

How to use the Hanen approach in developing communication and language in children

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Abstract: Modern approaches in education have pointed out that, though neglected for a long time, early intervention is increasingly necessary in children's development. As a key component of early intervention, parent training responds to the need for explicit training with a view to reach effective education. The experiment presented here showing the efficiency of some programmes and methods in the development of communication and language in autistic children and difficulties of communication aimed at implementing the Hanen programme in parents' activities with children. The three groups of children involved in research got parental help after a training programme run by a specialist in communication and language and certified Hanen for three months. The approach, the results of this implementing together with its limits, blockage, and success, as well as the project of continuing the programme is the topic of this paper.

Keywords: communication, language, Hanen approach, parent training, parent coaching

Introduction

Impairment between goals and objectives of parental training and early intervention approaches within a family ask for new directions that meet the concepts of contemporary family services, the need for explicit training of service suppliers in parental education strategies and that carry out research on the long-term effects of parental training on both children and families.

Parents wish to get information on the specific ways in which they can help their children develop and this asks for early intervention parental training.

They experimented the use of Hanen programmes in search of solutions for the speeding up of learning, for the development of communication and language in children with retard in language development and autistic.

However good a specialist an adult could be in matters of communication and language, being a parent gives him/her a status difficult to equal. It allows parents to understand and learn to turn children's communication into deep reality favoured by the level of affectivity and sensitivity of the parents. It has already been proven that parents are the first and most important teachers of their children and that the latter learn easier and quicker in a natural, family environment.

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Methods

This is what the Hanen approach aims at – educate parents to facilitate their children’s language using the everyday situations in a child’s life for the learning process to be continuous, to develop simultaneously the link between parents and children, and for the parents to be able to rely on all necessary means to help the children develop at their best their speaking, social interaction and learning skills.

Though maybe difficult to believe, teaching the parents to observe their children, listen to them, wait for the things to occur and let the children take the floor in communication and maintain it is much more important for children’s evolution than trying to teach them to speak. The Hanen approach focuses on children’s parents or carers as linguistic facilitators and Hanen programmes are meant for both children without development issues and children with delays in language development and autistic (fragile X, Asperger) aiming at:

- Admitting their children’s development stage and communication style to establish the intervention algorithm;
- Identifying the reasons for interacting with the children to know how to start a pleasant, stimulating conversation with them;
- Adjusting daily routine to keep a continuous interaction with the children;
- Strengthening children’s self-confidence and encouraging communication;
- Adding words and communication elements to help the children acquire the language;
- Adjusting the way of playing and reading to help the children learn how to speak;
- Changing the way of speaking to the children to facilitate understanding and the learning of new words.

Because the main goal is for the children to feel the joy and advantage of communication, the Hanen approach provides solutions that may seem paradoxical to many of us given the unnatural responses when communication fails. Instead of being

told what they should do, parents are left to find the solutions themselves (McConachie et al., 2005).

Since 1975, when Ayala Hanen Manolson, a pathologist specialised in language from Montreal, Canada, developed an innovating programme for groups of parents whose children had language delays, providing professional intensive training in the way they could help their children develop communication skills, there have been good results and the Hanen Centre was established.

Because it privileges the development of sensible contacts with children (pre-school and even infants) to encourage them to communicate when they are sick, stubborn or moody and acquire verbal structures, the Hanen approach is also called the way of the three As:

- Allow the child to take the initiative (A1);
- Adapt to be able to live the moment together (A2);
- Aid development through language and experiences (A3).

Children are allowed to take the initiative (A1) to inform the parents/carers on their needs, interests, feelings, to influence the development of feelings and of inner beauty, to discover them, to know how to listen to them, and to wait for their attempts to communicate. The range of roles played at the same time, the tendency to facilitate learning situations by speaking or responding in the children's place when the latter seem not to be able to do it deprives them of an opportunity to manage and speak, of making decisions for their own behaviours. Usually, adults find the time to talk to the children, but they do not have enough time to listen to them because they are too busy and overwhelmed by their professional or personal problems and they tend to monopolise the conversation forgetting that they should let the children expose themselves (Caselli et al., 2015).

