- 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 variation in children's later language outcomes. One explanation for this link is that caregivers use 32 both verbal behaviors, such as labels, and non-verbal behaviors, such as gestures, to help 33 children establish reference to objects or events in the world. However, few studies have directly explored whether language outcomes are more strongly associated with referential 35 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 Spanish-speaking 37 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 children's language 46 processing speed, but predicted vocabulary size less well. These results suggest that the 47 frequency with which caregivers of 18-month-old children use referential labels, more so than referential gestures, is a critical feature of caregiver verbal engagement that contributes to language processing development and vocabulary growth.

51 Keywords: communicative reference, gestures, labels, word learning, language 52 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 81 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, 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 referents (Iverson, Capirci, Longobardi, & Caselli, 1999; Puccini, Hassemer, Salomo, & Liszkowski, 2010; Rowe, 2000; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017; Zukow-Goldring, 1996). Labels and gestures can also be used together (e.g., saying "give me the cup," while pointing to a cup), providing the child with two cues to reference in differing modalities. Thus, caregivers' use of labels, gestures, or both together, can help children to map language onto specific concepts, strengthening their understanding of how language represents objects or events in their world. In this study, we compare Spanish-speaking caregivers' use of verbal behaviors (i.e., total words and referential labels) and non-verbal behaviors (i.e., referential gestures) during a play session with their 18-month-old children. We then assess the degree to which these behaviors are linked to 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 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 of 106 the speech children heard in 329 American families with 2- to 48-month-old English-speaking 107 children from varying SES backgrounds. Speech recognition software provided automated 108 estimates of the quantity of caregivers' speech, i.e., adult word counts (AWC), revealing that 109 children were exposed to as few as 8,000 and as many as 17,000 words in a 12-hour day. 110 Bergelson et al. (2019) collected LENA daylong recordings with 3- to 20-month-old children 111 in 61 American families. Instead of total adult-word counts, they assessed variation in 112 caregiver talk by measuring the amount of time each child was exposed to child-directed 113 speech (CDS). The authors found that children were exposed to CDS for 11.36 min per hour, 114 on average, with a standard deviation over a third of the mean (SD = 4.24 min). Studies of 115 caregiver-child interactions in different sociocultural contexts, such as subsistence farming 116 communities, have found that, children were exposed to far less speech, on average, than in 117 other communities; however, there was still substantial variability among families (Bunce et 118 al., 2020; Casillas et al., 2019, 2021; Shneidman & Goldin-Meadow, 2012; Yuksel & Brooks, 119 2017). Other studies have specifically examined caregivers' use of nouns in verbal labels and noted variability among caregivers in multiple languages, including English, Italian, French, 121 Spanish, Turkish, Mandarin, and Korean (Altınkamış, Kern, & Sofu, 2014; Bergelson et al., 122 2019; S. Choi, 2000; Rosemberg et al., 2020; Tardif, Shatz, & Naigles, 1997). 123

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 (Rowe, Wei, & Salo, 2022), 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, Özçalışkan, and Goldin-Meadow (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 137 linked to child language outcomes. In some studies, language samples are used to capture 138 variation in the frequency of young children's production of recognizable words during 139 interactions with their caregiver (Huttenlocher et al., 1991). In older school-age children, 140 researchers have also reported links between frequency of caregiver verbal engagement and 141 children's scores on standardized tests of language, such as vocabulary (Gilkerson et al., 142 2018). When children are infants and toddlers, many studies rely on parent-reports 143 assessments of children's vocabulary size, such as the MacArthur-Bates Communicative 144 Developmental Inventories (CDI, Fenson et al., 2007), which ask parents to indicate which 145 words their child "understands and says" from among several hundred words on a checklist 146 (e.g., Weisleder & Fernald, 2013). Still other studies have explored links between caregivers' 147 verbal behaviors and children's performance in tasks that capture skill at processing 148 language in real time, such as the Looking-While-Listening task (Fernald, Zangl, Portillo, & 149 Marchman, 2008). For example, in a sample of 27 Spanish-speaking caregiver-child dyads, 150 Hurtado, Marchman, and Fernald (2008) reported that children who experienced more 151 speech from their caregivers during a lab-based play session were reported both to know more words on the CDI and were more efficient at recognizing spoken words in real time. Weisleder and Fernald (2013) reported similar findings based on estimates of caregivers' child-directed word counts during day-long recordings. In both studies, mediation models 155 explored possible pathways among caregiver talk, vocabulary size, and processing efficiency. 156 Results suggested that frequent engagement with caregivers may be "tuning up" children's 157

