- Spanish-speaking caregivers' use of referential labels with toddlers is a better predictor of
- later vocabulary than their use of referential gestures
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30 Abstract

Variation in how frequently caregivers engage with their children is associated with 31 variation in children's later language outcomes. One explanation for this link is that 32 caregivers use both verbal behaviors, such as labels, and non-verbal behaviors, such as 33 gestures, to help children establish reference to objects or events in the world. However, 34 few studies have directly explored whether language outcomes are more strongly associated 35 with referential behaviors that are expressed verbally, such as labels, or non-verbally, such as gestures, or whether both are equally predictive. Here, we observed caregivers from 42 37 Spanish-speaking families in the US engage with their 18-month-old children during 5-min lab-based, play sessions. Children's language processing speed and vocabulary size were assessed when children were 25 months. Bayesian model comparisons assessed the extent to which the frequencies of caregivers' referential labels, referential gestures, or labels and gestures together, were more strongly associated with children's language outcomes than their total numbers of words, or overall talkativeness. The best-fitting models showed that children who heard more referential labels at 18 months were faster in language processing and had larger vocabularies at 25 months. Models including gestures, or labels and gestures together, showed weaker fits to the data. Caregivers' total words predicted 46 children's language processing speed, but predicted vocabulary size less well. These results 47 suggest that the frequency with which caregivers of 18-month-old children use referential 48 labels, more so than referential gestures, is a critical feature of caregiver verbal engagement that contributes to language processing development and vocabulary growth.

Keywords: communicative reference, gestures, labels, word learning, language processing, vocabulary size

Word count: X

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Spanish-speaking caregivers' use of referential labels with toddlers is a better predictor of
later vocabulary than their use of referential gestures

Research highlights

- We examined the frequency of caregivers' referential labels, referential gestures, and total words spoken to their 18-month-old children during a 5-min lab-based play interaction.
- We assessed the predictive power of referential labels, gestures, the combination of
 both, and total words spoken to 25-month-old children's processing speed and
 vocabulary growth.
 - Bayesian model comparisons showed that best-fitting models included caregivers' referential labels at 18 months, though total words spoken also predicted later processing speed.
- Caregivers' use of referential labels, more so than referential gestures, are a critical linguistic feature linked to children's later vocabulary learning.

Introduction

Children learn language through interactions with others. Studies of caregiver-child interactions have documented extensive variability in the frequency with which caregivers use verbal behaviors (e.g., words) and nonverbal behaviors (e.g., gestures) when they engage with their children. Individual differences among caregivers have been noted in studies of families across diverse linguistic, cultural, and socioeconomic status (SES) backgrounds (Casillas, Brown, & Levinson, 2019; Hart & Risley, 1995; Hoff, 2003; Weber, Fernald, & Diop, 2017). Moreover, variability in the frequency of caregivers' use of verbal behaviors (Gilkerson et al., 2018; Huttenlocher, Haight, Bryk, Seltzer, & Lyons, 1991; Rowe, 2012; Shneidman & Goldin-Meadow, 2012; Walker, Greenwood, Hart, & Carta,

- 1994; Weisleder & Fernald, 2013) and nonverbal behaviors (Cartmill et al., 2013; Pan,
 Rowe, Singer, & Snow, 2005; Rowe, 2008; Rowe & Goldin-Meadow, 2009) has been shown
 to be positively associated with children's later language development.

 There are multiple proposals to explain how caregivers' verbal and nonverbal
 behaviors support later language learning. Both can be used to refer to objects and events.

 By using verbal behaviors, such as labels, in the presence of objects, caregivers support
 children's learning of word-referent mappings, a critical step in children's early
- comprehension and subsequent word production (Baldwin, 1993; Bohn & Frank, 2019;
- McMurray, Horst, & Samuelson, 2012). Nonverbal behaviors, such as gestures, can also be
- used to refer to and communicate about the identity of referents (e.g., by pointing to,
- 88 holding out, or giving a cup to someone). For example, caregivers' deictic gestures, such as
- pointing, can help children disambiguate the referent of a label from other candidate
- 90 referents (Iverson, Capirci, Longobardi, & Caselli, 1999; Puccini, Hassemer, Salomo, &
- 91 Liszkowski, 2010; Rowe, 2000; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017;
- ⁹² Zukow-Goldring, 1996). Labels and gestures can also be used together (e.g., saying "give
- 93 me the cup," while pointing to a cup), providing the child with two cues to reference in
- 94 differing modalities. Thus, caregivers' use of labels, gestures, or both together, can help
- ₉₅ children to map language onto specific concepts, strengthening their understanding of how
- 96 language represents objects or events in their world. In this study, we compare
- 97 Spanish-speaking caregivers' use of verbal behaviors (i.e., total words and referential labels)
- ⁹⁸ and non-verbal behaviors (i.e., referential gestures) during a play session with their
- 99 18-month-old children. We then assess the degree to which these behaviors are linked to
- $_{100}\,$ children's language processing efficiency and vocabulary outcomes at 25 months.

Variation in caregivers' verbal and non-verbal behaviors

Documenting variability among caregivers in their frequency of communicative behaviors is critical for establishing links between these behaviors and later child outcomes.