Adults get to know children well by observing them (what draws their attention, the expression on their faces, their body language), by acknowledging their feelings and needs, by waiting for them to express in their way and by listening to them to better understand them, to respond with more sensitivity, and to encourage speaking. Adults need to win children's trust. Communication develops progressively and children make progress in their own way going through the five steps or levels of development while they learn to play the game of communication (Girolametto et al., 2007).

Level 1 – children cry, look, smile, shout, make sounds that resemble vowels and change their voice (pitch, tone, etc.), change their complexion, and move their body.

Level 2 – children are amazed by anything, are interested in people and objects, communicate through face expressions, move towards objects and people, make sounds that resemble more and more to consonants and vowels, and can focus on objects or people.

Level 3 – children manage to communicate easier, ask for help or draw adults' attention on themselves in a more precise manner (nod their heads or move their arms, associate sight and sounds and gestures, point to precise people or objects, show through gestures what they mean, and sometimes use isolated words/signs).

Level 4 – children use isolated sign-words; combine the words that adults understand with difficulty, using them in phrases or sentences.

Level 5 – children make up sentences of 3 or more words.

Adults adapt to spend quality time together with their children (A2) to encourage the latter if they need it, to share experiences, to persist in communicating, to understand them, to look them in the eyes, to avoid patronising them, and to show the children they are interested in what they say trying to make them relate verbally through all kind of strategies or subterfuges – therefore, they listen to the children. Adults keep contact with the children by **mimicry** (they repeat sounds, gestures, facial expressions; they practice postures and pantomimes), by **interpreting** (they “translate” in a loud voice by appealing to the adults' vocabulary to make sure that children will retain something of what the former communicate), by making **comments** regarding everyday gestures, actions accomplished or desired, misunderstandings or blockages, to raise the children's interest in participating in the

conversation that needs to be maintained through mimicry, verbal signs, significant pauses (wait, question, approval, disapproval, etc.) and **questions** that stimulate imagination, make choices and decisions, stimulate ideas and curiosity (Venker et al., 2012).

Adults should not forget to share their experiences with the children (A3) to make them aware of what they communicate verbally or non-verbally, of what they initiate or to what/whom they respond.

To make sure they share the same wave length when playing or trying to communicate, adults need to mimicry the children's actions, gestures and sounds: they make the mistake of translating "attempts to communicate by actively waiting one's turn", by commenting what is happening, by asking questions adapted to their level and by being responsive to their mood and changing behaviour getting involved in their games.

"The most important learning act at the beginning of one's life and, maybe, in one's entire life, is acquiring one's mother's tongue. Once we can rely on language, we own a key that will open more than a gate..." (David Crystal, 2003).

Time is the best and the worst friend in language development in children both when acquisitions are numerous and when they are high quality, and when progress is slow developing frustration in adults. Children need **TIME** to record information and improve their ability of understanding the meaning of the words. Even before a language takes contour, children learn much about contacts, relations, meanings, interdiction and access, acceptance, rejection and communication. However, adults need to be reasonable and not infer that, if children manage to utter a sound properly, they will also make up words. By monitoring the children's communication behaviour, adults need to make sure that children understand what they hear, that involuntary, meaningless gestures are understood and have a special meaning, that they have learned to express their wishes and they rely on non-verbal and para-verbal communication to emphasise the meaning of the message, that they use grammar structures properly and makes sentences easily. Children's progress is obvious during playtime, in everyday group activities, when there are special moments involving children.

Parents share many of the children's experiences, particularly during everyday activities when they verbalise behaviours and actions, repeating many times to make sure the children understand and remember words and phrases from the moment they wake up, they get ready (washing, combing, dressing), they have meals, they play, to the moment they take their evening bath and go to bed.