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 160 also been reported (Iverson et al., 1999; Pan et al., 2005; Rowe, 2008). Rowe and 161 Goldin-Meadow (2009) examined socioeconomically-diverse caregivers and children in the 162 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 children's gesture use. In particular, caregivers' use of deictic gestures, such as pointing, has been viewed as a potential means of influencing children's own use of deictic gestures, an 168 important prelinguistic skill (Goodwyn, Acredolo, & Brown, 2000; Matthews, Behne, Lieven, 169 & Tomasello, 2012; Rowe, 2000; Rowe & Leech, 2019). Other studies propose that caregivers' 170 use of deictic gestures can support word learning by bringing attention to an object and 171 reducing spatial ambiguity, thus allowing children to attend more effectively to the referent 172 and/or the auditory signal (Iverson et al., 1999; Puccini et al., 2010; Rowe, 2000; Tfouni & 173 Klatzky, 1983; Yuksel & Brooks, 2017; Zukow-Goldring, 1996). 174

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
together in real time (Iverson et al., 1999; Pan et al., 2005; Puccini et al., 2010; Rowe &
Goldin-Meadow, 2009; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017; Zukow-Goldring,

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

How caregivers combine labels and gestures in real time has been widely discussed in 196 the experimental literature on early word learning (Gogate, Bahrick, & Watson, 2000; 197 Tincoff, Seidl, Buckley, Wojcik, & Cristia, 2019; Villiers Rader & Zukow-Goldring, 2012; 198 Zukow-Goldring, 1996). For example, Kalagher and Yu (2006) found that novel word 199 learning was more successful when caregivers introduced words while narrating a story and 200 pointing to the objects than when narrating a story without pointing. Gogate et al. (2000) 201 examined European American and Hispanic American families residing in a major 202 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 infants, were those who were more likely to synchronize labels with object motion. These findings suggest that caregivers are sensitive to children's level of language skills when using 207 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 210 interactions with their 18-month-old children. We coded the frequency and duration of caregivers' referential labels to objects and referential gestures to objects. At 25 months, 212 children's language skills were assessed using an on-line language processing task and 213 caregiver reports of productive vocabulary size. Bayesian methods were used to construct 214 different models of the frequency of caregivers' use of labels, gestures, and both in 215 combination, as predictors of child outcomes. We predicted that if children's later language 216 abilities are best predicted by the frequency of caregivers' use of labels or gestures taken 217 independently, this would suggest a primary role for learning based on either modality. 218 However, if language learning is supported more by the frequency of caregivers' use of 219 reference across verbal and nonverbal modalities, then one or more models including both 220 labels and gestures would be stronger predictors of our measures of language outcomes 221 (Cartmill et al., 2013). We also included a model capturing the total number of words 222 spoken by caregivers to explore the specificity of caregivers' use of referential labels, in 223 contrast to overall talkativeness. By comparing these models, we asked what is the smallest 224 set of caregiver's communicative behaviors that best predicts children's language outcomes at 225 25 months. 226

227 Methods

228 Participants

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Participants were 42 primarily Spanish-speaking children¹ (42 females) and their caregivers who were participating in a longitudinal study examining language development in

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 = 42 because at the time of analysis there were no more available families to include in the study.

Table 1

Participant age and SES.

