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A PARENT REPORT MEASURE FOR PROFILING CHILDREN'S SOCIAL-CONVERSATIONAL SKILLS: ITALIAN, GERMAN & SPANISH ADAPTATIONS

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1. INTRODUCTION

The importance of early pragmatic skills has been underscored by studies indicating the importance of joint attention and joint engagement skills for facilitating vocabulary acquisition (e.g., Bruner, 1983; Tomasello & Farrar, 1986) and the premise that active participation in parent-child interactions promotes children's language learning (Snow, 1994).

Social conversation skills in very young children include two separate abilities (Fey, 1986). The first is conversational assertiveness, which comprises the ability to initiate topics and make requests, nonverbally and verbally. The second is conversational responsiveness, which is the ability to respond verbally or nonverbally and maintain topics for successive turns. Fey proposes four profiles of social conversation skills that suggest different treatment goals: a) the *active conversationalist*, who demonstrates high level of assertiveness and responsiveness; b) the *passive conversationalist*, who is responsive but non-assertive; c) the *inactive communicator*, who demonstrates low levels of responsive and assertive behaviour; and d) the *verbal noncommunicator*, who is highly assertive but nonresponsive.

Consistent with a bi-directional model of influence (Bell, 1979), the extent to which children participate in conversations (verbally and nonverbally) directly influences the quality and quantity of responsive language input. Consequently, children who are active conversationalist in adult-child interactions potentially receive greater feedback on their communicative attempts and even more opportunities to practise and acquire new language forms (Bohannon & Bonvillian, 1997). In contrast, children who respond inconsistently, seldom initiate interactions, or fail to maintain topics may elicit fewer occurrences of linguistically responsive feedback.

Children's ability to be assertive and responsive in conversational exchanges is an aspect of communicative development that is well suited to parent assessment. Parent involvement in the assessment process is especially important when parents are asked to conduct home-based language intervention programs and assume the role of primary change agents. Their perceptions of their child abilities may have a direct bearing on how they view their child as a conversational partner and on the ultimate success of treatment.

Aim of the study

To describe the adaptation of the *Social Conversational Skills Rating Scale (SCRS: Girolametto, 1997)* from English into Italian, German and Spanish. It is a questionnaire completed by parents that allows the profiling of assertive and responsive conversational abilities in children from 12 to 36 months of age in everyday dyadic contexts.

2. METHOD

Parent rate items on the *Social Conversational Skills Rating Scale* according to the perceived frequency of occurrence: 1=never; 2=almost never; 3=sometimes; 4=often, 5=always.

The *Assertiveness Scale [A]* includes 15 items [i.e., asking questions (3 items), making requests (6 items) and making suggestions (6 items)]. The *Responsiveness Scale [R]* includes 10 items [i.e., responding to questions (4 items), responding to requests (2 items) and maintaining turn-taking (4 items)].

The average scores in each scale allows the child's individual level of ability to be obtained:

1. < 3.0 the ability is absent or infrequent
2. between 3.0 and 4.4, the skill is emerging
3. \geq 4.5 the skill is well developed

Assertiveness and responsiveness are considered to be balanced when their ratings are within the same range (i.e., 3.0 for A and 3.5 for R). If a child's skills are well developed (i.e., \geq 4.5) the child may be an active conversationalist. If a child's ratings are at different levels, the profile may be consistent with that of a passive conversationalist or a verbal non-communicator. If the child's ratings are balanced but low, the child may be an inactive communicator.

The individual items within the assertiveness and responsiveness groupings were correlated with the total scale scores for assertiveness and responsiveness, respectively. Alpha coefficients were 0.91 and 0.85 for assertiveness and responsiveness, respectively. Moreover, administering the scale twice to a subset of 20 parents of late talkers yielded a high degree of short-term test-retest reliability ($r_s = .90$ and for assertiveness and $.86$ for responsiveness). Estimates of concurrent validity with measures of expressive and receptive language indicated that receptive language was positively correlated with the mean ratings for both assertiveness ($r = .44$) and responsiveness ($r = .39$) and the mean length of utterance (MLU) was significantly correlated with the mean rating for assertiveness ($r = .55$) but not responsiveness.

The *SCRS* includes:

- A parent manual that includes (a) What is Conversation, which reminds parents of the many ways in which children communicate or interact by using eye gaze, gestures, sounds, words, or phrases; (b) How to Complete the Questionnaire, which provides information for parents on how to observe their children's behaviours to assign a rating. The assertive and responsive scale items are displayed in random order. Beside each item parents are asked to assign a rating from 1 to 5 based on the frequency with which the child exhibits the behaviour.
- A worksheet for the clinician to use in the calculating assertive and responsive ratings. The worksheet includes the rating for each item, the mean ratings for assertiveness and responsiveness, and the overall mean rating for all items. Based on these ratings, the clinician can visualize the strengths and weaknesses of the child's social conversational skills in both skill areas.

Procedures

The first objective of this study was to verify the accuracy of the Italian, Spanish, and German translations of parental instructions and scale items.

The *ASCB* (Questionario *Abilità Socio-Conversazionali del Bambino*: Bonifacio & Girolametto, 2007): Italian version of *SCRS*

Phase 1

Procedure. A translated version of the Italian scale was administered to three groups of participants. The first group included 10 families of typically-developing children between 12 – 36 months from middle class homes; the second group were 10 families with late-taking toddlers aged 24 – 30 months; the third group was composed of five speech-language pathologists who had administered the scale to parents of typically-developing children and children with language disorders. Parents in all three groups were asked to indicate those items that they felt were difficult to understand.