Depending on the children, adults can make them benefit from their experience and availability to make them their partners in such activities as laying the table, preparing something tasty, going shopping, tidying up, gardening, etc.

There are programmes specially designed to solve efficiently, reasonably communication, and language problems in children. There are Hanen experts trained for the following Hanen programmes.

It Takes Two to Talk (Manolson, 1992) – designed to help the parents of children with language delays better understand how children develop language, and that supply algorithms for the building up and development of linguistic skills during the day (Zanobini, Viterbori & Scopesi, 2015). Parents learn how to observe, wait, listen and be less directive; they become more aware of the needs of their children and they try to understand and meet their demands for relationships and communication, to better understand messages and be able to respond easier (Manolson, 1992).

This programme takes 12 weeks and it includes:

- Orientation meetings;
- Previous documenting on the programme;
- Eight sessions of teaming;
- Three individual counselling sessions with video feedback of the subject taught by a certified Hanen instructor;
- Eight sessions of parent training (16 h);
- Three sessions of parent coaching (3 h).

The programme **It Takes Two to Talk** relies on clear principles of research and intervention:

- The focus is on the family. Parents are trained about what to do to help their children learn and develop harmoniously and get involved in activities of stimulation and consolidation of their speaking to the children.
- Speech development activities are part of the daily family life and children learn to communicate in their natural environment from real situations together with the beloved ones. This will motivate them to communicate and use the skills acquired in new situations.
- Child – parent interaction is the main catalyst for language learning and it is stimulated when the parents:
 - Are very receptive of the children's efforts to communicate;
 - Simplify and adjust what they tell the children so that the latter can understand and learn from the situation.

Receptivity to the children's need for communication supposes:

- Promptness in answering (usually, 1-2 seconds after the children did or say something);
- Positive attitude (to make the children be sure adults are really interested in what they do or say) ;
- Focus on the children's message (topic, interest in what they do and nothing else, and increase of self-confidence).

The method of talking in pairs suggests algorithms of development of linguistic competences during simple activities such as reading a book, attending at table and develops and supports learning opportunities agreed by the children or meeting educational demands (Pepper & Weitzman, 2004).

The **OWL strategy** facilitates insertion in adults' relationships with their children: the latter follow the formers' example (words, gestures, mimicry) to keep interacting more time and take the initiative in verbal inter-relationship. At the same time, children practice and get the feedback they need to build up communication skills, to retain verbal algorithms, and to develop children's confidence in activities.

In most cases, the OWL strategy is put into practice in partnership with the **strategies O = Observe, W = Wait and L = Listen**.

"It Takes Two to Talk" proved to have many positive effects on the development of children's language and in specialised clinics. It is true that, in order to get expected results, parents need to commit in a particular way and to pay substantial attention to children to make the approach part of their everyday family life.

The programmes are completed by practical strategies that can be used in different situations. The best-known are:

More Than Words (Sussman, 1999) – a family programme focusing on groups of parents with little children with autistic issues (ASD), with difficulties of social and communication adaptation, as well as with disorders that affect social interaction, that provides practical strategies necessary to approach children's specific needs for communication and for the development of social and game skills during their daily activities during game activities such as expanding game, manipulation or symbolising, developing more opportunities for communication through objects and food.

More Than Words helps parents take advantage of daily opportunities and develop opportunities for communication situations that engage children socially through group sessions combined with individual counselling using film recording as feedback.

The strategy does not neglect the social aspect of communication; therefore, parents are trained to organise or take advantage of group sessions, of individual counselling that they can record on video tape as feedback.

Parents are also presented ways of developing predictable routines that facilitate learning, understanding and using image and writing to diversify attempts and interactions of communication (Sussman, 1999).

The programme includes 5-6 families and it is run by an expert in communication and language certified Hanen and a pathologist or logopedist specialised in working with autistic children with social disorders related to the learning process.

