

1 **Does phonetic repertoire in minimally verbal autistic preschoolers predict the severity**
2 **of later expressive language impairment?**

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4

5 **ABSTRACT**

6

7 Trajectories of expressive language development are highly heterogeneous in autism
8 (Boucher, 2012). Yoder, Watson and Lambert (2015) found that parental responsiveness,
9 child response to joint attention, child communicative intent and consonant inventory were
10 unique predictors of expressive language growth in minimally verbal preschoolers 16 months
11 later (n=87). This study applied these predictors to an independent sample, over a 12-month
12 period (n=27). A broader measure of phonetic repertoire, combining reported, elicited and
13 observed speech sounds, was included to further understand the contribution of speech
14 production skills. Expressive language growth was highly variable: 65% remained minimally
15 verbal at mean age 5;2, while 7% gained over 340 words. Contrary to expectations,
16 communicative intent, parent responsiveness and response to joint attention were not found
17 to predict expressive language growth or outcome. In contrast, both consonant inventory and
18 phonetic repertoire were significant predictors (adjusted R squared =.30 and .43). These
19 results underscore the contribution of speech production abilities to expressive language
20 development in this population, which may reflect an additional deficit rather than a
21 consequence of core autism symptoms. Future work should include those with the most
22 persistently limited expressive language, so that findings can be generalised and additional
23 barriers to communication identified and addressed.

24

1. INTRODUCTION

2

3 Along with repetitive behaviours and restricted interests, limitations in verbal and non-verbal
4 communication are part of the diagnostic criteria for autism spectrum disorder (ASD), however
5 only pragmatic language difficulties are considered a unifying ‘core’ feature (Lord & Paul,
6 1997). In contrast, trajectories of structural language development (phonology, lexicon,
7 syntax) are highly heterogeneous in autism (Boucher, 2012). Trajectories show greatest
8 variability prior to age six (Pickles, Anderson & Lord, 2014), though development of functional
9 speech by age five is one of the strongest predictors of positive outcome in adulthood (Howlin,
10 2005). Therefore, identifying early risk and protective factors for expressive language is
11 important for identifying intervention targets and understanding individual differences in
12 language outcome.

13

14 Research has belatedly begun to focus on the estimated 25% of autistic individuals¹ who
15 remain minimally verbal beyond school age (Lord, Risi & Pickles, 2004; Norrelgen et al.,
16 2014). ‘Minimally verbal’ describes those with very limited “useful” speech (i.e. speech used
17 in a frequent, communicative, non-imitative and referential way, Yoder & Stone, 2006). Tager-
18 Flusberg et al. (2009) depicts a ‘pre-verbal’ phase of language development and multi-
19 dimensional criteria to define the transition to the ‘first words’ phase. Kasari, Brady, Lord and
20 Tager-Flusberg (2013) suggest that for research purposes the definition of minimally verbal
21 should be a vocabulary size of 20 words or fewer, and this definition has been used in previous
22 longitudinal investigation by Yoder et al. (2015).

23

24 Several prospective and retrospective studies have evaluated the contribution of empirically
25 tested and theoretically motivated predictive variables to early expressive language growth in

¹ In this article, we use identity-first language (e.g. “autistic individual”) rather than person-first language (e.g. “individual with autism”), as this has been highlighted as the preference of the majority autistic individuals and their families (Kenny, Hattersley, Molins, Buckley, Povey & Pellicano, 2016).

1 autistic children. Expressive language is either a continuous outcome variable (e.g.
2 vocabulary size) or a categorical one (e.g. acquisition of phrase speech). One type of
3 prospective study tracks infants from an early age, who have higher than usual chance of
4 receiving an autism diagnosis, due to having an autistic sibling. This method has the
5 advantage of exploring prodromal development, however it can result in cohorts with very
6 diverse diagnostic profiles and expressive language skills. Another prospective approach is to
7 establish a more homogenous cohort of young children, who meet autism diagnosis and
8 minimal language criteria (e.g. Yoder et al., 2015). If one is particularly interested in what
9 drives and sustains expressive language difficulties for certain children, it is important to
10 establish a relevant and homogenous cohort, recognizing that predictors may vary in influence
11 according to a child's age and stage of development.