Results: Few significant issues were noted in the wording and clarity of the items. The feedback indicated that several items in the assertiveness scale needed revision while the items in the responsiveness scale were fine.

Phase 2

Objective: to examine the internal reliability of the questionnaire and whether the scale scores differentiate children in different age groups.

Procedure. We recruited a sample of 80 children with typical language development as determined by the Italian version of the MacArthur-Bates Communicative Development Inventory (PVB, Caselli & Casadio, 1995; Caselli et al., 2008) The children were distributed evenly among four age groups (aged 12, 18, 24, and 32 months) and were balanced for gender.

Results:

(a) The children aged 12, 18, and 24 months differed significantly from each other in terms of the mean assertiveness scores Welch (3,40.5) = 22.8, $p = .001$ and the mean responsiveness scores Welch (3,40.9) = 32.4, $p = .001$;

(b) the mean scores of the children in the 24 and 32 month age groups did not differ significantly.

The scores of the 80 children were analyzed statistically to determine the item-total correlations for the assertiveness and responsiveness items, separately using Cronbach's alpha (1951). The results of this analysis yielded an alpha of .93 for the 15 assertiveness items and .92 for the 10 responsiveness items. The values for Cronbach's alpha in this sample were higher than in the original study by Girolametto (1997).

The *SKFK* (Die *Sozio-Kommunikativen Fähigkeiten des Kindes*): German version of *SCRS*

Procedure

The translation into German posed several difficulties as many of the terms used to describe social-conversational skills required extensive searching in the literature to identify the best terminology. The translation was then examined by several speech-language pathologists and educators to verify the translation and comprehensibility of the items. The first version was then administered to 13 middle class families of typically-developing children aged 12-36 months. Each parent was asked to read the questionnaire and indicate phrases or entire items that were unclear. The feedback from all sources was then used to reformulate the wording of the scale items.

Results:

In general, most items were clear and comprehensible, with the exception of several items in the assertiveness scale. Several parents also remarked that it was difficult to remember their child's non-verbal communication attempts. They indicated that they had never consciously observed their child for the incidence of such behaviours.

Further studies (in progress)

Our future work will include an exploratory study of 100 children with typical language development as determined by the MacArthur-Bates Communicative Development Inventory (ELFRA1-2: Grimm & Doil, 2006). There will be 20 children in each of the five age groups, including children aged 12, 18, 24, 30 and 36 months.

The *HSCN (Las Habilidades Socio-Convencionales del Niño)*: Spanish version of *SCRS*

Procedure: The Spanish version was created from the original English and Italian versions. Two researchers, working independently, translated the English and the Italian versions into Spanish, respectively. Afterwards, these two Spanish versions (v1 & v2) were compared to each other and a third version (v3) was agreed upon. This version was administered to 10 families of medium socio-cultural status whose children were between 12 and 30 months of age. In addition, it was sent to 10 professionals (speech therapists, developmental psychologists and linguists) for their feedback about its adequacy, clarity and comprehensibility of the instructions and the items that comprise the questionnaire.

Results and further studies (in progress): A final version was agreed upon after considering all the parents' and professionals' remarks. A problem that was identified throughout this adaptation process was the absence of illustrative examples for items, especially to illustrate nonverbal behaviors (for example, to request using vocalizations with intonation). Thus, an alternative version of the Spanish *HSCN* that includes examples (nonverbal and verbal) for each item is now under development. Our research will compare both versions of the Spanish adaptation of the *HSCN* and obtain empirical evidence on their reliability and validity. For this study, both versions of the questionnaire will be administered to the same group of 30 parents (15 -mid-SES families and 15 with low-SES families) within one week. The order of presentation of both versions will be counterbalanced. In addition, an independent measure of the children's social-interaction abilities will be taken (i.e. observations of spontaneous parent-child interactions). Both versions of the Spanish *HSCN* will be compared and the results from the questionnaire and the independent observational measure will be correlated.

Future research will include using the questionnaire to profile the changes in the development of socio-conversational skills of children from 12 to 36 months, following the same procedure as the one used for the Italian version (i.e. Phase 2.)

3. CONCLUSIONS

Clinically, the *SCRS* may be a valuable adjunct to an assessment protocol for very young children because:

- The age range selected coincides with the age range during which early identification of delays is usually made, and covers the development of communication abilities that are common intervention goals for young preschoolers (i.e., conversational ability, vocabulary, multiword phrases).
- Parental ratings of children's social conversational skills can provide useful information for planning treatment goals for children with early communication and language impairments;
- The children's assertiveness and responsiveness profiles may be used to indicate behaviours that may form the basis of initial intervention programs.
- The children with poorly developed conversational skills should receive intervention focused on developing their abilities to participate in interactions. The importance of focusing on children's early social-conversational skills is underscored by theoretical considerations. Strengthening children's pragmatic skills should, in turn, bootstrap their

ability to elicit optimal levels of responsive language input from their caregivers and increase their language learning opportunities.

Future research with all the versions of the questionnaire (English, Italian, German and Spanish) will provide evidence about its value for children from different linguistic and cultural backgrounds and will allow us to carry out relevant crosslinguistic/crosscultural comparisons.

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