Impact of Video Interaction Guidance on early communication with pre-linguistic profoundly deaf and hard-of-hearing children

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INTRODUCTION: Communicative input is key to child language development. Studies show video-feedback enhances the quality of parent-child social interactions (e.g., Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2005; Lam-Cassettari, Wadnerkar-Kamble, James, 2015). This study assessed whether Video Interaction Guidance (VIG) increases communication and communicative autonomy in children with hearing loss.

METHOD: Sixteen families with a prelingual child (<50 signed/spoken words) were recruited by self-selection from the Nottingham paediatric audiological services. Child mean age was 2.05 yrs (SD= 1.77; Range 0.6-6.10yrs), see Table 1 for more detail.

Intervention First Group	Pre-Intervention Assessment 1 session (2 hrs.)	Intervention Period 7 sessions over 8-10 weeks (1 hr. each)	Post-Intervention Assessment 1 1 session (2 hrs.)
\rightarrow	.5 months	3 months	3.5 months
Waiting List Group	Pre-Intervention Assessment 1 1 session (2 hrs.)	Waiting 8-10 weeks	Pre-Intervention Assessment 2 1 session (2 hrs.)
	5 months	3 months	2 E monthe



Figure 1: A family plays at a lab visit

PROCEDURE: A 20-minute play session was video-recorded at all pre and post visits. The Vineland Scale was completed at first and last visits.







Primary pa participant Infant Sex

Hearing Lo

Protheses

Developme Needs

OUTCOME MEASURE: The Tait (1993) scale measured the child's communicative autonomy, no-responses and communicative *turns* in the free-play recording.

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Table 1: Participant details

arent t	15 mothers	1 father
	11 male	5 female
DSS	14 profound	2 moderate- severe
	9 CI	7 HA
ental	10 no additional	6 complex needs

RESULTS: Paired t-tests indicated no difference between the pre/post Vineland Adaptive Behaviour Scale for both the groups. The intervention and waiting group did not differ at pre and post, thus grouped for main analysis. Tait analysis revealed a statistically significant difference between pre and post sessions for Communicative Autonomy (-3.517, p< .0001, d=0.62) and for No-Response (Z -3.111, p< .005, d=0.55) but not for Communicative Turns. See Fig 2.



Figure 2: Results from the Tait analysis, the greatest difference between pre- and post-intervention was shown for child autonomy and no-response for the intervention group (top) and waiting group (bottom).

DISCUSSION: Results support the hypothesis that VIG supports parent-child communication. The Tait analysis showed increased child communicative autonomy and reduced no-responses. VIG intervention appears to support enhanced child communicative ability in the pre-linguistic period.

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