	М	SD	Range	
Age (pre-test)	18.54	0.84	17.1 - 19.8	
Age (post-test)	25.46	0.68	24.2 - 26.8	
SES (pre-test)	26.44	11.82	8 - 62	

Note. SES was calculated based on the Hollingshead Index.

primarily monolingual Spanish-speaking families in the US. Families were recruited from 231 birth records or community contacts in Northern California and were excluded if the child 232 was born preterm, had a known neurodevelopmental disorder, or loss of hearing or vision. As 233 shown in Table 1, children were approximately 18 months at the start of the study and 234 approximately 25 months when we assessed language processing speed and vocabulary size. 235 We calculated SES using the Hollingshead Index, which reflects education and occupation for 236 both mothers and fathers. SES was included as a covariate based on prior studies (Daneri, 237 Blair, & Kuhn, 2018; Hoff, 2003; Huttenlocher, Waterfall, Vasilyeva, Vevea, & Hedges, 2010), 238 to examine the unique role of caregiver behaviors on children's language skills over and 239 above potential confounding variables. 240

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).

Procedure 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 using 248 a standard set of toys (e.g., plates, pretend food, cutlery, pots, doll) for approximately 5 min. 249 During the session, the child wore a LENA recorder placed inside a specially-designed vest to 250 capture the adult speech spoken during the play session (Marchman, Weisleder, Hurtado, & 251 Fernald, 2021). At 18 and 25 months, children participated in the Looking-While-Listening 252 task to assess spoken language understanding (Fernald et al., 2008). At both time points, 253 caregivers completed parent-report assessments of their child's productive vocabulary size 254 (Jackson-Maldonado, Thal, & Fenson, 2003). 255

256 Measures

Coding of caregiver referential gestures and labels. A native Spanish-speaker 257 using ELAN (version 5.0, Wittenburg, Brugman, Russel, Klassmann, & Sloetjes, 2006) coded 258 all caregivers' referential gestures and labels from the video recordings of the play sessions. 259 Gestures were coded first without audio. Referential gestures were defined as those gestures 260 used to attract infants' attention to the toys or other objects in the environment. Gestures 261 included holding out objects/giving, pointing, descriptive or iconic gestures (e.g., making a 262 chopping motion with their hand), and touching with an open hand. Physically playing with 263 toys was not included as a gesture (e.g., holding the knife and pretending to cut vegetables 264 in front of the child). A standardized protocol used to define the onset and offset of each 265 gesture is available in our full codebook (https://osf.io/xqpsy/). Frequency of gestures was 266 derived for each caregiver, and the onset and offset of gestures were used for our overlap 267 measure below. 268

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.,

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

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 over the 5-min observation window. These examples illustrate variation among caregivers in the overall frequency of labels and gestures, as well as variation in the number of overlapping labels and gestures.

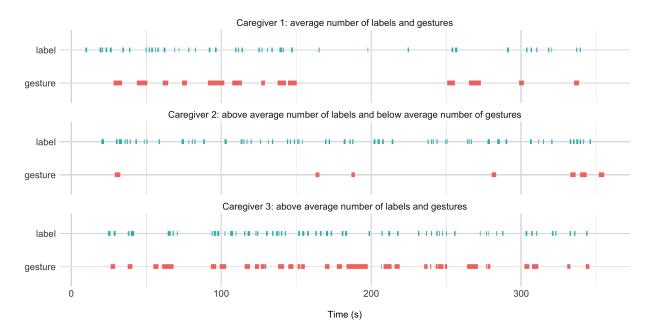


Figure 1. Examples from three participants chosen to illustrate the variability in frequency and duration of label and gesture use. Ticks represent each instance and the size depicts the duration. Caregiver 1 provided an average number of labels and gestures, Caregiver 2 provided an above average number 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 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 295 Looking-While-Listening task (LWL, Fernald et al., 2008). In this task, the child sits on 296 their caregiver's lap while viewing pictures of two familiar objects on a screen. After 2 sec, a 297 voice of a female, native-Spanish speaker names one of the objects (e.g., "¿Dónde está el 298 perro?", Where's the doggy?), followed by an attention-getter phrase (e.g., "¿Te gustan las 290 fotos?, Do you like the pictures?). On each trial, the pictures were presented in fixed pairs, 300 matched for salience, and the target words were matched in grammatical gender. At 18 301 months, auditory stimuli consisted of eight familiar words presented 6 times each as target 302 and distracter. At 25 months, auditory stimuli consisted of twelve familiar words presented 4 303 times each as target and distracter. Each word in the pair served an equal number of times 304 as target and distracter, for a total of 48 trials, with target picture counterbalanced across side across trials.