12

13 It is likely that a variety of early observable factors, both child-related and environmental, feed
14 into language abilities in autism in an interactive fashion during the course of development.
15 Positive correlations have been found between later expressive language and earlier attention
16 to speech, joint attention, receptive language, communicative intent, imitative and non-
17 imitative motor skills, play skills, speech production abilities as well as various features of the
18 input (Yoder et al. 2015).

19

20 A common problem in longitudinal studies of language is that many of the putative predictors
21 are highly inter-correlated, making it difficult to isolate causal mechanisms. In a bid to address
22 this, Yoder et al. (2015) undertook a 16-month longitudinal study to isolate value-added
23 predictors of expressive language growth in minimally verbal autistic preschoolers (mean age
24 2;11, n=87). The approach tested nine predictors, identified from the literature as well as two
25 background variables (autism symptom severity and cognitive impairment). Value-added
26 means the correlation between predictors is taken into account during model selection.
27 Predictors retained in the model were parental responsiveness, child response to joint
28 attention, child communicative intent, and consonant inventory.

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The rationale for a causal role for the first three of these predictors has been extensively explored and due to their perceived ‘malleability’, they have been included as core developmental targets in early interventions (e.g. Green et al., 2010, Carter, Messinger, Stone, Celimli, Nahmias & Yoder, 2011, Kasari et al. 2014).

Less is known about the role or malleability of consonant inventory, which indexes speech production ability. Pre-verbal speech skills predict later expressive language in typical development (McGillion et al., 2017). A growing literature also suggests that early vocal development difficulties may strongly impact spoken language development in autism. Young autistic children make fewer speech-like vocalizations relative to typically developing peers (Warlaumont & Oller, 2014; Plumb & Wetherby, 2013). Investigations of infant siblings of autistic children (who have a higher chance of obtaining an autism diagnosis), also indicate early differences in vocalization rate and quality (Paul, Fuerst, Ramsay, Chawarska & Klin, 2011; Chenausky, Nelson & Tager-Flusberg, 2017; Patten, Belardi, Baranek, Watson, Labban & Oller, 2014). A recent meta-analysis concluded that pre-verbal vocalizations are correlated with concurrent and later expressive language in young autistic children (weighted effect size of $r=.50$, McDaniel, Ambrose & Yoder, 2017).

The reasons behind limited vocal development in some autistic individuals are yet to be fully elucidated. The speech attunement theory (Paul, Campbell, Gilbert & Tsiouri, 2013) suggests that it is the failure to attend to others’ verbal output (“tune in”), combined with limited motivation to interact and thus practice their own speech production (“tune up”), that results in some autistic children’s poor expressive language development. This view links expressive language development to core autism features rather than a speech-specific difficulty. Empirical evidence for this theory comprises studies which show that although vocal development is often delayed in autism, phonetic development is in line with overall language development and does not follow an atypical trajectory (e.g. Shriberg, Paul, Black & Van

1 Santen, 2011). However, Shriberg et al. (2011) selected a sample that would not include the
2 most severely speech impaired children (fluent language production and mental age above
3 4), making it difficult to generalize these findings across the autism spectrum.

4
5 Another hypothesis is that reduced consonant inventory reflects the presence of a speech-
6 motor comorbidity, which would constitute an additional barrier to developing expressive
7 verbal language. Motor and imitation problems have been observed to occur early in autism
8 (e.g. Zwaigenbaum et al., 2013). Early motor skills and later communication abilities have
9 been linked in prospective (Bhat, Galloway & Landa, 2012; LeBarton & Landa, 2019) and
10 retrospective studies (Mody et al., 2017). Gernsbacher, Sauer, Geye, Schweigert and Hill
11 Goldsmith (2008) found a significant relationship between infant and toddler oral and manual
12 imitation skills and later language outcome in autism. Stone, Ousley and Littleford (1997)
13 found that not only were autistic toddlers more impaired in the ability to imitate body
14 movements than developmentally matched clinical controls, but this skill predicted speech
15 development 14 months later. Pecukonis, Plesa Skwerer, Eggleston, Meyer and Tager-
16 Flusberg (2019) found manual imitation skills predicted concurrent expressive language in
17 minimally verbal autistic children and adolescents (n=37), whilst play and joint attention skills
18 were not significant predictors.