Verbal behaviors have been examined using numerous measures that capture the quantity 104 and quality of caregivers' speech – although they mostly do so ignoring the referential 105 context. Using the LENA technology, Gilkerson et al. (2017) collected day-long recordings 106 of the speech children heard in 329 American families with 2- to 48-month-old 107 English-speaking children from varying SES backgrounds. Speech recognition software 108 provided automated estimates of the quantity of caregivers' speech, i.e., adult word counts 109 (AWC), revealing that children were exposed to as few as 8,000 and as many as 17,000 110 words in a 12-hour day. Bergelson et al. (2019) collected LENA daylong recordings with 3-111 to 20-month-old children in 61 American families. Instead of total adult-word counts, they 112 assessed variation in caregiver talk by measuring the amount of time each child was 113 exposed to child-directed speech (CDS). The authors found that children were exposed to 114 CDS for 11.36 min per hour, on average, with a standard deviation over a third of the 115 mean (SD = 4.24 min). Studies of caregiver-child interactions in different sociocultural 116 contexts, such as subsistence farming communities, have found that, children were exposed 117 to far less speech, on average, than in other communities; however, there was still 118 substantial variability among families (Bunce et al., 2020; Casillas et al., 2019; Casillas, 119 Brown, & Levinson, 2021; Shneidman & Goldin-Meadow, 2012; Yuksel & Brooks, 2017). Other studies have specifically examined caregivers' use of nouns in verbal labels and noted 121 variability among caregivers in multiple languages, including English, Italian, French, 122 Spanish, Turkish, Mandarin, and Korean (Altınkamış, Kern, & Sofu, 2014; Bergelson, 123 Casillas, et al., 2019; Choi, 2000; Rosemberg et al., 2020; Tardif, Shatz, & Naigles, 1997). 124

Substantial variability among caregivers in their use of nonverbal gestures is also well documented. Studies examining caregivers' use of gestures have primarily focused on gestures that are symbolic or representational to some degree [rowe2022early], such as iconic gestures (e.g., flapping hands for a bird), conventional gestures (e.g., nodding one's head to mean "yes" in the US), and referential gestures (e.g., holding out objects or deictic gestures such as pointing). For example, Rowe et al. (2008) videotaped 90-min interactions

in 53 English-speaking families with children from 14 to 34 months. They found that
caregivers produced, on average, 100-115 symbolic, conventional, and deictic gestures, with
values ranging from only a few gestures to over 400. Other studies have examined deictic
gesture use in families speaking non-English languages and living in different sociocultural
contexts, e.g., in families speaking Yucatec Mayan in Mexico (Salomo & Liszkowski, 2013)
and Lazuri in Turkey (Yuksel & Brooks, 2017), also noting extensive variability among
caregivers in both groups.

Variability among caregivers in their use of verbal behaviors and gestures has been 138 linked to child language outcomes. In some studies, language samples are used to capture 139 variation in the frequency of young children's production of recognizable words during 140 interactions with their caregiver (Huttenlocher et al., 1991). In older school-age children, 141 researchers have also reported links between frequency of caregiver verbal engagement and 142 children's scores on standardized tests of language, such as vocabulary (Gilkerson et al., 143 2018). When children are infants and toddlers, many studies rely on parent-reports 144 assessments of children's vocabulary size, such as the MacArthur-Bates Communicative 145 Developmental Inventories (CDI, Fenson et al., 2007), which ask parents to indicate which 146 words their child "understands and says" from among several hundred words on a checklist 147 (e.g., Weisleder & Fernald, 2013). Still other studies have explored links between 148 caregivers' verbal behaviors and children's performance in tasks that capture skill at 149 processing language in real time, such as the Looking-While-Listening task (Fernald, Zangl, 150 Luz, Virginia, & Marchman, 2008). For example, in a sample of 27 Spanish-speaking 151 caregiver-child dyads, Hurtado, Marchman, and Fernald (2008) reported that children who experienced more speech from their caregivers during a lab-based play session were 153 reported both to know more words on the CDI and were more efficient at recognizing 154 spoken words in real time. Weisleder and Fernald (2013) reported similar findings based on 155 estimates of caregivers' child-directed word counts during day-long recordings. In both 156 studies, mediation models explored possible pathways among caregiver talk, vocabulary 157

size, and processing efficiency. Results suggested that frequent engagement with caregivers
may be "tuning up" children's abilities to map real-time spoken language onto referents in
the world around them, allowing for more efficient use of the input to support language
learning.

Links between caregivers' use of gesture and children's later vocabulary abilities have 162 also been reported (Iverson et al., 1999; Pan et al., 2005; Rowe, 2008). Rowe and 163 Goldin-Meadow (2009) examined socioeconomically-diverse caregivers and children in the home across multiple visits, beginning when children were 14 months. They found that variation among children in their gesture use at 14 months was related to their vocabulary skills at 54 months, measured using a standardized test. Importantly, this study and others have found that the frequency of caregivers' gesture use is related to the frequency of 168 children's gesture use. In particular, caregivers' use of deictic gestures, such as pointing, 169 has been viewed as a potential means of influencing children's own use of deictic gestures, 170 an important prelinguistic skill (Goodwyn, Acredolo, & Brown, 2000; Matthews, Behne, 171 Lieven, & Tomasello, 2012; Rowe, 2000; Rowe & Goldin-Meadow, 2009; Rowe & Leech, 172 2019). Other studies propose that caregivers' use of deictic gestures can support word 173 learning by bringing attention to an object and reducing spatial ambiguity, thus allowing 174 children to attend more effectively to the referent and/or the auditory signal (Iverson et 175 al., 1999; Puccini et al., 2010; Rowe, 2000; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017; 176 Zukow-Goldring, 1996). 177

Labels, gestures, or both?