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 311 video-recordings of the testing sessions were prescreened to exclude trials when the child was 312 inattentive or if there was any concern that the caregiver was biasing the child. Based on 313 which picture the child was fixated at target noun onset, trials were defined as distracter or 314 target initial. Trials on which the child was not looking at either picture at target noun 315 onset were not analyzed. Trials were also later removed on a child-by-child basis if the 316 parent reported that the child did not know the target word. Due to calibration failures or 317 experimental error, some portion of the sessions (11/42, 26%) were hand-coded by trained 318 coders following standard protocols (Fernald et al., 2008). Processing speed was calculated 319 on all distracter-initial trials as the mean reaction time (RT) in milliseconds to shift from the 320 distracter to the target picture measured from the onset of the target noun. Trials were 321 excluded if shifts were faster than 300 ms or slower than 1800 ms from target noun onset, since these shifts are not likely to be in response to the target word. Given that children 323 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 325 computation of RT (range = 2 - 21). 326

Vocabulary size. Children's vocabulary size in Spanish was assessed at each time 327 point by parent report with the MacArthur-Bates Inventarios del Desarollo de Habilidades 328 Communicativas (CDI, Jackson-Maldonado et al., 2003). These instruments ask parents to 329 indicate what words their child can "understand and say" from a list of hundreds of items. 330 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 332 parents completed Inventario I, scores were converted to proportions based on the number of 333 items on the Inventario II form. At 25 months, all parents completed Inventario II. 334 Vocabulary size was the number of words chosen (680 words maximum). Due to missing 335 data, 37 families are included for analyses with the CDI. 336

37 Analysis Strategy

We first present descriptive statistics of all variables at 18 and 25 months. We then 338 present a series of Bayesian model comparisons that allowed direct comparisons of 339 non-nested models to examine the predictive roles of labels, gestures, or their combination 340 (i.e., overlaps), on child outcomes (Donnellan, Bannard, McGillion, Slocombe, & Matthews, 341 2020; Mahr & Edwards, 2018). This approach contrasts with prior studies that seek to 342 isolate unique contributions of caregivers' verbal behaviors or gestures to outcomes using 343 nested hierarchical regression (Iverson et al., 1999; Pan et al., 2005). We compared seven 344 independent models, each representing a different hypothesis about how caregivers' 345 communicative behaviors contribute to children's language processing speed and vocabulary 346 size at 25 months. These models assessed the independent contributions of labels and gestures, the conditional relation between labels and gestures, as well as the overlapping use 348 of labels and gestures (overlap). We also tested a model including AWC, to rule out the 349 effects of caregiver talkativeness. All models controlled for SES and 18-month vocabulary size and processing speed as appropriate, depending on the model. By including 18-month language skills, we can ask the more specific question of which input variable(s) best predict gains in language processing or vocabulary size over and above SES and children's earlier 353 language skills. 354

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 (7) dv ~

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.

covariates is the baseline model. If a model performs at or worse than the baseline, its
predictor(s) do not contribute to predicting gains in processing or vocabulary over and above
the covariates.

All models were fit in a Bayesian framework as linear models in R (Team, 2021) via the 363 function brm from the R-package brms (Bürkner, 2017) using default priors for all model 364 parameters. All caregiver behavior variables were scaled to have a mean of 0 and a standard 365 deviation of 1. Following McElreath (2020), we compared models using WAIC (widely 366 applicable information criterion) scores and weights, an indicator of the model's predictive 367 accuracy for out-of-sample data; models with lower scores are preferred. Roughly speaking, 368 WAIC scores reflect the model's predictive accuracy with a penalty for the number of 369 effective parameters. As such, model comparisons favor simpler models and thereby guard 370 against overfitting. WAIC weights are an estimate of the probability that each model 371 (compared to all models considered) will make the best predictions on new data. We next 372 inspected the posterior distributions of the model predictors in the best models via their 373 means and 95% credible intervals (CI) to inform the nature (positive or negative) and 374 strength of the influence of the respective caregiver engagement variable on the dependent 375 variable.