19
20 A more specific oral motor dysfunction could contribute to speech delays in some autistic
21 children (Adams, 1998). Belmonte et al. (2013) described a subset of autistic children whose
22 receptive language outpaced their expressive skills, and these same children also had marked
23 initial and ongoing oro-motor difficulties. Tierney, Mayes, Lohs, Black, Gisin and Veglia (2015)
24 observed high comorbidity of autism and apraxia in a clinical sample (of 11 autistic individuals,
25 7 also met criteria for apraxia of speech). Smith, Mirenda and Zaidman-Zait (2007) found
26 verbal imitation ability (scored simply as present or absent) significantly predicted later
27 language milestones.

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1 Further study is warranted to investigate the role of early speech production abilities in
2 expressive language development. Speech production abilities are typically indexed by a
3 consonant inventory taken from a communication sample, but this method may not be
4 appropriate across the spectrum of verbal ability. When a skill is emerging, it is advantageous
5 to incorporate various sources of reporting (observation, parent report, experimental
6 measures, Broome, McCabe, Docking & Doble, 2017). If a child does not enjoy interacting
7 with experimenter, the consonant inventory may underestimate the child's true competencies.
8 Consonant inventories from brief samples may also be unreliable (Van Severen, Van Den
9 Berg, Molemans & Gillis, 2012). Thus, a parent reported measure of communicative sound
10 production may be helpful. Given previous findings regarding predictive value of
11 presence/absence of verbal imitation, a measure that includes elicited sounds could also
12 facilitate a fuller picture of a child's speech skills. Combining these approaches in a composite
13 would aim to reduce error by measuring speech skills from multiple angles.

14

15 Auditory processing and speech perception difficulties may also be atypical in autism and
16 could be another source of variance in language outcomes (Boucher, 2012; Haesen, Boets &
17 Wagemans, 2011; Kujala, Lepistö & Näätänen, 2013). This hypothesis is difficult to test in
18 young minimally verbal autistic children, however several studies have done so using event-
19 related potentials mismatch paradigms. Key, Yoder & Stone (2016) compared event-related
20 potentials of age-matched autistic (n=24) and typically developing children (n=18). They found
21 reduced consonant differentiation in the autistic group, which was correlated with degree of
22 discrepancy between verbal and non-verbal skills. Matsuzaki et al. (2019) used an oddball
23 paradigm with vowel stimuli to examine mismatch fields in 84 typically developing and autistic
24 children, some of whom (n=9) were minimally verbal. Degree of delayed auditory
25 discrimination correlated with language skills.

26

1 The current study aims to apply Yoder et al.'s (2015) findings to an independent sample over
2 a 12-month period, and to further explore the possible link between speech production abilities
3 and later language development in a group of minimally verbal autistic preschoolers.
4 Specifically, we compare the predictive power of a multi-faceted speech skills composite and
5 a novel alphabet knowledge measure, with that of consonant inventory alone. We use the
6 value-added predictors identified by Yoder et al. (2015) as a starting point, rather than seeking
7 to re-evaluate their value-added nature.

8

1 2. METHODS

2

3 A longitudinal correlational design was used to evaluate early predictors of later expressive
4 language growth in a group of minimally verbal autistic preschoolers. The experiment design,
5 hypotheses and analysis plan were pre-registered prior to data collection on [https://](https://osf.io/x2wcg/files)
6 <https://osf.io/x2wcg/files>. The pre-registered protocol was followed except where specified
7 below.

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10 Participants

11 Recruitment took place over a 7-month period. Twelve children were recruited via social
12 media, referrals from independent professionals, specialist nurseries and units. A further 20
13 participants were recruited via the ASD-UK research database, an agency who help recruit
14 autistic participants for research projects in the UK (<http://www.asd-uk.org>).

15 Ethical approval was obtained from the UCL Research Ethics Committee (Project ID
16 9733/001) and informed written consent was sought from parents on behalf of each
17 participant.

18 The flow chart in Figure 1 demonstrates how the sample of 27 participants was reached from
19 initial enquiries from 52 families.

20 *[Insert Figure 1.]*

21 Participants were aged 2-5 years at intake, had a confirmed diagnosis of ASD and presented
22 at Time 1 as minimally verbal, defined here as fewer than 24 spoken words as reported by
23 parents. Four participants displayed significantly more words and phrases at Time 1 (both
24 observed and by parent report) and were thus excluded from the main analysis. A further

1 participant was excluded from analysis due to providing dependent variable data for only 1
2 time-point. The following exclusions were also applied: epilepsy; known neurological, genetic,
3 visual or hearing problems; English as an Additional Language.