Taken together, there is substantial evidence that how frequently caregivers use
communicative behaviors is associated with children's language learning. However, few
studies have directly contrasted the predictive relations to children's outcomes from verbal
versus non-verbal behaviors that establish reference. This referential function of labels and
gestures is important because it serves as a means to support children's early label-referent

associations. Additionally, it is critical to remember that these behaviors frequently occur 184 together in real time (Iverson et al., 1999; Pan et al., 2005; Puccini et al., 2010; Rowe & 185 Goldin-Meadow, 2009; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017; Zukow-Goldring, 186 1996). Thus, it is difficult to address whether links between caregiver verbal or nonverbal 187 behaviors and children's outcomes may in fact be better explained by caregivers' combined 188 use of labels and gestures. For example, Rowe (2000) proposed that there may be a shared 189 construct underlying caregivers' use of verbal behaviors and gestures, such as 190 communicativeness. This hypothesis is supported by evidence of a small to moderate 191 positive correlation between the frequency of caregivers' verbal behaviors and gestures; 192 those caregivers who used more total words also gestured more frequently than caregivers 193 who used fewer words (Pan et al., 2005; Rowe, 2000, 2008; Rowe & Goldin-Meadow, 2009; 194 Salo, Reeb-Sutherland, Frenkel, Bowman, & Rowe, 2019). In the present study, we ask if the predictive power of caregivers' communicative use of reference may be captured more fully by measures that reflect the combined use of referential labels and gestures, rather than each measure taken alone. 198

How caregivers combine labels and gestures in real time has been widely discussed in 199 the experimental literature on early word learning (Gogate, Bahrick, & Watson, 2000; 200 Tincoff, Seidl, Buckley, Wojcik, & Cristia, 2019; Villiers Rader & Zukow-Goldring, 2012; 201 Zukow-Goldring, 1996). For example, Kalagher and Yu (2006) found that novel word 202 learning was more successful when caregivers introduced words while narrating a story and 203 pointing to the objects than when narrating a story without pointing. Gogate et al. (2000) 204 examined European American and Hispanic American families residing in a major metropolitan area in the United States. They found that when they were teaching novel labels to young infants, caregivers were more likely to use labels while moving objects. Moreover, caregivers of linguistically less-advanced infants, compared to more-advanced 208 infants, were those who were more likely to synchronize labels with object motion. These 200 findings suggest that caregivers are sensitive to children's level of language skills when 210

using labels and gestures together to highlight new label-referent associations.

The Current Study

In this longitudinal study, we observed 42 Spanish-speaking caregivers during play 213 interactions with their 18-month-old children. We coded the frequency and duration of 214 caregivers' referential labels to objects and referential gestures to objects. At 25 months, 215 children's language skills were assessed using an on-line language processing task and 216 caregiver reports of productive vocabulary size. Bayesian methods were used to construct 217 different models of the frequency of caregivers' use of labels, gestures, and both in 218 combination, as predictors of child outcomes. We predicted that if children's later language 219 abilities are best predicted by the frequency of caregivers' use of labels or gestures taken 220 independently, this would suggest a primary role for learning based on either modality. 221 However, if language learning is supported more by the frequency of caregivers' use of 222 reference across verbal and nonverbal modalities, then one or more models including both 223 labels and gestures would be stronger predictors of our measures of language outcomes (Cartmill et al., 2013). We also included a model capturing the total number of words 225 spoken by caregivers to explore the specificity of caregivers' use of referential labels, in contrast to overall talkativeness. By comparing these models, we asked what is the smallest 227 set of caregiver's communicative behaviors that best predicts children's language outcomes 228 at 25 months.

230 Methods

Participants

Participants were 43 primarily Spanish-speaking children¹ (43 females) and their 232 caregivers who were participating in a longitudinal study examining language development 233 in primarily monolingual Spanish-speaking families in the US. Families were recruited from 234 birth records or community contacts in Northern California and were excluded if the child 235 was born preterm, had a known neurodevelopmental disorder, or loss of hearing or vision. As shown in Table X, children were approximately 18 months at the start of the study and approximately 25 months when we assessed language processing speed and vocabulary size. We calculated SES using the Hollingshead Index, which reflects education and occupation 239 for both mothers and fathers. SES was included as a covariate based on prior studies 240 (Daneri, Blair, & Kuhn, 2018; Hoff, 2003; Huttenlocher, Waterfall, Vasilyeva, Vevea, & 241 Hedges, 2010), to examine the unique role of caregiver behaviors on children's language 242 skills over and above potential confounding variables. 243

Families represented a diverse range of SES backgrounds. All mothers reported that
they were native Spanish speakers. All families lived in the US but the mothers were
primarily born in Mexico (33), with a few from Central America (5).

47 Procedure

Native Spanish-speaking research staff met with the caregiver to explain study protocol, and all caregivers gave their informed consent prior to study participation.

Caregivers participated in a videotaped lab-based play session with their 18-month-old children at a community laboratory. Each caregiver was asked to engage with her child

¹ As seen in our pre-registration, we determined a sample size of n = 50 based on a priori frequentist power analyses, but stopped at n = 43 because at the time of analysis there were no more available families to include in the study.

using a standard set of toys (e.g., plates, pretend food, cutlery, pots, doll) for
approximately 5 min. During the session, the child wore a LENA recorder placed inside a
specially-designed vest to capture the adult speech spoken during the play session
(Marchman, Weisleder, Hurtado, & Fernald, 2021). At 18 and 25 months, children
participated in the Looking-While-Listening task to assess spoken language understanding
(Fernald et al., 2008). At both time points, caregivers completed parent-report assessments
of their child's productive vocabulary size (Jackson-Maldonado, Thal, & Fenson, 2003).

