



## “MARTE MEO”: A Concept To Enhance Developmental Support

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### **Abstract**

The article presents a concept of a more global evaluation, which includes interaction. A means to evaluate interaction is the concept of interactive guidance called “MARTE MEO”, developed about thirty years ago by *Maria Aarts (1996)*.

MARTE MEO is based on the analysis of everyday situations, which are filmed. They give the parents and professionals concrete, detailed information how to activate their developmental potential and how to support and enhance development.

In the second part of the article the transfer to my speech and language practice demonstrates the flexibility of the approach and the possibility of individualized adaptations.

### **1. Introduction**

Recent researches have demonstrated the influence of parents on the development of the social, social-emotional and communicative competences of their children (*Dodge et al., 1987; Kochanska, 1997; Lindsey et al., 1997*). The early interactions between parents and their children are very important and are essential for socialization (*McCullum & Chen, 2001*). If children without special needs develop normally, children with special needs have more developmental difficulties and special interventions are often needed. Neuropsychological research has shown the influence of early intervention on the neuronal development (*Spitzer, 2002*) and the influence of parents in this process. It is therefore important to include parents as one of the main element in developmental intervention. One possibility to use the parent’s resources is the concept of interactive guidance.

Every therapy-project has to be based on a process of evaluation and has to rely on a precise diagnosis. This process includes the assessment of the child’s development, but also the interaction with its environment. This will be the starting point of therapeutic intervention and interactive guidance between parents and professionals in education. It shows parents in a concrete way how to support the child’s development. (*Schopler, Mesibov, 1984; Aarts, 1996*)

After describing my concept of initial evaluation and the concept of interactive guidance with MARTE MEO, I invite you to enter my clinical practice to demonstrate my way of working with children in early intervention having speech, language and communication delay or children with autism spectrum disorder.

## **2. The Concept Of Initial Evaluation**

While working with children with a developmental delay in speech, language and communication we can see a difference in interaction between the parents, the families and the children with special needs or the ones with no particular problem. When a child has language and communication problems the parent's help is less frequent. They tend to follow the child's initiative less, name their actions not as much and have less supportive behaviour than with the siblings with no developmental problems. The influence of the interactions within the micro system (family and the direct environment) has, according to the research in ecopsychology (*Bronfenbrenner, 1981*), the most impact on the child's development. Taking this into account the evaluation of the child has to screen not only the particularities of the overall development, the language and communication, but has to observe and evaluate the interaction between the child and its parents, in order to encourage them to use an efficient supportive parental behaviour.

The process of investigation includes anamnestic data, observation, the survey of the child's development and a filmed interaction analysis between the child and its family. The exploration of development is not difficult; there exist a lot of good developmental screenings or tests helping us to evaluate the child's development. On the other hand there are very little means to screen interactions to determine the children's need of support. We then have to use newer concepts of interaction analysis to clarify the needs of the children and their families. The child's behaviour shows us its need of support. We then guide the parents to be able to give their child a daily support, which has to be integrated in their educational repertoire. These reflections lead me to develop a concept of initial evaluation (*Baeriswyl, 2005*), which is also used for re-evaluation of the children. While developmental assessment is the starting point of therapy, the analysis of interaction is more specifically used as a tool of interactive guidance with MARTE MEO (*Aarts, 2002*).

### **2.1. Evaluation Of Development**

Many tests can be used to screen development and the choice depends on the question the evaluation has to answer. It is important that the means of evaluation not only screen the verbal expression, but also the other important areas involved in language development and communication. The Psycho Educational Profile PEP-R (*Schopler, Reichler, 2002*) has proven to be very

useful. It has been developed to evaluate autistic and communication handicapped children.

It allows evaluating the capacity in different areas such as imitation, perception, fine and cross motor skills, eye hand coordination, and cognitive and cognitive verbal performance. It can be administered with a minimum of verbal competences. Two profiles can be designed: a developmental profile and a behaviour profile, which identifies the specific autistic behaviour and can be traced, if the child has an autistic spectrum disorder.