The programmes take 7 weeks and it includes:

- *In-home pre-programme consulting to evaluate the child's level of communication;*
- *Training sessions (4 for parent groups, 2 individual, in home, video feedback sessions with the parents and the children);*
- *A written report with recommendations and guidance for continuous practice and generalisation.*

Learning Language and Loving It is an educational services programme with three main components aiming at **preventing, intervening, and enriching language**. In order to put it into practice, it supplies practical

interactive strategies for the building up of linguistic competences and early literacy of pre-school children including children with language retard or children learning a second language. Though all the other objectives refer mainly to the assimilation of linguistic structures, the main goal of Learning Language and Loving It is to find the best strategies to make parents better understand how to meet the needs of their children with disorders of or delays in speaking. The same importance for the development of children is attributed to the increase of productivity and of verbal interaction between pairs through continuous training (Weitzman & Greenberg, 2002).

In learning languages, the highest efficiency is when the settings are more naturalistic (Rosetti, 1996), i.e. when children learn to communicate in real life situations, when they decide themselves the topics to approach, when they censorship less and less and initiate dialogues (though for short periods of time), when asking becomes a natural fact.

If direct therapeutic intervention is time-limited and the therapist stops contacting the child, Hanen programmes supply intervention strategies that incorporate everyday language because parents are always supplying examples and actions, because they encourage the child to get involved in social games that allow the practice of language and early development of linguistic skills so that learning becomes a continuous, progressive process (Rosetti, 1996), produces pleasure and stimulates the child to wish to continue.

It is very important for the therapist to be Hanen certified if we need efficient results because inexperienced therapists tend to be more directive when communicating with children (Doherty et al., 2000) and do not facilitate their interaction (Girolametto et al., 2000).

Learning languages is more efficient if children are involved in interactions and simplified models that can be easily remembered, that allow analogies, that they can practice without feeling stressed or saturated (Girolametto et al., 2003, 2006). The more opportunities of communicating, the more one builds and practices different structures and linguistic forms, the more attention one pays to the answers and interventions or questions one initiates (Bohannon & Bonvillian 1997, 2004), the more the results expected are. We need to be aware of the fact that children can sometimes refuse to get involved in communication because they believe either they are misunderstood or they do not trust their interlocutors, or they are afraid of something, they hide something, they believe they do not know the answers or they do not like the topics. In either case, children's refusal of talking is a way to protect themselves (Bornbaum, 2015).

This is why we should not insist on making them talk because they could block even more or they could react cholericly and cry, make disordered gestures or even get violent.

Target Word – developed especially for the parents of children with language delay (they have good understanding, motor and learning skills, but they use less words than other children of their age) to teach them how to build an expressive vocabulary.

TalkAbility is a programme designed for the parents of functionally autistic children, including the Asperger syndrome, as well as with other social communication difficulties. It allows building up stronger social skills, interpersonal relationships and activities based on children's unique interests.

Teacher Talk™ Training Series (Weitzman, 1992) is an introductory programme of teacher training for the learning of languages through affective approach; it refers to the principles and strategies of this key programme for Hanen specialists in communication and language. The training covers three one-day training sessions.

These techniques can be taught through **five basic strategies**:

- **MOTIVATE COMMUNICATION AND WAIT!**

The role of the parent is to find a motivating object for the child that attracts attention due to its colour, shape, or movement, and wait for the child's communicative response. Autistic children will always react in an unpredictable manner but, little by little, they become more aware of their environment and learn to interact with people.

- **FOLLOW THE CHILD'S FOCUS!**

Paying attention simultaneously to a person and to a shared object (Mundy & Gomes, 1998) defines "common attention in infants and this will be a fundamental aspect of early social development and a condition for later cognitive competences" (Carpenter, Nagell & Tomasello, 1998). Vocabulary acquisitions will be more numerous, more diverse, more complete if the interests and motivations of the child are the reason of communication.