Measures

Coding of caregiver referential gestures and labels. A native Spanish-speaker 260 using ELAN (version 5.0; Wittenburg, Brugman, Russel, Klassmann, & Sloetjes, 2006) 261 coded all caregivers' referential gestures and labels from the video recordings of the play 262 sessions. Gestures were coded first without audio. Referential gestures were defined as 263 those gestures used to attract infants' attention to the toys or other objects in the 264 environment. Gestures included holding out objects/giving, pointing, descriptive or iconic 265 gestures (e.g., making a chopping motion with their hand), and touching with an open 266 hand. Physically playing with toys was not included as a gesture (e.g., holding the knife 267 and pretending to cut vegetables in front of the child). A standardized protocol used to 268 define the onset and offset of each gesture is available in our full codebook 260 (https://osf.io/s2jqy). Frequency of gestures was derived for each caregiver, and the onset 270 and offset of gestures were used for our overlap measure below. 271

Caregivers' use of object labels was then coded by the same coder. The coder listened
to the video and marked the onset and offset of all object labels that referred to objects in
the play session. Frequency counts of label tokens were derived for each caregiver.
Successive repetitions of a single label were counted as individual tokens. General category
terms (e.g., "comida" [food], or "juguetes" [toys]) were excluded because our goal was to
focus on specific labels rather than category names for available objects. All English labels

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were excluded, given that we were assessing children's later Spanish language outcomes. 278

Finally, we determined the number of times that each caregiver produced an object label while using a gesture (overlaps: labels + gestures). An R script used the duration coding of each label and gesture in the ELAN output to identify the number of labels that occurred within a 1-sec window before or after a gesture (Cartmill et al., 2013).

Figure 1 depicts examples of the final label and gesture coding for three caregivers 283 over the 5-min observation window. These examples illustrate variation among caregivers 284 in the overall frequency of labels and gestures, as well as variation in the number of 285 overlapping labels and gestures.

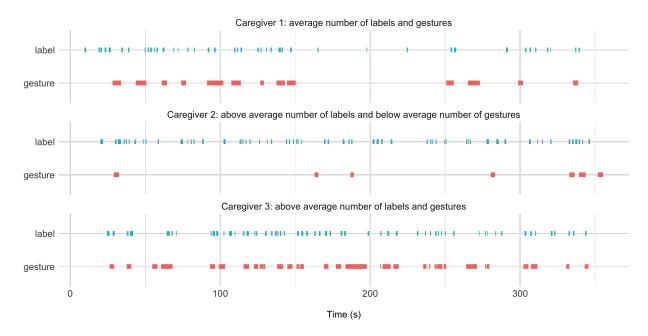


Figure 1. Examples from three participants chosen to illustrate the variability in frequency and duration of label and gesture use. Ticks represent each instance and the size depicts the duration. Caregiver 1 provided an average number of labels and gestures, Caregiver 2 provided an above average number of labels and a below average number of gestures, and Caregiver 3 provided an above average number of labels and gestures.

Reliability Coding. A second native Spanish-speaking coder coded labels and gestures for approximately 20% of the families (n = 8). The second coder was blind to the 288

study hypotheses and to the coding by the first coder. Intraclass correlations (ICC)
suggested strong reliability for number of labels (ICC = .996, 95% CI [.96, 1]), gestures
(ICC = .89, 95% CI [.54, .98]), and overlaps (ICC = .99, 95% CI [.98, 1]).

Caregiver verbal engagement during play session. During the play session, a
LENA audio recorder was used to provide an estimate of the number of adult word counts
(AWC) produced during the session. The AWC measures generated by the LENA speech
recognition software were converted to a rate per hour based on the 5-min sample, to
account for minor differences in the duration of play sessions. This measure was included
in the models as an estimate of overall caregiver talkativeness.

Spoken language processing. At each time point, the child participated in the 298 Looking-While-Listening task (LWL; Fernald et al., 2008). In this task, the child sits on 299 their caregiver's lap while viewing pictures of two familiar objects on a screen. After 2 sec, 300 a voice of a female, native-Spanish speaker names one of the objects (e.g., "¿Dónde está el 301 perro?", Where's the doggy?), followed by an attention-getter phrase (e.g., "¿Te gustan las 302 fotos?, Do you like the pictures?). On each trial, the pictures were presented in fixed pairs, 303 matched for salience, and the target words were matched in grammatical gender. At 18 304 months, auditory stimuli consisted of eight familiar words presented 6 times each as target 305 and distracter. At 25 months, auditory stimuli consisted of twelve familiar words presented 306 4 times each as target and distracter. Each word in the pair served an equal number of 307 times as target and distracter, for a total of 48 trials, with target picture counterbalanced across side across trials. 309

After a brief calibration session, trials were presented in two fixed pseudo-random orders such that the target picture was not presented on the same side for more than two trials in a row. Patterns of children's eye-gaze were captured at 60 frames/sec by a Tobii X60 eye-tracker, mounted to the bottom of the monitor. A video camera attached to the top of the monitor also provided a record of children's eye gaze across the full session. All video-recordings of the testing sessions were prescreened to exclude trials when the child

was inattentive or if there was any concern that the caregiver was biasing the child. Based 316 on which picture the child was fixated at target noun onset, trials were defined as 317 distracter or target initial. Trials on which the child was not looking at either picture at 318 target noun onset were not analyzed. Trials were also later removed on a child-by-child 319 basis if the parent reported that the child did not know the target word. Due to calibration 320 failures or experimental error, some portion of the sessions (11/42, 26%) were hand-coded 321 by trained coders following standard protocols (Fernald et al., 2008). Processing speed was 322 calculated on all distracter-initial trials as the mean reaction time (RT) in milliseconds to 323 shift from the distracter to the target picture measured from the onset of the target noun. 324 Trials were excluded if shifts were faster than 300 ms or slower than 1800 ms from target 325 noun onset, since these shifts are not likely to be in response to the target word. Given 326 that children could have different numbers of distracter-initial trials, the mean number of trials per child varied (M = 9.81, SD = 4.70), however, all children had at least 2 trials contributing to the computation of RT (range = 2 - 21).