4 Our original protocol stated that we would include participants with fewer than 20 spoken
5 words by parent report, which is in line with Kasari et al. (2013) and Yoder et al. (2015).
6 However, this criterion was expanded to 24 words in order to include three participants with
7 21, 22 and 23 reported words respectively, in order to maximize sample size. Each of these
8 'borderline' children also only uttered up to 5 different words during the 20 minute CSBS
9 language sample, which provided an additional check on expressive language status and is
10 consistent with participant language use in Yoder et al. (2015). These 'borderline' children
11 would still qualify as having a small repertoire of words and phrases (Kasari et al., 2013) and
12 meet the definition of preverbal language stage (Tager-Flusberg et al., 2009).

13 At Time 1 our final sample thus comprised 27 children (male: 21, female: 6), who were aged
14 between 35 and 62 months (mean=50, sd=7.6). This is approximately 15 months older than
15 the Yoder et al. (2015) sample, who were aged 20 to 47 months (mean=35, SD=7). This is an
16 unintended consequence of the difficulties recruiting this sample in the UK context: our original
17 protocol targeted 40 participants, aged 24 to 48 months.

18

19 Parents reported 24 participants to be White, one to be Black, one to be Asian and one to be
20 Mixed Race. The formal education levels of the primary caregivers were distributed as follows:
21 11 completed high school, eight completed university education and eight completed post-
22 graduate studies or equivalent. Additional descriptive information on participants is provided
23 in Table 2.

24

25 Variables

1 Variables were divided into background variables, predictor variables and a dependent
 2 variable, as shown in Table 1. The background variables merely serve to characterize the
 3 sample and were not entered into the statistical model. Further description of data
 4 transformation criteria is set out below.

5 **Table 1**
 6 *Variables*

| | Time | Measure | Procedure | Transformation |
|-----------------------------|-------------|-----------------------------|---|-----------------------|
| Background Variables | 1 | Autism Symptom Severity | CARS (Schopler, Reichler & Renner, 1988) raw score | N/A |
| | 2 | NVIQ | Visual Reception and Fine Motor subtests of Mullen Scales of Early Learning (Mullen, 1995) transformed into Developmental Quotient (age in months/ developmental age in months) | N/A |
| | 1 | Receptive Language | Oxford CDI words understood (Hamilton, Plunkett & Schafer, 2000) raw score | N/A |
| Predictor variables | 1 | Intentional communication | Number of communicative acts across all pragmatic functions during communication temptations sub-section of CSBS (Wetherby & Prizant, 2002) converted to a rate due to differing sample lengths (Cohen & Cohen, 1984) | N/A |
| | | Response to Joint attention | 6 presses modified from ESCS (Mundy, Delgado, Block, Venezia, Hogan & Seibert, 2003) proportion correct | Square root |
| | | Parent responsiveness | Parent input derived from recorded naturalistic interaction at Time 1 (coded for % of contingent linguistic responses following child lead) | N/A |

| | | | | |
|---------------------------|-----------|----------------------------|--|-------------|
| | | Consonant inventory | CSBS Scale 11 (Wetherby & Prizant, 2002) raw score | Square root |
| | | Phonetic repertoire | Composite comprising Elicited Phonemes, Reported Phonemes and Observed Phoneme inventory | Square root |
| | | Alphabet and phonics score | Percentage of correct trials | Square root |
| Dependent Variable | 1,2,3 & 4 | Expressive language | Oxford CDI words spoken (Hamilton, Plunkett & Schafer, 2000) raw score | Log10 |

1 *Note: CARS: Childhood Autism Rating Scales; CDI: Communicative Development Inventory; CSBS:*
2 *Communication and symbolic behavior scales; ESCS: Early Social Communication Scales; Time 1, 2, 3 and 4*
3 *separated by 4 months (mean =4.1; sd=0.4)*

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6 Alternative Phoneme Measures

7 Phonetic Repertoire

8 At Time 1, three additional measures of speech sound repertoire were taken, in order to
9 compare their combined predictive power versus consonant inventory alone. These
10 comprised Observed Phoneme Inventory (derived from CSBS language sample,
11 Supplemental File A), parent reported core phonemes used communicatively (derived from
12 Reported Phonemes questionnaire in Supplemental File B) and Elicited phonemes, which
13 used a procedure adapted from Kaufman Speech Praxis Test (Kaufman, 1995) to determine
14 participants' existing echoic repertoires with single phonemes, e.g., /m/).