Results

378 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 = 16.05, M = 16.05,

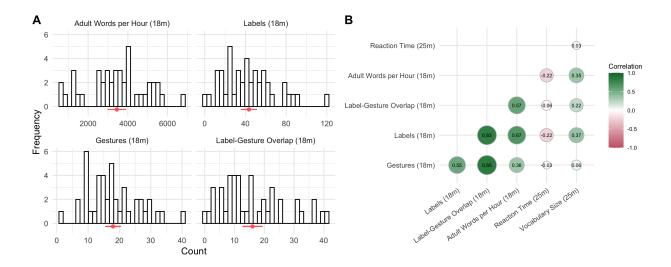


Figure 2. A) Descriptive distribution of independent variables with mean and 95% CI (in red), B) Zero-order correlations between dependent variables and input variables. Circle size and color intensity increase with the absolute magnitude of correlation.

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

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.

Spanish language processing

Table 2 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 months was

Table 2

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

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 401 labels to be negative ($\beta = -39.96$) and largely different from 0 (95% credible interval (CrI) = 402 -91.91 - 12.11). This speaks for a positive relation: the more labels the caregiver used at 18 403 months, the more the child improved in their reaction time from 18 to 25 months. However, 404 the fact that the 95% CrI included zero, cautions against an overly strong interpretation. A 405 similar pattern was found when investigating the estimate for adult word count in the respective model: more adult talk was related to gains in reaction time – with considerable uncertainty ($\beta = -27.88, 95\%$ CrI = -80.57 - 25.19). The effect of SES was also similar. Children from families higher in SES tended to have greater developmental gains in reaction time, however, this effect was weak in magnitude ($\beta = -27.67, 95\%$ CrI = -79.96 - 24.31). 410 Finally, children with a slower reaction time at 18 months were also slower at 25 months (β 411 = 52.69, 95% CrI = 0.12 - 105.42). Figure A-ii shows the observed vs. predicted values from the model with labels as the test predictor.

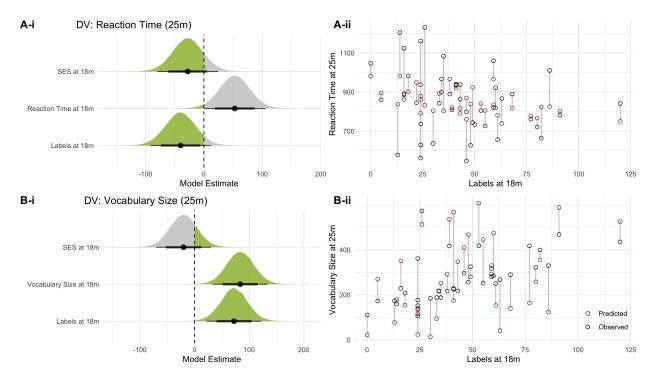


Figure 3. Left: Posterior distributions for model estimates, right: model predictions. On the left, the green area denotes the section of the distribution that is supportive (i.e. faster reaction time and larger vocabulary). Points below each distribution show means, and error bars show 80% (thick) and 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

Table 3 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.

Table 3

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

As shown in Figure 3B-i, the posterior distribution for the model estimate for labels was positive, large and reliably different from 0 (β = 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 (β = -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 (β = 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.

