Introduction

Young children with severe communication disorders (SCD) have difficulty interacting. Parents use a range of speaking styles from directive to facilitative with their children. Language intervention can teach parents to adjust their speech to better communicate with their children. The purpose of this study is to examine how different parent speaking styles affect the amount of communication output of young children with SCD.

Method

Forty-five children and their parents who participated in a longitudinal study of language intervention (Romski et al., 2010) were also participants in this study. These children received a Speech Generating Device (SGD) and were randomly assigned to one of two groups: the Augmented Communication Input (AC-I) group, where the parent and interventionist used the SGD to model communicative use, and the Augmented Communication Output (AC-O) group, where the child was prompted to use the SGD.

Ten minute videotaped samples of baseline and intervention session 24 were compared. Each parent utterance was coded into one of five categories: statements, commands, closed questions, open questions, and other. Closed ended questions are questions where an option is given while open ended questions are questions where no options are given. Commands are statements that include instructions for the child. Statements are defined as utterances that do not include instructions for the child. Parent utterances that do not fit into any of the previous categories are coded in the other category. The proportion of each code was tallied as well as the total number of child responses to these utterances.

Results

The parent utterances have been coded and are being analyzed. Results will be completed well before the GSURC. I expect that the results will show the types of communication input parents use with their children with SCD and whether or not the input changes over the course of the intervention.

Discussion

The results will be discussed with respect to the literature on child language development and disorders.

IRB Protocol #: H13178