- **KEEP IN TOUCH WITH THE CHILD THROUGH REPETITIONS!**

If, during the pre-verbal period, children learn the meaning of communication gradually, if they initiate increasingly often communication and respond to challenges, later the message semantics becomes more important than the message itself. The game will keep its place with the same intensity due to routine repetitions, interactivity, high level of affection, and diversity of meanings. It is but normal because each stage of development has its specificity, limits, blockages, and excesses.

- **HELP THE CHILD UNDERSTAND WHAT HE/SHE SAYS!**

Children with autism disorders (Asperger syndrome, functional autism, and fragile x) have not only communication problems but also understanding problems (content of communication, significance of an action, of gestures and mimicry). This is why parents (in their capacity of therapists) need, besides other tasks, need to consider the development of phonematic hearing, the correct emission of phonemes, the practice of simultaneous self-management elements such as dressing, putting on shoes, eating through games that facilitate the level of understanding (Lord, 1985).

- **USE VISUAL AIDS TO FACILITATE UNDERSTANDING!** (Sussman, 1999)

Facilitating understanding is always linked in ASD children to strong visual aids, to mini-programmes, to the practice of visual skills. It is important that, in all our communication attempts, in all our attempts to make children

aware of their own existence, children be able to decode all direct messages and show it through mimicry, gestures, or posture (Quill, 1995).

Results

In order to initiate research, we invited a specialist in communication and language Hanen certified to train parents for five days. He did not award Hanen certificates, but each participant was allowed to apply the practical elements learned from the activities with the children. The most used methods/programmes were **Target Word**, **More Than Words** (Sussman, 1999), **TalkAbility**.

Hypotheses:

1. *Using the Hanen programme improves children's communication at a speedy pace;*
2. *Applying the Hanen programme results in better family relationships at all levels;*
3. *Combining logopedic therapy and the Hanen programme increases the number of acquisitions, children's independence and develops their understanding and verbal interaction.*

Objectives

- *Applying the Hanen programme on a group of 15 children with ASD, social adaptation and communication problems*
- *Training the parents in the spirit of the Hanen programme aiming at recovery therapies*
- *Monitoring the effects of the logopedic therapy and of the Hanen programme on ASD children with social adaptation and communication problems at cognitive, affective, and behavioural levels*
- *Observing blockage in children during the attempts of recovery*
- *Selecting the most pertinent solutions in the solving of communication and language blockage*

Sampling

We considered three samples of five ASD children with social adaptation and communication problems each. The first sample was subjected to logopedic therapy alone, the second sample was subjected to the Hanen programme, and the third sample was subjected to both logopedic therapy and Hanen programme.

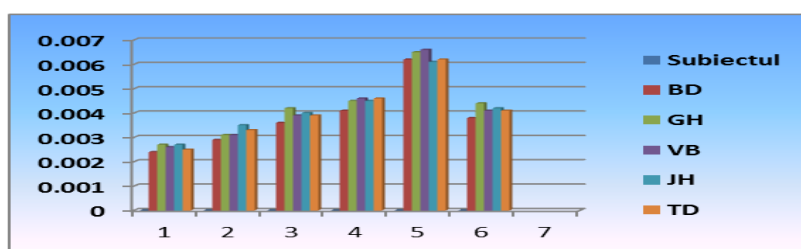
The experiment lasted three months and the evaluation consisted in five tests:

- Test no. 1 Isolated words
- Test no. 2 Action and feeling words
- Test no. 3 Two-word phrases
- Test no. 4 Three-four word phrases
- Test no. 5 Sentences

In group no. 1, the highest result was 0.27%, in the second group it was 35%, in the third group, it was 0.42%, in the fourth group, it was 0.46% and in the fifth group, it was 0.65%.