Vocabulary size. Children's vocabulary size in Spanish was assessed at each time 330 point by parent report with the MacArthur-Bates Inventarios del Desarollo de Habilidades 331 Communicativas (CDI; Jackson-Maldonado et al., 2003). These instruments ask parents to 332 indicate what words their child can "understand and say" from a list of hundreds of items. 333 At 18 months, some parents completed the Inventario I form and others completed Inventario II form, due to slight changes in protocol over time. For those children whose 335 parents completed Inventario I, scores were converted to proportions based on the number 336 of items on the Inventario II form. At 25 months, all parents completed Inventario II. 337 Vocabulary size was the number of words chosen (680 words maximum). Due to missing 338 data, 37 families are included for analyses with the CDI. 339

4 Analysis Strategy

We first present descriptive statistics of all variables at 18 and 25 months. We then 341 present a series of Bayesian model comparisons that allowed direct comparisons of 342 non-nested models to examine the predictive roles of labels, gestures, or their combination 343 (i.e., overlaps), on child outcomes (Donnellan, Bannard, McGillion, Slocombe, & 344 Matthews, 2020; Mahr & Edwards, 2018). This approach contrasts with prior studies that 345 seek to isolate unique contributions of caregivers' verbal behaviors or gestures to outcomes 346 using nested hierarchical regression (Iverson et al., 1999; Pan et al., 2005). We compared 347 seven independent models, each representing a different hypothesis about how caregivers' 348 communicative behaviors contribute to children's language processing speed and 349 vocabulary size at 25 months. These models assessed the independent contributions of 350 labels and gestures, the conditional relation between labels and gestures, as well as the 351 overlapping use of labels and gestures (overlap). We also tested a model including AWC, to rule out the effects of caregiver talkativeness. All models controlled for SES and 18-month 353 vocabulary size and processing speed as appropriate, depending on the model. By 354 including 18-month language skills, we can ask the more specific question of which input 355 variable(s) best predict gains in language processing or vocabulary size over and above SES 356 and children's earlier language skills. 357

For each dependent variable (dv), we compared the same set of models²: (1) dv ~

labels; (2) dv ~ gestures; (3) dv ~ overlaps; (4) dv ~ adult_words_per_hour, which

considers all speech using AWC; (5) dv ~ labels + gestures, which assumes that both

labels and gestures contribute independently; (6) dv ~ labels * gestures, which

assumes that the contribution of labels and gestures are conditional on one another, and

² The preregistration did not include a) the adult word count model and b) the baseline model. We added these models later a) to see if the number of labels was simply an indicator of overall caregiver talkativeness and b) to be able to judge if the inclusion of predictors improved predictions at all.

over and above the covariates. If a model performs at or worse than the over and above the covariates.

All models were fit in a Bayesian framework as linear models in R (R Core Team, 366 2021) via the function brm from the R-package brms (Bürkner, 2017) using default priors 367 for all model parameters. All caregiver behavior variables were scaled to have a mean of 0 368 and a standard deviation of 1. Following McElreath (2020), we compared models using 369 WAIC (widely applicable information criterion) scores and weights, an indicator of the 370 model's predictive accuracy for out-of-sample data; models with lower scores are preferred. 371 Roughly speaking, WAIC scores reflect the model's predictive accuracy with a penalty for 372 the number of effective parameters. As such, model comparisons favor simpler models and 373 thereby guard against overfitting. WAIC weights are an estimate of the probability that 374 each model (compared to all models considered) will make the best predictions on new 375 data. We next inspected the posterior distributions of the model predictors in the best 376 models via their means and 95% credible intervals (CI) to inform the nature (positive or 377 negative) and strength of the influence of the respective caregiver engagement variable on 378 the dependent variable.

380 Results

381 Descriptive statistics

Figure 2A provides descriptives for the four measures of caregiver communication.

Caregivers produced approximately 3500 words per hour (M = 3,447.26, SD = 1,491.97,

range = 531.94 - 6,683.38), on average, based on the automated LENA counts. Caregivers

produced just over 40 labels (M = 43.42, SD = 25.55, range = 0 - 120) and about 18

gestures (M = 17.93, SD = 8.11, range = 2 - 41). When considering overlaps, caregivers

produced about 15 labels that were also accompanied with a referential gesture, (M = 1.491.95)

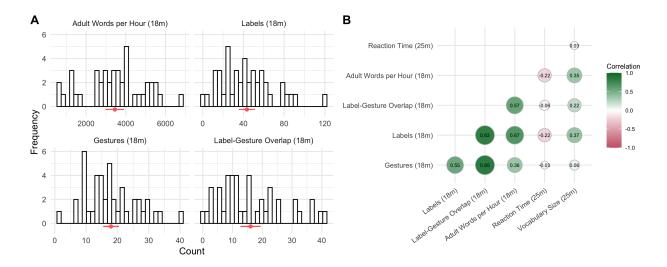


Figure 2. A) Descriptive distribution of independent variables with mean and 95% CI (in red), B) Zero-order correlations between dependent variables and input variables. Circle size and color intensity increase with the absolute magnitude of correlation.

16.05, SD = 10.89, range = 0 - 41).

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Figure 2B shows the zero-order correlations among all variables. As expected, the three measures capturing caregivers' language (AWC per hour, labels, overlaps) were significantly correlated. Numbers of referential gestures also correlated with verbal behavior variables, suggesting some shared underlying variance. However, none of the correlations indicated that any two measures were redundant (i.e., all r < .90), which justifies assessing their independent predictive relation to the dependent variable in the model comparison.