The developmental profile, which is designed after the assessment process, gives evidence of the items that are answered correctly and the partially known items, as emerging items, showing the potential of children in the different areas, which *Vygotskij* calls the proximal zone of development. The obtained profile for the seven domains gives us the very useful information about the difficulties and the learning potential of the child (*Schopler, E.; Reichler, R.J., 1990*). If we work on developmental level, we always start with the emerging capacities, they define the areas we work on and the goals we seek in therapy. In order to guide parents, evaluation of the interaction process between the child and its parents and family (its interaction environment) is necessary.

### **2.2. Evaluation Of Social Interaction**

The mutual influence of men with their environment has, according to *Bronfenbrenner (1981)*, to be taken into account in every therapeutic and educational situation. The environment of the person with special needs has to be well explored and studied. Evaluating interaction relies on the theory of ecopsychology and has proven to be an important part of the assessment process. Observing interactions gives us the information what the child has not developed yet and how to guide its parents, in order to activate its socio-emotional and language development and its ability in communication. The concept of interactive guidance with MARTE MEO has proven to be a very useful approach to evaluate interaction and guide parents and professionals.

## **3. The MARTE MEO Concept**

The concept of MARTE MEO ("MARTE MEO" as follows) observes and evaluates concrete everyday interactions, which are filmed. The video clips then are analyzed and enable to give parents concrete information on how to support their children's development. These guidance strategies are integrated in everyday life immediately and therefore are persistent and efficient, having a big influence on neural development (*Spitzer, 2006*).

MARTE MEO has been developed the last thirty years by *Maria Aarts* (1996) in The Netherlands. MARTE MEO, comes from Latin and means “on my own strength”. This type of guidance, seeks to enhance the socio-emotional, language and communication development and the autonomy of persons with special needs. The approach relies on the idea, that persons, who accompany an adult or a child with special needs in everyday life, have the necessary potential to give them an adequate developmental support. The person doing MARTE MEO only guides and doesn't do anything in place of the accompanied person. According to *Aarts* (2000), different persons can take advantage of the concept of interactive guidance, independently of age, handicap or cultural background: a child with behavioural or developmental problems, an adult with a mental handicap, an elderly person which has lost parts of her autonomy, etc.

The concept relies on different theories such as: developmental psychology, the theories of social and social-cognitive learning, the ecopsychology and systemic approaches, which rely on the mutual interaction of the individual with the environment and the theories of communication. An international network exists for professional exchange and instruction. In parallel research projects are conducted at different universities in Europe.

### 3.1. *The Principal Elements Of Guidance*

Like for many approaches, it is essential to have a good knowledge of the regular or typical development, to be able to stimulate a typical development. That's why, the “basic elements” of MARTE MEO are defined on the interaction repertoire of well functioning children and their families (*Aarts*, 2000). To guide parents, it is necessary to have a good knowledge of these basic elements. They support interaction and are organized around two main axes: one of structuring the action (see, *Follow* and *Name Initiatives*) and one focusing on social development (*Positive Leading*, *Step By Step Guidance*, etc.). Most interactions rely on the two axes and are interdependent. The separate analysis allows a more detailed and specific observation and interpretation, which helps fixing specific developmental goals. The analysis always has to answer three questions:

**What** to do?

**When** to do?

**Why** to do?

### 3.2. *The Interactive Guidance*

If an intervention with MARTE MEO is planned, the professional suggests to film the person with

special needs interacting with its parents, a professional or sometimes with other children, depending on the particular objectives. The child is filmed at home, in another interaction setting or in an everyday situation. Filming includes mostly two sequences: one in a structured and one in a non-structured situation of about 5 minutes each. The situations are filmed without any participation of the professional, in order to get a situation close to everyday reality. The professional analyzes the video, makes what is called a “professional diagnosis” and fixes the working points. Then he returns to the parents or professionals to review and comment a selection of clips. The clips show in a concrete way the working points, and the potential of the parents or professionals. This part is called “reviewing”. The person with the special needs is not present at the reviewing. This enables the parents and professionals to concentrate on the images and the comments and have time to talk.