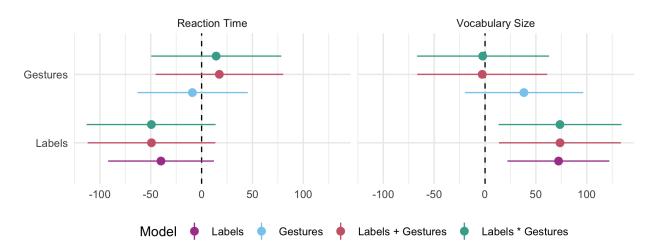


Figure 4. Comparing estimates for labels and gestures across models. Points show means of the posterior distribution (95% CrIs) for the estimates. Estimates were extracted from all models that included one or both of the predictors.

441 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), 455 reflecting an r2 of 45% shared variance and demonstrating a strong relation between these 456 measures. However, while both measures of talk predicted reaction time, only caregivers' use 457 of labels better predicted both outcomes of children's language processing and their 458 vocabulary size. One possibility is that the frequency of caregiver labels is more closely 459 linked to children's understanding of word meaning, which is reflected in outcome measures 460 of both language processing and vocabulary size. Labels themselves are symbols that refer to 461 the objects, ideas, or events they represent (Acredolo & Goodwyn, 1988; Bates, Thal, 462 Whitesell, Fenson, & Oakes, 1989; Colonnesi, Stams, Koster, & Noom, 2010), and both the 463 mapping of a label to a referent and the learning of a label for a referent are directly assessed 464 in both of our outcome measures. Language processing speed reflects children's ability to 465 map a spoken object name in real time onto one of two familiar pictures, assessed only on trials when the child demonstrates a clear shift from the distracter to the target 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 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 concepts. 471 Therefore, variation among caregivers in the frequency of specific use of referential labels may

provide a closer link to individual differences in children's linguistic knowledge about objects 473 or events. While caregivers' use of total words use may help 'tune' up children's language 474 processing speed, and provide children with the practice of hearing language, caregivers' use 475 of labels, in particular, specifically provides the linguistic information that enables early 476 word learning. These results suggest that during early stages of language learning, repeated 477 and varied exposure to labels embedded within day-to-day conversations may help children 478 associate, prune, and strengthen these links (McMurray et al., 2012), quickly process how 470 labels map onto objects in real time (Fernald, Perfors, & Marchman, 2006), and build a 480 vocabulary that reflects their understanding about the world (Weisleder & Fernald, 2013). 481

482 Why are labels more predictive than gestures?

Caregivers who used more referential labels were those who used more referential 483 gestures, (r = .55; Figure 2B). The strength of this association is within expectations based 484 on prior studies of children across a broad age range (i.e., 8 to 36 months), in spite of slightly 485 different operationalizations of total words, labels, and gestures (e.g., Pan et al., 2005: rs =486 .35 - .54; Rowe, 2000: r = .58; Rowe & Goldin-Meadow, 2009: r = .67; Salo et al., 2019: r = .67487 .30; Salomo & Liszkowski, 2013: r = .63). However, we did not find support for our 488 hypothesis that an underlying shared characteristic of caregivers' communicative reference 489 across referential labels and gestures was predictive of children's language skills (Rowe, 2000; 490 Rowe et al., 2008). Instead, it was the frequency in caregivers' use of labels that best 491 predicted later language outcomes. Rather than the shared referential function that both 492 labels and gestures serve, there is information in the linguistic signal specifically associated 493 with label use that supports children's later vocabulary outcomes. 494

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 502 influential role in children's language learning. In exploratory analyses, we found that 503 caregivers' use of referential gestures predicted vocabulary growth when included as the only 504 test predictor, although not in combination with labels. These links are in line with those of 505 prior studies showing that variation in caregiver gestures or nonverbal behaviors predicted 506 children's later vocabulary, although those studies differed in whether or not they controlled 507 for children's earlier language skills (Cartmill et al., 2013; Rowe & Goldin-Meadow, 2009). 508 By directly contrasting the use of referential labels and gestures in the same context, our 500 study demonstrated that knowing the number of referential gestures did not improve our 510 predictions for growth in children's language processing or vocabulary size, if the number of 511 labels was already known (Iverson et al., 1999; Pan et al., 2005). 512

