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Interactive Shared Book Reading and EMT en Español: Investigating a Hybrid Intervention for Spanish-speaking Caregivers of Children with Language Delays

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Introduction: EMT en Español is a communication intervention that has been culturally and linguistically adapted for Spanish-speaking families in the U.S. who have young children with language delays (Peredo et al., 2018). Caregivers are taught language support strategies that are appropriate for embedded interactions such as daily routines, play, and book reading. Specifically, book reading is a culturally appropriate activity in Spanish-speaking families from a wide range of backgrounds. Interactive shared book reading (ISBR) is a naturalistic approach that uses book reading as the setting for language support. Using a combination of EMT en Español and ISBR principles, the current study evaluated caregivers' ability to implement EMT strategies during book reading at home. We adapted the formerly in-person intervention to a telehealth format during the COVID-19 pandemic. This study was guided by the following research questions: 1. Do caregivers' use of EMT en Español strategies during ISBR increase after training caregivers using an in-person and online platform? 2. Do caregivers report EMT en Español + ISBR strategies as effective and culturally and linguistically appropriate? 3. Are there differences in implementation or effects when EMT + ISBR is implemented in-person and via telehealth? As a secondary outcome, child data were analyzed to determine if there was an increase in expressive vocabulary.

Methods: Three Spanish-speaking families from low-income households participated in a multiple-baseline across behaviors single-case design study. Caregivers were taught four EMT strategies to use during book reading with their toddler with significant language delays. The first family's intervention was conducted in-person and the next two families' interventions were completed using a telehealth format. Visual analysis was used to determine the effects of intervention on the dependent variable and when to introduce the next behavior.

Results: Across participants, there was an almost immediate shift in level when each behavior was taught to caregivers. Child data showed a gradual increase in the number of different words across the intervention phase for each child. No differences between in-person and telehealth implementation or outcomes were indicated. Caregivers completed a social validity measure and reported the intervention was effective, culturally appropriate, and that other Spanish-speaking families would benefit from participating.

Discussion: Findings demonstrate Spanish-speaking caregivers can be taught to implement an evidence-based language support intervention with their children with language delays regardless of the format. This suggests EMT en Español in the context of ISBR is a highly generalizable intervention. The flexibility of an effective virtual intervention not only supports families in times of a global crisis, but also provides assistance for families who might not otherwise have access to intervention.

References, if any: Peredo, T. N., Zelaya, M. I., & Kaiser, A. P. (2018). Teaching low-income Spanish-speaking caregivers to implement EMT en Español with their young children with language impairment: A pilot study. *American Journal of Speech-Language Pathology*, 27, 136-153.

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