395 Spanish language processing

Table 1 shows WAIC scores and weights for each model predicting children's language processing speed (RT). Only two models outperformed the baseline model: labels and AWC per hour, with both models similar in their weights (model weights: 0.23 labels; 0.18 AWC per hour). None of the models that included gestures, either as the only test predictor or in combination with labels, made better predictions compared to the baseline model than models that included labels. Thus, children's language processing speed at 25

Table 1

WAIC scores and weights for models predicting language processing speed.

Model	waic	se_waic	weight
Labels	554.55	9.99	0.23
Adult words per hour	555.04	10.05	0.18
Baseline (covariates only)	555.23	10.22	0.16
Labels + gestures	555.90	9.96	0.12
Label-gestures overlap	556.72	9.98	0.08
Gestures	557.01	9.94	0.07
Labels * gestures	557.17	9.82	0.06

months was best predicted by models that included some form of caregivers' verbal behavior as predictors.

Figure 3A-i shows the posterior distribution of the model estimates for number of 404 labels to be negative ($\beta = -39.96$) and largely different from 0 (95% credible interval (CrI) 405 = -91.91 - 12.11). This speaks for a positive relation: the more labels the caregiver used at 406 18 months, the more the child improved in their reaction time from 18 to 25 months. 407 However, the fact that the 95% CrI included zero, cautions against an overly strong 408 interpretation. The effect of SES was similar. Children from families higher in SES tended to have greater developmental gains in reaction time, however, this effect was weak in 410 magnitude ($\beta = -27.67, 95\%$ CrI = -79.96 - 24.31). Finally, children with a slower reaction 411 time at 18 months were also slower at 25 months ($\beta = 52.69, 95\%$ CrI = 0.12 - 105.42). 412 Figure A-ii shows the observed vs. predicted values from the model with labels as the test 413 predictor.

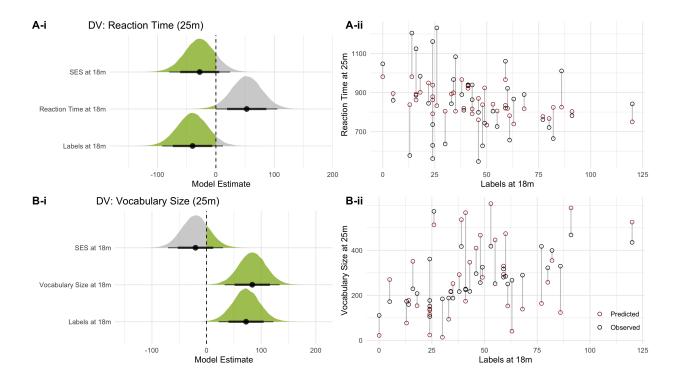


Figure 3. Left: Posterior distributions for model estimates, right: model predictions. On the left, the green area denotes the section of the distribution that is supportive (i.e. faster reaction time and larger vocabulary). Points below each distribution show means, and error bars show 80% (thick) and 95% (thin) CrIs. A-i shows the posterior distribution of all model estimates in the labels model for reaction time. B-i shows the same in the model predicting vocabulary size. On the right, A-ii and B-ii contrast the observed (black) values with the values predicted by the model (red) for reaction time (A) and for vocabulary size (B).

Vocabulary size

421

Table 2 shows the model comparisons for vocabulary size. All predictor models made
better predictions compared to the baseline model. As with RT, the model including the
number of labels produced by the caregiver made the best predictions – this time, however,
it clearly outperformed all the other models (model weight = 0.38). Models including
gestures were given more weight only when they also included labels.

As shown in Figure 3B-i, the posterior distribution for the model estimate for labels

Table 2

WAIC scores and weights for models predicting vocabulary size.

Model	waic	se_waic	weight
Labels	480.08	7.61	0.38
Labels + gestures	482.46	7.69	0.12
Adult words per hour	482.55	5.96	0.11
Label-gestures overlap	482.99	6.68	0.09
Labels * gestures	484.81	7.62	0.04
Gestures	486.45	6.57	0.02
Baseline (covariates only)	486.62	6.98	0.01

was positive, large and reliably different from 0 ($\beta = 72.29$, 95% CrI = 21.95 - 122.26). Children who heard more labels at 18 months increased more in their reported vocabulary size from 18 to 25 months. SES had a weak effect ($\beta = -20.34$, 95% CrI = -70.46 - 30.14). Finally, children who had a larger reported vocabulary at 18 months also had a larger reported vocabulary at 25 months ($\beta = 83.57$, 95% CrI = 33.10 - 133.49). Figure 3B-ii shows the observed versus predicted values from the model with labels as the test predictor.

Comparing the contribution of labels and gestures

The model comparisons suggested that including the number of gestures as a
predictor did not contribute to a model's predictive accuracy above baseline for RT,
although gestures performed better than baseline for vocabulary size. Nevertheless, it is
still interesting to see how the number of gestures related to the dependent variable in the
different models. Thus, we compared the posterior distributions of the model estimates for
labels and gestures across the models that included them. Figure 4 shows this comparison.

Looking first at labels, regardless of model, the supportive contribution of labels was stable
whether tested as the only predictor or together with gestures for both reaction time and
vocabulary size. In contrast, gestures only supported the outcome of vocabulary growth
when considered as the sole test predictor. When combined with labels, the model
estimates were essentially zero. This pattern affirms the conclusion based on the model
comparisons, i.e., that knowing the number of gestures in the input – in addition to the
number of labels - did not improve predictions.