It is also possible that caregivers' use of referential labels and gestures are of different 513 importance at different phases of children's communicative development. Children in our 514 study were 17 to 19 months old, whereas prior studies linking caregivers' gesture use to later 515 outcomes examined gestures when children were around 14 to 16 months old (Iverson et al., 516 1999; Pan et al., 2005; Rowe & Goldin-Meadow, 2009). At earlier ages more children are in 517 an early pre-linguistic stage, and thus may benefit more from the support for learning 518 provided by caregivers' use of referential gestures. Children who produce more gestures early 519 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 gestures and short-term language outcomes (Rowe & Leech, 2019), an effect that is less evident as children become more linguistically advanced. It is also important to note that the current 523 study focused specifically on referential gestures, whereas prior work has considered a larger 524 set of caregivers' communicative behaviors, including symbolic gestures (e.g., cutting motion 525

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.

2 Limitations

While our results shed light on which specific features of caregiver communicative 533 behaviors may be important for language learning, we are unable to establish definitively the 534 direction of any causal link between caregivers' verbal behaviors and children's language 535 skills. Though we included a covariate of children's initial language skills on the respective 536 outcome measure to assess caregivers' contribution to children's growth in language skills, we 537 cannot rule out the possibility that caregivers who use more labels do so because their 538 children are more verbal. Correlational links represent average effects, with much still left 530 unexplained (Bailey, Duncan, Watts, Clements, & Sarama, 2018). Rather than a causal 540 pathway of caregivers influencing children, correlations may represent relatively stable 541 individual differences among children and families with shared genes and/or environments. Correlations may also be attributable to individual differences in children's propensity or 543 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 mixed. Ongoing research should continue to explore the effectiveness of such interventions for children's short- and long-term outcomes, as well as potential moderators that influence 550 which families are likely to benefit the most (Rowe & Leech, 2019). 551

Moreover, the potential for short- or long-term causal impacts of caregivers' verbal or 552 nonverbal behaviors for children's language outcomes should be considered within the 553 context of broader socioeconomic and political systems that underlie families' day-to-day 554 experiences (Rowe & Weisleder, 2020). This work examined caregiver behaviors in a 555 lab-based interaction, which may be consistent with caregivers' densest periods of 556 interactions in the home; however, testing children in a lab still differs from the ebb and flow 557 of interactions over the course of a day, when children may engage with multiple individuals 558 (Bergelson, Amatuni, Dailey, Koorathota, & Tor, 2019; Reynolds, Vernon-Feagans, 559 Bratsch-Hines, Baker, & Investigators, 2019). Our study also included children with typical 560 development from one unique cultural context, primarily Spanish-speaking families raising 561 their children in an English-dominant community in the United States. More work is needed 562 to understand if these links are seen in comparative studies across cultures, languages, and in populations which include neurodiverse children (Bang, Adiao, Marchman, and Feldman (2019); B. Choi, Shah, Rowe, Nelson, and Tager-Flusberg (2020); Salomo and Liszkowski (2013). Across contexts, children and parenting practices may vary widely (Rowe & Weisleder, 2020), likely influencing how frequently children are exposed to labels and 567 gestures during direct engagement with caregivers. There is still much to understand for 568 what processes may be shared, but also what may very well be different pathways that 569 support language acquisition in different populations. 570

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 form of reference.

Contrary to our predictions, we found that the frequency of caregivers' use of referential 578 labels when communicating with children at 18 months, but less so their frequency of labels 579 and gestures in combination, best predicted growth in children's language processing and 580 vocabulary skills at 25 months. Caregivers' overall talkativeness was also associated with 581 children's later processing speed, suggesting that overall experience with language supports 582 skill in real-time language comprehension. However, later vocabulary development was best 583 predicted by caregivers' use of labels, more strongly than overall talkativeness, suggesting 584 that it is the use of labels, per se, that provides important cues to vocabulary learning. 585 Taken together, these findings reveal that specific properties of caregiver verbal engagement 586 may support different aspects of language learning, providing important insights into the 587 pathways through which caregiver 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:
- https://github.com/manuelbohn/SocPop