15 Alphabet and Phonics Knowledge

16 To accurately measure speech perception skills in this cohort would require a laboratory visit
17 and ample testing time. Instead the child's ability to receptively identify different speech
18 sounds using a letter/sound recognition paradigm was measured at Time 1, in order to

1 determine whether an ability to link sounds with letter mappings may act as protective factor
2 for expressive language growth. The child was asked to give the experimenter one of three
3 letter cards upon hearing either a corresponding phonics sound or a letter name as part of a
4 counterbalanced pre-determined sequence (see Supplemental File C). Scores were
5 translated into a percentage of trials completed. This variable was added to the test battery
6 as an exploratory measure, despite confounds with prior print exposure and global attention
7 skills.

8

9 Procedure

10 Data was collected in children's homes in four sessions separated by four months each as
11 summarized in Figure 2. A £5 gift voucher was provided to each child following each visit.
12 Predictor and background variables (including the CARs) were taken at Time 1, save for the
13 non-verbal IQ measure which was carried out on Time 2 to accommodate the limited
14 concentration span of participants. Additional demographic information was gathered at Time
15 1 (see Supplemental File D for Family Background Questionnaire). At each visit, the
16 dependent variable, Oxford CDI words spoken, was completed by parents. This is a UK
17 adaptation of the MacArthur-Bates CDI measure (Fenson et al., 2007). Additionally, at each
18 time-point parents completed a Therapy questionnaire detailing the type and amount of weekly
19 therapy received by the child in the preceding 4 months (see Supplemental File E). Testing
20 sessions were video and audio recorded for later coding and transcription (see below).

21

22 *[Insert Figure 2.]*

1 *Video coding*

2 *1. Parent Child interaction*

3 Parents (mothers n=26, fathers n=1) were given a set of developmentally appropriate toys
4 and asked to interact as they normally would with their child for 15 minutes. The coding
5 manual was obtained from Paul Yoder and closely followed the procedures described in Yoder
6 et al. (2015). The following adaptations were made to the current study: communication behavior
7 was coding using ELAN (ELAN, 2018) rather than ProCoder software, and the selection of
8 toys used was different (see Supplemental File F for list of items and coding manual). As per
9 Yoder et al. (2015), the video was divided into 5 second intervals, which were classified as
10 codeable or non-codeable, depending on whether both participants and their actions were
11 visible. Each codeable interval was examined for evidence of a child lead, and if so, the
12 referent of that lead. Child leads were attentional (e.g. looking at a referent) or physical (e.g.
13 manipulating a referent). Each interval containing an identifiable child lead was then coded for
14 parent response (either linguistic, physical or both). Finally, the percentage of child leads that
15 resulted in a parental linguistic response was computed. Mean sample lengths was 15.0
16 minutes (sd=1.3). A random sample of 22% of all coded sessions from media files were
17 analysed by a second coder, blind to specific research question. The intra-class correlation
18 coefficient was .98.

19 *2. CSBS*

20 The communication temptations section of the CSBS was administered at Time 1 according
21 to the manual. Each communication behaviour displayed by the child was coded according to
22 its function (initiating or responding to behavioural regulation, joint attention or social
23 interaction) and the communicative means (with or without gesture, vocalization or words).
24 This was also coded in ELAN and subsequent information to be extracted was as follows:
25 number of intentional communication attempts in each category (in order to compute total

1 communicative acts), and phoneme and consonant inventory (phonemes and consonants
2 were only counted if they occurred as part of a deliberate communication act and were part of
3 a syllable). Mean sample length was 24.0 minutes (sd=7.2). Correlation between the sample
4 length and communicative acts was .32 ($p=.10$). The total communicative acts measure was
5 conservatively converted to a rate in order to avoid bias caused by variation in sample duration
6 (to avoid conflating shorter samples with fewer communicative behaviours, if the cause of
7 shorter samples was behavioural or attentional) as per Cohen & Cohen (1984).