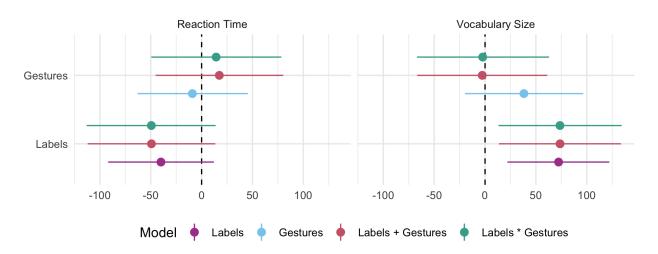


Figure 4. Comparing estimates for labels and gestures across models. Points show means of the posterior distribution (95% CrIs) for the estimates. Estimates were extracted from all models that included one or both of the predictors.

442 Discussion

Our goal was to compare variation among Spanish-speaking caregivers in the number of words, labels, gestures, and combined labels and gestures used when interacting with their toddlers, in order to determine the smallest set of caregivers' communicative behaviors that best predicted children's language outcomes at 25 months. We found that over and above SES and children's earlier language skills, variability in caregivers' use of referential labels was the strongest predictor of children's processing speed and vocabulary,

when pitted against variability in referential gestures or in different combinations of labels and gestures. Caregivers' total words predicted children's later language processing speed but not their vocabulary. We discuss two questions raised by the results: Why might caregivers' use of referential labels predict children's later language processing efficiency and vocabulary size? Why are labels more predictive than gestures?

Why might caregivers' use of referential labels predict children's language processing efficiency and vocabulary size?

Those caregivers who used more labels also used more words overall (Figure 2B), 456 reflecting an r2 of 45% shared variance and demonstrating a strong relation between these 457 measures. However, while both measures of talk predicted reaction time, only caregivers' 458 use of labels better predicted both outcomes of children's language processing and their 459 vocabulary size. One possibility is that the frequency of caregiver labels is more closely 460 linked to children's understanding of word meaning, which is reflected in outcome measures 461 of both language processing and vocabulary size. Labels themselves are symbols that refer 462 to the objects, ideas, or events they represent (Acredolo & Goodwyn, 1988; Bates, Thal, 463 Whitesell, Fenson, & Oakes, 1989; Colonnesi, Stams, Koster, & Noom, 2010), and both the 464 mapping of a label to a referent and the learning of a label for a referent are directly 465 assessed in both of our outcome measures. Language processing speed reflects children's 466 ability to map a spoken object name in real time onto one of two familiar pictures, assessed 467 only on trials when the child demonstrates a clear shift from the distracter to the target 468 picture. Thus, this task taps into children's familiar knowledge of these everyday objects where children who are faster at processing the object label may have stronger conceptual 470 and linguistic representations than those who are slower. Vocabulary size, as reported by parents on the CDI, reflects children's abilities to produce the names of objects and 472 concepts. Therefore, variation among caregivers in the frequency of specific use of 473 referential labels may provide a closer link to individual differences in children's linguistic

knowledge about objects or events. While caregivers' use of total words use may help 475 "tune" up children's language processing speed, and provide children with the practice of 476 hearing language, caregivers' use of labels, in particular, specifically provides the linguistic 477 information that enables early word learning. These results suggest that during early 478 stages of language learning, repeated and varied exposure to labels embedded within 479 day-to-day conversations may help children associate, prune, and strengthen these links 480 (McMurray et al., 2012), quickly process how labels map onto objects in real time (Fernald, 481 Perfors, & Marchman, 2006), and build a vocabulary that reflects their understanding 482 about the world (Weisleder & Fernald, 2013). 483

484 Why are labels more predictive than gestures?

Caregivers who used more referential labels were those who used more referential 485 gestures, (r = .55; Figure 2B). The strength of this association is within expectations 486 based on prior studies of children across a broad age range (i.e., 8 to 36 months), in spite of 487 slightly different operationalizations of total words, labels, and gestures (e.g., Pan et al., 488 2005: rs = .35 - .54; Rowe, 2000: r = .58; Rowe & Goldin-Meadow, 2009: r = .67; Salo et 489 al., 2019: r = .30; Salomo & Liszkowski, 2013: r = .63). However, we did not find support 490 for our hypothesis that an underlying shared characteristic of caregivers' communicative 491 reference across referential labels and gestures was predictive of children's language skills 492 (Rowe, 2000; Rowe et al., 2008). Instead, it was the frequency in caregivers' use of labels 493 that best predicted later language outcomes. Rather than the shared referential function 494 that both labels and gestures serve, there is information in the linguistic signal specifically 495 associated with label use that supports children's later vocabulary outcomes. 496

It is important to note that as in previous studies, our measures of referential labels
and gestures were not mutually exclusive. Labels may have occurred alone in an utterance
or embedded in a multi-word utterance, with each instance co-occurring with a variety of
socio-pragmatic behaviors such as eye-gaze, facial expressions, body movement, in addition

to referential and non-referential gestures. Our findings suggest that variability in
caregivers' use of referential labels, regardless of how these labels are combined with
nonverbal behaviors, is most strongly associated with later vocabulary in 25-month-old
children.