Table 1. Results of the tests in the first group (logopedic therapy)

Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
BD	0.24%	0.29%	0.36%	0.41%	0.62%	0.38%
GH	0.27%	0.31%	0.42%	0.45%	0.65%	0.44%
VB	0.26%	0.31%	0.39%	0.46%	0.66%	0.41%
JH	0.27%	0.35%	0.40%	0.45%	0.61%	0.42%
TD	0.25%	0.33%	0.39%	0.46%	0.62%	0.41%

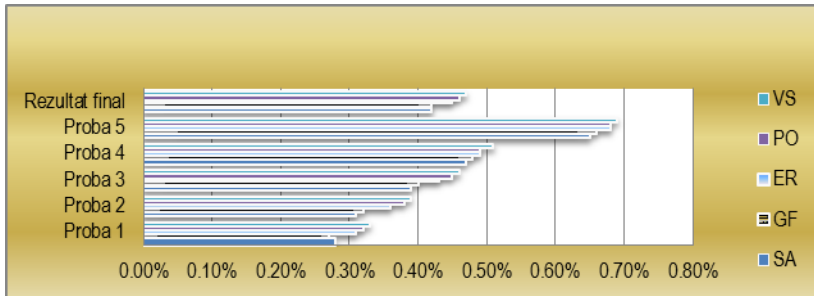


Histogramme 1. Results of the tests in the first group (logopedic therapy)

In the second group, the highest value in the first test was 0.33%, in the second test it was 0.39%, in the third test, it was 0.46%, in the fourth test, it was 0.51% and in the fifth test, it was 0.69%. There is a substantial increase of the percentage of tasks achieved.

Table 2. Results of the tests in the second group (Hanen programme)

Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
SA	0.28%	0.31%	0.39%	0.47%	0.65%	0.42%
GF	0.27%	0.32%	0.40%	0.48%	0.66%	0.42%
ER	0.31%	0.36%	0.43%	0.49%	0.68%	0.45%
PO	0.32%	0.38%	0.45%	0.49%	0.68%	0.46%
VS	0.33%	0.39%	0.46%	0.51%	0.69%	0.47%



Histogramme 2. Results of the tests in the second group (Hanen programme)

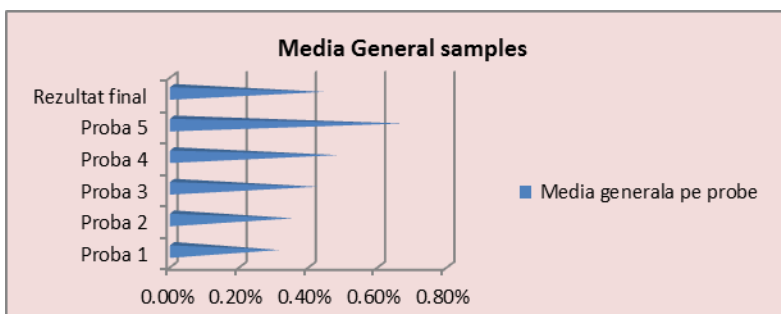
Table 3. Final values of the results of group no. 1 per test

Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
General mean	0.25%	0.32%	0.41%	0.44%	0.63%	0.41%

Table 4. Final values of the results of group no. 2 per test

Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
General mean	0.31%	0.35%	0.42%	0.48%	0.67%	0.44%

The last tests present obvious quantitative and qualitative increases with differences that show an improvement in the communication with the children (Test no. 4=0.44%/0.48%, Test no. 5=0.63%/67.00% and the final mean of all tests 0.44%).

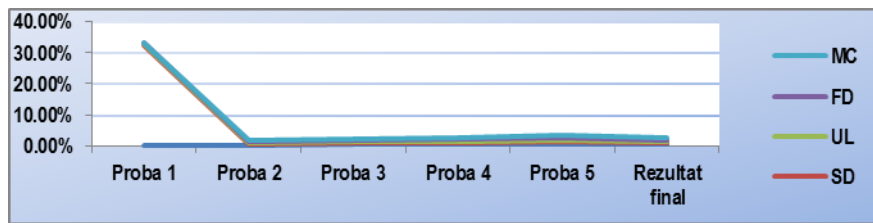


Histogramme 3. Results of the first two groups

In the third group, the highest value in the first test was 0.35%, in the second test it was 0.45%, in the third test it was 0.53%, in the fourth test it was 0.62% and in the last test it was 0.74%, which shows that alternating logopedic therapy and Hanen programme was the best variant for the development of children's communication and language.