8 A random sample of 10-22% of all coded sessions from media files were analysed by a second
9 coder, blind to specific research question. The variables tested for reliability were those
10 entered into the statistical model. Inter-observer agreement was .86 (rate of communicative
11 acts, communicative intent); .95 (number of consonants, consonant inventory) and .99
12 (number of phonemes, phoneme inventory). All inter-observer agreement statistics were
13 computed using the intra-class correlation ICC() command in the psych R package (Revell,
14 2018). For additional information, we calculated an agreement matrix to determine what
15 percentage of the time raters agreed on individual phoneme and consonant judgements
16 (rather than overall number of phonemes in the repertoire). This was a mean of 84% for
17 consonant inventory (sd=17%, range= 55-100%) and 80% for phoneme inventory (sd=15%,
18 range=57-100%).

19

20 Data Analysis

21

22 *Exclusion Criteria*

23 The participant exclusion criteria from the pre-registration was followed, resulting in the
24 removal of one participant who had only provided dependent variable data on one time-point.

1 We did not plan to exclude outliers, in order to reflect the heterogeneity in expressive language
2 development, however four data points represented significant outliers (due to two participants
3 making very large language gains by Time 3 which were maintained at Time 4). These data
4 were adjusted to the time-point mean + 3 standard deviations, in order to avoid any undue
5 influence on the analysis (Kutner, Nachtsheim & Neter, 2004; Field, 2013).

6 *Missing Data*

7 Very few data were missing, only one predictor data point (Reported Phonemes for one
8 participant, >4%) and one dependent variable measure (Time 1 CDI value for one participant,
9 >4%). The missing data were multiply imputed following Enders (2010). Measures requiring
10 transformation were transformed before imputation (von Hippel, 2009). Forty imputed data
11 sets were used in order to minimize bias in parameter estimates (Graham, 2009). After
12 imputed data sets were created, imputed scores were deleted for the one missing dependent
13 variable data point, since not doing so may bias regression estimates (von Hippel, 2007).

14 *Anticipated Data Transformations*

15 The analysis measures used assume multivariate normality. Multivariate normality is more
16 likely when univariate distributions do not grossly depart from descriptors of the normal
17 distribution (Tabachnick & Fidell, 2001). All variables were transformed if they had univariate
18 skewness $>|.8|$ or kurtosis $>|3.0|$. Transformations were selected in accordance with the
19 principles in Tabachnick and Fidell (2001). Transformations that were applied are listed in
20 Table 1.

21 *Linear Mixed Models*

22 All data analysis was conducted using linear mixed effects models, fit in R (R Core Team,
23 2014) with the lmer() function of the lme4 library (Bates, Maechler, Bolker & Walker, 2015).
24 In line with recommendations in Barr, Levy, Scheepers and Tily (2013) our analysis assumed

1 a maximal model with random intercepts and slopes. Time was centered at Time 4, meaning
2 that the intercept corresponded with expressive language outcome at the end of 12 months.
3 This was deemed more meaningful than centering at Time 1 when expressive language fell
4 within a tight range (0 to 23 words), and is in line with the approach taken by Yoder et al.
5 (2015). Time was entered into the model as a nominal value (i.e. a number between 1 and 4)
6 rather than on a continuous basis, given the adherence to a regular time interval between
7 assessments, which also mirrors Yoder et al. (2015).

8 Model comparisons were made using the deviance statistic, or change in the $-2 \log$ likelihood,
9 when comparing nested models. A significant change is one with a Chi squared p-value of
10 less than 0.05. Non-nested models were compared using Bayesian information criterion (BIC).

11 *Planned Confirmatory Analyses*

12 The following specific predictions were tested:

13 Prediction 1: All value-added predictors identified in Yoder et al. (2015) will be significant
14 positive predictors of expressive language in this sample (parental responsiveness, child
15 response to joint attention, child communicative intent and consonant inventory).

16 Prediction 2a: Phonetic repertoire will provide a better model fit in predicting expressive
17 language compared to consonant inventory.

18 Prediction 2b: Alphabet and phonics knowledge will provide a better model fit in predicting
19 expressive language compared to consonant inventory.