In certain rare cases, the professional works without video. This can occur for example, if the family does not want to be filmed or if it is decided that filming is not appropriate at that moment. The professional then observes the interactions between participants and points out *in vivo* the essential elements and working points for interactive guidance.

## 4. *Clinical Adaptations*

Speech and language therapy in my practice is principally organized around two axes: the individual therapy with the child and the interactive guidance of its parents. In rare cases and with children with autism spectrum disorders only guidance with MARTE MEO can be proposed, because another speech and language specialist treats them. A teacher, who integrates for example a student with Asperger Syndrome in his or her classroom, can also ask for an interactive guidance.

The children who are oriented to my practice have often a very severe developmental delay in speech, language and communication. Some have also a pervasive developmental disorder a problem in the autistic spectrum or difficulties in interaction. In order to plan the specific intervention an overall evaluation is necessary. It includes anamnestic data, observations, evaluation of development and observation of interaction between the child and its family. The results allow determining the working points for therapy and the guidance.

### 4.1. *Initial Assessment*

The initial assessment includes two distinct parts,

which allow observing on one hand interaction and evaluating on the other hand delays and difficulties in development, language and communication. At the beginning of the assessment the parents and the child play with each other with specific play material. The material used for this interaction analysis is a wooden train called "Brio-train". I use the same material for the structured play situation with different children and use it also for re-evaluation. This allows me to have a somewhat "standardized situation", which enables more reliable comparison between different evaluation sequences at different times.

These interaction sequences, from 5 to 10 minutes, are videotaped and are used to observe and analyze interaction, make a professional diagnosis, determine goals and working points in interactive guidance.

This first phase has proven to be very useful, because not only the child and the mother get to be acquainted to the room and myself, but they usually are more relaxed, before we pass to the testing situation to evaluate development, language and communication. In general the revised edition of *Schoplers* "Psycho-Educational Profil", PEP-R (1999), is used to screen development. It allows to get a developmental quotient and to draw a developmental profile. Besides that, it is also a starting point to design an individualized educational project for therapeutic intervention.

#### 4.2. The Therapeutical Intervention

The stimulation of development, language and communication is based on the developmental profile. The therapeutical intervention starts from the emerging items. They can be considered as "proximal zones" (*Vygotskij*) and enable to fix developmental goals adapted to the child's resources. The learning process starts at an adequate level. The probability of success is higher, since the problems are neither too difficult nor too easy. The probability of positive interactions and motivation is much higher. While working on structuring language, supporting communication, the prerequisites and the basics of language the parents, mostly the mothers, are present in the therapeutic setting. This is to assure continuity of stimulation at home. It shows the parents in a concrete way and *in vivo* the possibility of support. Integrating the stimulation in every day life enables to transfer information in different contexts the child lives in and enhance its ability to adapt. Transfers are an additional difficulty of children with autistic spectrum disorders, and they have to be guided in their learning to generalize. Once or

twice a week the child attends speech therapy, like in other speech and language practices.

#### 4.3. The Interactive Guidance

The interactive guidance wants to support development in order to develop a daily support. The video clips show us the support needed. During the reviewing the parents get concrete visual information. The working points, the goals, are illustrated by sequences where the parent shows the supportive behaviour. If these clips lack, we take sequences where the child shows its needs. The reference between the working point and development is always given and allows the parents to understand the pertinence of the fixed goal. Integrating parents into the therapeutical setting allows us to make interactive guidance *in vivo*. It is then possible to film with bigger intervals.

#### 4.4. Clinical Illustrations

The clinical illustrations take only the guidance into account, because this is the aspect that is very specific and unusual practice up till now. I take the example of Joyce, a boy with autism spectrum disorder. I treat Joyce since he is 2 years and 7 months old. He shows typical signs of a child with autism: absence of language, very few, almost no eye contact, stereotyped behaviours und very few interaction between his mother and the child. Joyce performs very well visually. The developmental profile is very heterogeneous showing important difficulties in imitation, perception, and the cognitive and cognitive-verbal performance. His developmental quotient is very low (QD 50) and under the norm of his age. He has important difficulties coping with change and transitions.

