Promoting Conversational Turn-Taking Skills in Preschool Children with Disabilities

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When young children are unable to initiate or participate in conversations with their peers, they may be unable to establish friendships and may be ignored as play partners by other children. This study tested the effectiveness of a strategy that focused on conversational turn-taking for improving children's social communication skills. The researchers used a method combining storybooks that explicitly taught communication skills with dramatic play acting out roles discussed in the books.

Background

Previous research indicates that preschoolers with developmental disabilities or those at-risk for disabilities often fail to develop sufficient competence in the skills of conversing with peers. These skills include the ability to take active roles both as speaker-initiator and listener-respondent and the ability to monitor a speaker's message and provide appropriate feedback as needed. The ability to initiate a conversation with a peer, to respond appropriately to peers, and to take alternating turns has been found to relate to social acceptance in preschoolers. Without these skills, children have difficulty establishing friendships with peers.

In addition, other researchers have reported that social skills at the preschool level can predict students' future academic achievement in third and fourth grade. Support is growing around the idea that classroom social skills may serve as academic enablers for preschoolers.

Researchers at the Center for Advanced Study of Teaching and Learning have developed a method for helping improve the social communication skills of children with disabilities, and this study was designed to help determine the effectiveness of the method. The study included 10 four- and five-year-old children considered to be at risk for language delays, problem behavior, or poor social skills. The researchers presented the social communication instruction and then observed the children's subsequent communications during play to determine whether their conversational skills had improved.

Research Description

These research sessions with the children were conducted four to five times per week over 20 to 25 weeks and were approximately 20–25 minutes in length. Children were paired and stayed in the same pairs throughout the study period. In each session with the children the researchers introduced one of five different dramatic play themes: grocery store, doctor, construction, animal doctor, and hair salon/barber. The researchers then followed up with dramatic play, so children could practice new skills.

The storybook strategy:

- Tell a story that illustrates thematic play (e.g., taking the dog to the animal doctor).
- Include conversational models during role playing (e.g., "The animal doctor says, 'Is your dog sick?'").
- Include specific theme vocabulary (e.g., shot, leash)
- Emphasize the five social communication strategies illustrated in the stories with picture icons.
The following social communication strategies were targeted over the course of the study:

1. **Talk to your friend**: verbally initiating a conversation or play episode with a peer (e.g., intelligible statements, directed to peer, within speaking distance of peer).

2. **Listen, then respond to what your friend says**: verbally responding to peer verbal initiations with adequate responses (e.g., topic related, intelligible, directed to the peer, not interrupting peer while he or she is talking, not talking at the same time as peer).

3. **Use your friend’s name**: stating a peer’s name to gain his or her attention before talking to him or her.

4. **Take a turn and give your friend a turn**: taking an appropriate number and length of turns in conversation or play (e.g., sufficient turns, not dominating conversation, pausing for peer to talk, taking turns to maintain conversation or play, asking for clarification, providing clarification, not interrupting a peer when he or she is talking).

Each intervention session had three parts: (a) the advanced play organizer, (b) the play session, in which children’s conversations were analyzed, and (c) the review session.

**Findings**

**Reciprocal Conversations**

The first aim of the study was to explore whether this social communication teaching strategy affected the number of times children initiated a conversation that was then followed by an immediate peer response. Note that because the children were in pairs, the behavior of one child affected the outcomes of the other. For example, if one child chose not to converse and did not respond to an initiation, the initiative was not counted by the researchers. Even then, the strategy was found to be highly effective for five children, moderately effective for three children, and mildly effective for two children in increasing the rate of initiations with an immediate peer response. Overall, children’s initiations were followed by peer responses approximately 75% of the time.

**Conversational Turn-Taking**

The researchers counted turn-taking as a more extended conversation, in which each child contributed to the conversation at least twice. The social communication strategy was found to be highly effective for one child, moderately effective for three children, mildly effective for two children, and ineffective for four children. The results are encouraging since oral language skills including turn-taking skills are not fully developed in typically developing children until kindergarten. These results indicate that with aggressive intervention efforts, it is possible to improve turn-taking skills in children with language delays and problem behavior.

**Outside the Research Setting**

Children were also observed before the intervention and afterward in both during free play in a classroom setting and on the playground. The purpose of these observations was to see if children would transfer their new communication skills to a different setting. Results from these observations showed that nine out of ten participants demonstrated increased peer play following the intervention, increased levels of child-initiated interactions with a positive peer response, and decreased levels of solitary play. Several of these same children also had more positive interactions with their peers. These are important findings because many intervention programs targeting social communication skills have not led to generalization across settings, despite having positive outcomes in the research setting.

More substantive effects were found in the classroom setting than in the playground setting. This finding was expected given the similarity of the classroom setting to the intervention setting. However, positive findings on the playground setting suggest that several of the participants were able to transfer their new skills and were able to interact positively with their peers. It is important to note that these changes occurred without any intentional support from the teachers or the researchers.

**Implications**

Teaching children turn-taking strategies (e.g., initiations and responses and maintaining turns) is likely to improve the quality of social interactions that children have with their peers. The modeling/prompting strategies used in this study could be applied by clinical practitioners and teachers to improve the socio-dramatic play of the children in their classrooms. Socio-dramatic play typically occurs on a daily basis in preschool classrooms and is actively encouraged by classroom teachers. This instruction examined in this study offers a more systematic technique for teaching social communication and play skills than do informal strategies commonly used by teachers, and this intervention appears to lead to improvements in initiating/responding and turn taking between peers. Teacher prompting and reinforcement may be necessary to achieve desired effects, however, especially at the beginning of the program.


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