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21

1 **3. RESULTS**

2

3 Preliminary Results

4

5 *Expressive Language Growth*

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7 Descriptive measures for dependent, independent and background variables are described in
8 Table 2.

9

10 All participants commenced the study at a mean age of 4;2 years with extremely limited
11 expressive language. Over the 12-month period of the study, individual expressive language
12 growth was highly variable, as illustrated in Figures 3 and 4. Using the threshold indicated in
13 the original sample selection criteria (< 24 words by parent report), 65% of the sample
14 remained minimally verbal at Time 4. Furthermore, 27% of all participants were at floor on this
15 measure at Time 4, reportedly using no words at all.

16

17 The average gain in expressive vocabulary was 43 words (sd = 95); however, this figure is
18 biased by the presence of two participants whose Time 3 and Time 4 scores were significant
19 outliers. These two participants both gained over 340 words during the 12-month period. The
20 mean gain excluding these outliers is 17 words (sd = 33).

21

22

1 **Table 2**

2 *Descriptive Measures*

| Measure | n | Mean | sd | Min | Max |
|---|----------|-------------|-----------|------------|------------|
| Age at Time 1 (months) | 27 | 49.6 | 7.6 | 35.4 | 61.8 |
| Autism Symptom Severity at T1 (raw score) | 27 | 41.3 | 5.6 | 28.5 | 52.5 |
| NVIQ at T2 (DQ) | 27 | .42 | .17 | .13 | .77 |
| Receptive Language Time 1 (words) | 26 | 150 | 111 | 0 | 342 |
| Expressive Language Time 1 (words) | 26 | 4.5 | 7.4 | 0.0 | 23.0 |
| Expressive Language Time 2 (words) | 27 | 13.3 | 16.2 | 0.0 | 48.0 |
| Expressive Language Time 3 (words) | 27 | 41.4 | 84.4 | 0.0 | 323.0 |
| Expressive Language Time 4 (words) | 27 | 48.7 | 93.8 | 0.0 | 356.0 |
| Communicative intent (total comm. Acts) | 27 | 23.6 | 12.2 | 7.0 | 45.0 |
| Response to Joint attention (% correct) | 27 | 25% | 36% | 0% | 100% |
| Parent child interaction (% leads) | 27 | 53% | 16% | 18% | 84% |
| Consonant inventory (raw score) | 27 | 4.3 | 4.1 | 0.0 | 14.0 |
| Phonetic repertoire (raw score) | 26 | 12.8 | 10.9 | 0.0 | 40.0 |
| Alphabet score (% correct) | 27 | 22% | 40% | 0% | 100% |
| Total weekly therapy (hours) Time 1 | 26 | 0.91 | 2.06 | 0 | 10 |
| Weekly SLT therapy (hours) Time] | 26 | 4.22 | 5.33 | 0 | 22 |

3

4 *[Insert Figure 3 and 4.]*

5

6 There was high stability in expressive language, evidenced by high correlations between
 7 expressive language scores as measured at each time-point, as illustrated in Table 3. Despite
 8 equally spaced time-points, the degree of correlation was much higher between later time-
 9 points than it was between Time 1 and Time 2.

10 **Table 3**

11 *Expressive Language Correlations*

| Expressive Language (from CDI) | Time 2 | Time 3 | Time 4 |
|---------------------------------------|---------------|---------------|---------------|
| Time 1 | .62*** | .56** | .52** |
| Time 2 | | .90*** | .83*** |
| Time 3 | | | .95*** |

12 * p<.05; ** p<.01; *** p<.001

13

1 *Putative Predictors*

2

3 The predictor and background variables are summarised in Table 2 and their correlations are
 4 presented in Table 4. Background variables including autism symptom severity, NVIQ and
 5 Time 1 receptive language, and predictor variables consonant inventory, phonetic repertoire
 6 and alphabet score all correlated with Time 4 expressive language level. Conversely,
 7 communicative intent, parent responsiveness and response to joint attention were not
 8 significantly correlated with Time 4 expressive language. Expressive language change over
 9 12 months (i.e. Time 4 minus Time 1 expressive language) was correlated with autism
 10 symptom severity, NVIQ, phonetic repertoire and alphabet score.