- *First evaluation, February 8th, 2001, age 2;7:*

The interaction analysis shows that the child does not look to and interact with the mother. The mother on her side does not follow her child's initiatives and actions.

The working points follow and name the child's initiatives and actions tend to support language development, the motivation and give the child the message that we see him and we care for him. To call Joyce by his name allows developing social and joint attention.

The mother has integrated the working points very well in her educational repertoire and everyday life. The child progresses constantly. He shows more initiatives and his language development progresses considerably. He now shows much

better eye contact and we can observe a child, who is much more social attentive.

- *2nd evaluation, September 4th, 2001, age 3;2:* Joyce has still too few initiatives and needs to be stimulated to undertake an activity. He does not know how to start, undertake and end an activity. That's why he has a lot of difficulties to structure his actions.

In addition to the goals already fixed, several new ones on positive guidance are proposed: Make a clear start and a clear end to recognize the structure of the action. *Step by step guidance* to activate the process of problem solving. Here is a typical example:

- Joyce cannot assemble the last two tracks to close the train circuit. He looks to his mother saying: "No" and shakes his head.
- Mama says in clear information tones: "Oh, yes it works!"
- Joyce turns back to the train, but still has difficulties with the execution.
- The mother sees it and guides him *step by step*: "Pick up the track. Good! Put the end in the whole. Bravo! Very well done! And see the circuit is finished! Excellent Joyce! Now the train can roll!"

The child learns that he can be competent. He can do things on his own. He experiences himself as someone who can be efficient. In the same time, he can anticipate the oncoming activity. To anticipate is a further difficulty of children with autism, which slows down their initiatives.

More then, we give the mother the advice to use affirmative attention tones when she gives an instruction and not "question tones". The mother applies the working points and development is very fast.

- *3rd evaluation, April 30th, 2002, age 3;10:* The language is now well developed. During this evaluation, Joyce uses for the first time "I" and "you" in a correct way. He shows good visual contact and refers to verbal solicitations. The *Asperger Syndrome* was diagnosed. The lack of initiatives is still a problem. He still shows too little social attention and needs verbal support for the turn taking.

The working point "to connect persons" such as: "Look Anne, Joyce has already finished his activity!" or "Joyce could you show Anne, what you have done?" and the point, "to call them with their

names" is fixed. The "turn taking" is to be favoured with different activities and in different contents in which the child is interacting.

The working points aim the development of social attention. The child has to learn to cooperate and he has to develop cooperation models.

- *4th evaluation during therapy at age 4 and 4;6:* The child has difficulties to identify feelings and emotions. He cannot name them, has no words and cannot read or interpret the emotional expressions. The working points tend to name his feeling and his emotions and the ones of other persons. These goals allow developing more social attention and cooperation. In the same time, he develops empathy.

The progresses in all the domains are constant. The child has developed good social attention, has integrated structures, and is more initiative. The problems occur and are still important, during transfer or when he is exposed to transitions. That's the reason why the guidance is extended to preschool and kindergarten, which has proven to be very useful.

The last developmental testing with the PEP-R shows a more homogeneous profile and he has caught up his important delay. His quotient of development has passed from QD 50 to 101, which is in the very good normal range and shows his high potential.

### **Conclusion**

To associate speech and language therapy with the interactive guidance concept of MARTE MEO has proven to be very conclusive. Its strength is the daily guidance of the family and environment. The video clips illustrate more abstract concepts such as "to structure the environment". More then, the link and the reference to developmental information give parents a better understanding of the relation between the developments. The goals allow to point out the needs and to identify specific interventions. The child's behaviour and interaction gives us the message "I have not yet developed this capacity" and show the developmental needs. The MARTE MEO basic elements show how to build up competencies to enhance development.

The presence of one of the parents during therapeutical intervention enforces the activa-

tion of parental resources. They give us the possibility to “guide in vivo” during the therapeutic setting. More than, the different therapeutic sequences enable the parents to experiment in a concrete way the objectives or simply observe the process. This approach has proven to be useful for children with pervasive developmental disorder, which – due to their very heterogeneous developmental profile – are not able to gain any profit of the stimulation that the interactive environment provides. They especially need that daily guidance.

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