Effective Strategies in Therapy

Give respect to students first, in good and challenging situations.

Share the decision making. Give the students a choice.

Use direct teach processes. Be very specific in the steps and procedures needed to do something.

Avoid commands such as “do this right now!” Instead, lay out the expectations while listening to student input.

Avoid sarcasm. Children are very literal and their ability to perceive and process figurative language develops over time. First the child needs to recognize the statement as a discrepancy from the facts and then they need to identify the speaker’s communicative purpose. Kids detect sarcasm around the age of 6 but do not understand the humor until age 11 (Demorest, Silberstein, Gardner, & Winner, 1983).

Model the process of organizational thinking. For example, ‘first we need to do this so that we have time for these next three activities.’

Discipline in a positive way, not by exerting power but by explaining your reasoning for why something needs to occur. For example, instead of saying “Finish these three cards now!,” you may want to say “If you finish this activity, we can play one of the games you like.”

Make therapy relevant

Share goals and objectives with the student so they know where they are and where you are trying to go.

Focus on high interest activities and embed therapy within them

Teach content in chunks

Help the student see the patterns within learning

Use conceptual organizers

Use memory aids

Have students teach a process/sequence to each other
Work on problem solving skills in therapy: Identify the problem, brainstorm solutions, decide which solution is best, implement the best solution, follow up

Provide additional language stimulation activities.

Children may not be exposed to technology at home, therefore, try and incorporate technology into your therapy. Perhaps using an iPad app game in therapy will help reinforce an objective you covered as well as incorporate technology.

Children from poverty who succeeded as readers experienced exposure to rich vocabulary, extended discourse, and cognitively and linguistically stimulating home and school environments (Dickinson & Tabors, 1991)

Social Skills

Teach basic meet and greet skills - face the person you are speaking to, maintain eye contact, smile, and shake hands.

Include turn-taking skills when working in a group.

Be inclusive. Use words like “our” and not a me-and-you model that reinforces a power hierarchy.

Thank and praise students for even the smallest accomplishments and effort every time you see them. Many SLPs may give students toys or objects as rewards, but it may be prudent to give colorful pencils, erasers, crayons, rulers, and even small books and notebooks to enhance their academic experience.

Apathetic or rude behaviors may reflect a sense of hopelessness or despair. Children may have limited control over their stressors and they typically do not know how long they will last. Include role playing, hands-on activities, physical activities, or games into your therapy.

Include responsibilities and importance of restitution when in the therapy room. A child can wipe of the white board every time they come in. If he/she says something inappropriate to you or another child, make sure that he/she does something positive to make up for the misbehavior.

Create a positive environment

CHAMPS  Jensen (2009) created a “C-H-A-M-P-S” Operating System that is good to keep in mind when working with children in poverty:

Champion’s Mindset – success attitude of “I can change and I can learn new behaviors”

Hopeful Effort— the drive, the emotional long-term effort to achieve

Attentional skills – the ability to stay focused for detailed, lasting learning as well as to short attention and resist impulsive shifts

Memory – short-term and working, visual and verbal capacity
Processing – manipulate and manage sensory input: visual, auditory & tactile

Sequencing – the use of strategy, organizational skills, ordering both tasks & items

**Parent Involvement** Include the parents in the development and learning of their child at school. Here are some suggestions to get parents more involved.

Educate them on how the school can benefit their child’s life on other ways.

Caretakers should be provided with information about the necessity of language stimulation and some ways to include more language into their daily routines.

Help families of low SES by providing information about free, local medical and dental services, as well as information about nearby locations where food and shelter are available at minimal-to-no cost (ASHA Leader, 2001)

In families where the caretakers are illiterate, wordless books can be sent home so adults and children can discuss them together. Encourage parents to have children participate in book reading routines (O’Hanlon, & Roseberry-McKibbin, 2004)

Encourage parents to observe in the classroom and in treatment sessions, and encourage their participation. This will help them acquire ideas about how to work effectively with children at home to promote learning and increase language stimulation.

Encourage use of public libraries. Provide hours of the local library to parents.

Since parents may be working and may not have a lot of time to spend with their children, children can be paired up with a peer tutor. The peer tutor can help with homework, reading, and other activities.