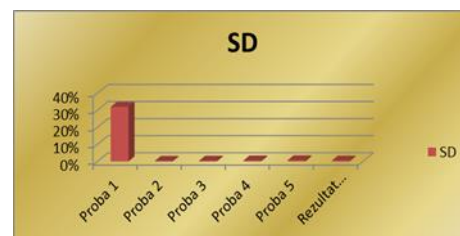
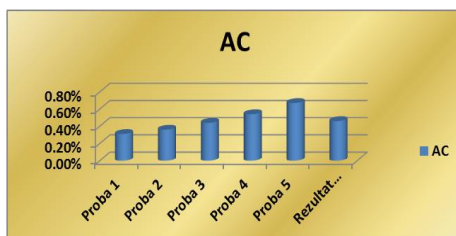
Table 3. Results of the tests in the third group (logopedic therapy and Hanen programme)

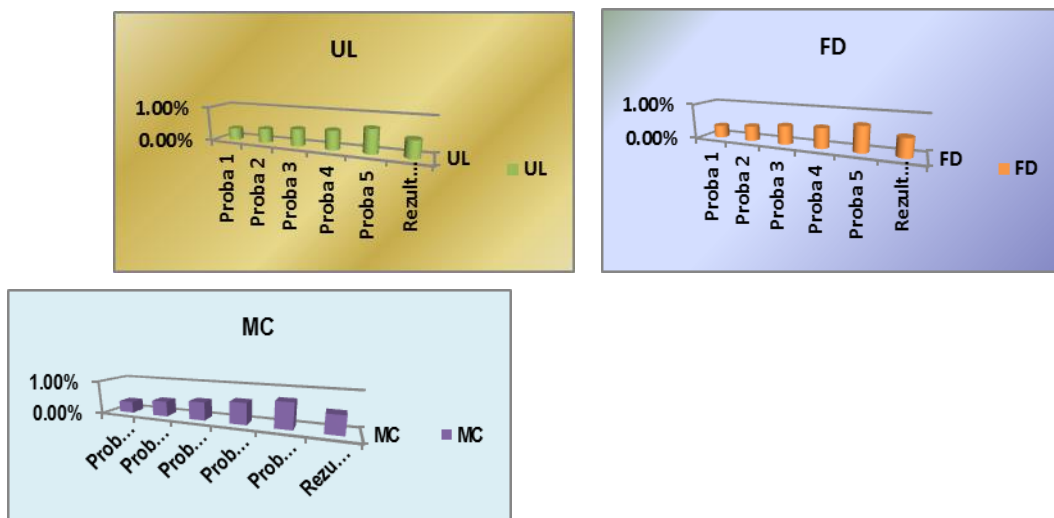
Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
AC	0.31%	0.36%	0.44%	0.54%	0.67%	0.46%
SD	0.32%	0.38%	0.48%	0.53%	0.69%	0.48%
UL	0.34%	0.41%	0.49%	0.54%	0.68%	0.49%
FD	0.35%	0.42%	0.52%	0.56%	0.71%	0.51%
MC	0.34%	0.45%	0.53%	0.62%	0.74%	0.53%



Histogramme 3. Results of the tests in the third group (logopedic therapy and Hanen programme)

Except for a single child with serious deficiencies and whose progress was only at active vocabulary level and other tests are only 0.5-0.6%, progress in the other children was obvious particularly in AC, whose evolution was exceptional.





As for the results of the third group, we noted successive increases in each test, which makes us conclude that using both methods was the best choice when it comes to get positive results in communicating with children.