These results should not be taken as evidence that caregivers' gesture use plays a less 505 influential role in children's language learning. In exploratory analyses, we found that 506 caregivers' use of referential gestures predicted vocabulary growth when included as the 507 only test predictor, although not in combination with labels. These links are in line with 508 those of prior studies showing that variation in caregiver gestures or nonverbal behaviors 509 predicted children's later vocabulary, although those studies differed in whether or not they 510 controlled for children's earlier language skills (Cartmill et al., 2013; Rowe & 511 Goldin-Meadow, 2009). By directly contrasting the use of referential labels and gestures in 512 the same context, our study demonstrated that knowing the number of referential gestures 513 did not improve our predictions for growth in children's language processing or vocabulary 514 size, if the number of labels was already known (Iverson et al., 1999; Pan et al., 2005). 515

It is also possible that caregivers' use of referential labels and gestures are of different 516 importance at different phases of children's communicative development. Children in our 517 study were 17 to 19 months old, whereas prior studies linking caregivers' gesture use to 518 later outcomes examined gestures when children were around 14 to 16 months old (Iverson 519 et al., 1999; Pan et al., 2005; Rowe & Goldin-Meadow, 2009). At earlier ages more 520 children are in an early pre-linguistic stage, and thus may benefit more from the support 521 for learning provided by caregivers' use of referential gestures. Children who produce more gestures early in life have been found to have stronger vocabulary later on (e.g., Colonnesi et al., 2010). Caregivers' gestures may be particularly supportive of children's prelinguistic 524 gestures and short-term language outcomes (Rowe & Leech, 2019), an effect that is less 525 evident as children become more linguistically advanced. It is also important to note that 526 the current study focused specifically on referential gestures, whereas prior work has 527

considered a larger set of caregivers' communicative behaviors, including symbolic gestures

(e.g., cutting motion with hands) and conventional gestures (e.g., nodding to mean "yes" in

the United States). Therefore, at any given moment, caregivers can use both referential

and non-referential gestures to direct children's attention to the label-object link, support

visual object recognition, and resolve ambiguity of the intended referent (Tincoff et al.,

2019; Villiers Rader & Zukow-Goldring, 2012; Zukow-Goldring, 1996), all of which are

likely to provide a foundation for stronger language learning.

535 Limitations

While our results shed light on which specific features of caregiver communicative 536 behaviors may be important for language learning, we are unable to establish definitively 537 the direction of any causal link between caregivers' verbal behaviors and children's language 538 skills. Though we included a covariate of children's initial language skills on the respective 539 outcome measure to assess caregivers' contribution to children's growth in language skills, 540 we cannot rule out the possibility that caregivers who use more labels do so because their 541 children are more verbal. Correlational links represent average effects, with much still left 542 unexplained (Bailey, Duncan, Watts, Clements, & Sarama, 2018). Rather than a causal 543 pathway of caregivers influencing children, correlations may represent relatively stable individual differences among children and families with shared genes and/or environments. 545 Correlations may also be attributable to individual differences in children's propensity or ability to elicit engagement from others or in children's ability to effectively process information (Pace, Luo, Hirsh-Pasek, & Golinkoff, 2017; Weisleder & Fernald, 2013). Though there is growing research examining whether intervening with caregivers in their use of verbal and nonverbal behaviors can influence children's early language development (Matthews et al., 2012; Rowe & Leech, 2019; Suskind et al., 2016), findings to date are 551 mixed. Ongoing research should continue to explore the effectiveness of such interventions 552 for children's short- and long-term outcomes, as well as potential moderators that influence 553

which families are likely to benefit the most (Rowe & Leech, 2019).

Moreover, the potential for short- or long-term causal impacts of caregivers' verbal or 555 nonverbal behaviors for children's language outcomes should be considered within the 556 context of broader socioeconomic and political systems that underlie families' day-to-day 557 experiences (Rowe & Weisleder, 2020). This work examined caregiver behaviors in a 558 lab-based interaction, which may be consistent with caregivers' densest periods of 559 interactions in the home; however, testing children in a lab still differs from the ebb and flow of interactions over the course of a day, when children may engage with multiple individuals (Bergelson et al., 2019; Reynolds, Vernon-Feagans, Bratsch-Hines, Baker, & Investigators, 2019). Our study also included children with typical development from one unique cultural context, primarily Spanish-speaking families raising their children in an English-dominant community in the United States. More work is needed to understand if 565 these links are seen in comparative studies across cultures, languages, and in populations 566 which include neurodiverse children (Bang, Adiao, Marchman, and Feldman (2019); Choi, 567 Shah, Rowe, Nelson, and Tager-Flusberg (2020): Salomo and Liszkowski (2013)]. Across 568 contexts, children and parenting practices may vary widely (Rowe & Weisleder, 2020), 560 likely influencing how frequently children are exposed to labels and gestures during direct 570 engagement with caregivers. There is still much to understand for what processes may be 571 shared, but also what may very well be different pathways that support language 572 acquisition in different populations. 573

Conclusion

Children who engage more frequently with their caregivers tend to have stronger language outcomes. Here, we explored one possible explanation of that relation, namely, that caregiver engagement is more supportive of learning because caregivers use a variety of verbal and non-verbal behaviors to help children establish reference to objects and events in the world. Specifically, we investigated how caregivers' use of referential labels

and gestures predicted children's later vocabulary skills, rather than focusing on a single 580 form of reference. Contrary to our predictions, we found that the frequency of caregivers' 581 use of referential labels when communicating with children at 18 months, but less so their 582 frequency of labels and gestures in combination, best predicted growth in children's 583 language processing and vocabulary skills at 25 months. Caregivers' overall talkativeness 584 was also associated with children's later processing speed, suggesting that overall 585 experience with language supports skill in real-time language comprehension. However, 586 later vocabulary development was best predicted by caregivers' use of labels, more strongly 587 than overall talkativeness, suggesting that it is the use of labels, per se, that provides 588 important cues to vocabulary learning. Taken together, these findings reveal that specific 589 properties of caregiver verbal engagement may support different aspects of language 590 learning, providing important insights into the pathways through which caregiver 591 engagement supports children's learning.

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Conflict of Interest Disclosure

The authors declare no potential conflicts of interest.

Data Availability Statement

- Pre-registration of study design and analyses are available on the Open Science
- Framework: https://osf.io/s2jqy. The coding protocol is publicly
- available:https://osf.io/fmvyc/. All data and reproducible code are available on GitHub:
- 807 https://github.com/manuelbohn/SocPop

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