The parent was able to identify from the very beginning why adding these strategies to her repertoire would help her child in the future in regards to academic success.

3. **Present information using different methods of instruction**:  For the current program, three different types of training strategies were utilized: a training video, modeling, and video feedback.  Parents commented that they really enjoyed having the information presented in a variety of ways.

4. **Allow participants to practice the behaviors being targeted and provide feedback.**  When asked if they preferred one method of training over the other, many stated they really enjoyed the last training session the most because it allowed them to get feedback immediately about how they were doing.  They also commented that they liked for the SLP/researcher to point out missed opportunities and found praise from the SLP/researcher to be encouraging.  The video feedback allowed them to experience immediate reinforcement.

5. **Provide home-based or community-based training as opposed to training at the university or clinic.**  The program discussed was a home-based training program. Of the 60 training sessions conducted, the majority were completed at the participants' home or community (90%, n = 54) rather than at the university (10%, n=6) .  The six sessions that were completed at the university were at the request of the participants.  Home-based or community-based training provides a more natural context for the family and it is more convenient for the family.

6. **Provide additional resources if necessary for the training to be successful**.  Do not put the burden on the family to obtain additional resources.  For example, in my training program, the families did not have to purchase their own practice materials.  Instead, the SLP/researcher provided the books for the families to use to practice the behaviors and the families were able to keep the books once the program was completed.

7. **Have a genuine interest in the populations being trained.**  Families know if researchers are genuinely interested in the welfare of their children or loved ones.

## Conclusion

In summary, in the area of parent training and prevention, all speech-language pathologists, educators, and other public health professionals have a duty to the populations that they serve.  The parent training program outlined in this paper was used with parents of typically developing children in an effort to facilitate language and literacy development, however the instructional strategies used can be applied to prevention and training programs in various areas of public health (e.g., nutrition, exercise, dental care).

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