Subject	Test 1	Test 2	Test 3	Test 4	Test 5	Final result
General mean per tests	0.33%	0.40%	0.49%	0.55%	0.68%	0.49%

Conclusion

The results obtained allow us to check the validity of our hypotheses.

Checking the validity of hypothesis no. 1 - *Using the Hanen programme improves children's communication at a speedy pace*

If we compare the results of the tests in the first group (logopedic therapy) with the results of the tests in the second group (Hanen programme), we see successive quantitative increases from 0.1 to 0.6 in each test and qualitative increases in introducing words in sentences, in finding simple synonyms and in changing the meaning of synonyms depending on context. This shows the validity of the first hypothesis.

C

Checking the validity of hypothesis no. 2 - *Applying the Hanen programme results in better family relationships at all levels*

Using an observation protocol of the parent-child relationship, we can point out the following aspects:

- *Mothers became more receptive;*

- *Interactions mother-child were more balanced, frequent and longer;*
- *Parents reported an improvement of the family relationships;*
- *Parents, in general, and mother, in particular, had better relationships with their children at all levels;*
- *Empathy and patience exercises were extremely fruitful.*

However, there were also **blockages** at both **parent**:

- *Insistence in guiding child's activities even when not necessary;*
- *Patience is an issue for parents, particularly for fathers;*
- *The lack of quick results discourages on short-term;*
- *Some interventions were not completes;*
- *The use of improper tone in communication;*
- *Some communication simulations were performed rather as tasks and not as a sign of love for their children,*

and **child level**:

- The fear of error which made them either give up or respond randomly;
- The stress caused by being aware of the effects of their answers;
- The impossibility of verbalising in the presence of foreigners or of people seen as authoritarian.

The validity of hypothesis no. 2 is confirmed.

Checking the validity of hypothesis no. 3 - Combining logopedic therapy and the Hanen programme increases the number of acquisitions, children's independence and develops their understanding and verbal interaction

Results of the tests and observations made while applying the two methodologies point out a better relationship with the parents, a proper response to the words "target" and "signal", understanding words in sentences, increase of interest in communicating (though not for a long time), spirit of initiative, use of several sounds and words to make themselves understood, significant development of language and opening towards initiating communication.

Of great importance for both therapist and children after the first training in the Hanen programme (it will continue) is that children were more independent and asked for help only when necessary; their state of mind was good (where health state was good), they expressed themselves without emotions, they insist in correcting without pain, they are quicker in their reactions, they use words in simple (sometimes elliptic) sentences, they decode quicker gestures and mimicry, they decode messages easier, and they understand more sophisticated orders. In a word, the volume of acquisitions increased visibly and verbal interaction has new qualitative dimensions. All this shows the validity of the third hypothesis and the fact that all research objectives has been reached.

At the end of the three months of implementing, parents were asked to share their opinions on this approach. Below are a few of their answers:

- *It was interesting and, most important, useful. I have learned how to get closer to my child;*
- *I have learned action algorithms and also algorithms of adapting to different situations, to my child's personality;*
- *I cannot believe that my encounters with my child, marked by stress and stubbornness, are now amiable and affectionate;*
- *I have learned step by step the way to his/her soul and the language of my child in which nothing seemed improper so far;*
- *I sometimes felt like I did not know how to behave with my own child. Now I am so patient that I do not recognise myself and failed repetitions no longer upset me that much;*
- *I have learned to be patient, to anticipate reactions, my child's desires, to find the proper time to communicate and to find other proper times for communication myself;*
- *I believe that the confidence your child places in you and love-based learning can do miracles;*
- *For me, the most difficult thing was to adapt to my child's pace. I am not too much of a patient person and I like to control everything! However, for my child, I have put aside my pride, I have braced myself and I have observed the directions gradually. And now I am a happy parent, I feel useful, I feel I can do something for my child and guilt no longer weighs so much.*

Investigations continue.

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