11

12 **Table 4**

13 *Correlations*

| | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------------------------|----------|--------|---------|---------|-------|--------|---------|--------|---------|---------|
| Background variables | | | | | | | | | | |
| 1. Autism Symptom Severity (T1) | -0.66*** | -0.41* | -0.55** | -0.40* | -0.35 | -0.49* | -0.56** | -0.40* | -0.53** | -0.46* |
| 2. NVIQ (T2) | | 0.50** | 0.55** | 0.39* | 0.42* | 0.46* | 0.51** | 0.51** | 0.54** | 0.54** |
| 3. Receptive Language (T1) | | | 0.19 | 0.40* | 0.40* | 0.20 | 0.29 | 0.41* | 0.40* | 0.28 |
| Predictor variables | | | | | | | | | | |
| 4. Response to Joint Attention | | | | 0.60*** | 0.37 | 0.32 | 0.32 | 0.44* | 0.19 | 0.12 |
| 5. Communicative Intent | | | | | 0.32 | 0.59** | 0.49* | 0.19 | 0.26 | 0.03 |
| 6. Parent Responsiveness | | | | | | 0.27 | 0.31 | 0.03 | 0.21 | -0.07 |
| 7. Consonant Inventory | | | | | | | 0.87*** | 0.10 | 0.56** | 0.24 |
| 8. Phonetic Repertoire | | | | | | | | 0.21 | 0.71*** | 0.39+ |
| 9. Alphabet Score | | | | | | | | | 0.44* | 0.57** |
| Dependent variable | | | | | | | | | | |
| 10. Expressive Language Outcome | | | | | | | | | | 0.77*** |
| 11. Expressive Language Change | | | | | | | | | | |

14 +p<.051 * p<.05; ** p<.01; *** p<.001

15

16

17 One composite variable was planned (Phonetic Repertoire), so the intercorrelations among
 18 component measures of this construct were verified. Observed Phoneme Inventory, Reported
 19 phonemes, and Elicited phonemes were all measured at Time 1. Elicited phonemes correlated

1 significantly with Observed Phoneme Inventory ($r=.45$, $p<.05$) but not Reported phonemes
2 ($r=.28$, n.s). Likewise, Reported phonemes correlated significantly with Observed Phoneme
3 Inventory ($r=.46$, $p<.05$). The resulting Phonetic Repertoire measure correlated with each
4 component $r>.60$ and also significantly with consonant inventory ($r=.87$, all $ps <.01$).

5

6 Confirmatory analyses

7

8 Below are the steps taken to evaluate the pre-registered predictions, beginning with an
9 unconditional growth model containing random effects of individual differences between
10 participants on the intercept and the slope (i.e. the linear effect of time) and a fixed effect of
11 time, then adding in the previously identified value-added predictors and finally comparing the
12 predictive model this generates with one using alternative predictors. Coefficients for each
13 model are set out in Table 5.

14

15 *Selection of unconditional models for language growth – Model 1*

16

17 A model with Time centered at Time 4, containing fixed and random intercepts and slopes
18 was the best fit to the data, with an adjusted R squared of .07.

19

20 *Conditional model using Yoder et al.'s predictors – Model 2*

21

22 Of the four original predictors, only consonant inventory had a significant zero-order
23 correlation with expressive language change or outcome, therefore the other three predictors
24 were not entered into the model.

25

26 A fixed effect of consonant inventory significantly improved model fit versus Model 1 (Chi sq=
27 12.19, $df=1$, $p<.001$). The increase in adjusted R squared was .23. Adding further interactions
28 with Time did not significantly improve the model fit, so this was deemed the best model using

1 the original predictors, and thus the one used to compare against novel predictors to address
2 Hypotheses 2a and 2b.

3

4 *Testing novel predictors - Model 3*

5

6 The second objective was to test the suitability of two alternative predictors to be used in the
7 model in place of consonant inventory. Model fit was compared using Bayes Information
8 Criterion (BIC) since the models were not nested (i.e. one model did not contain all the
9 parameters of the other model).

10

11 Replacing consonant inventory with Phonetic Repertoire, resulted in a decrease in BIC (148
12 vs. 139), and therefore indicated an increase in model fit. Adjusted R squared for this model
13 was .45, an increase of .16.

14

15 The same process was used to test Alphabet score at Time 1 as a predictor. Taking Model 2
16 and replacing consonant inventory with Alphabet score resulted in a higher BIC (160),
17 indicating a worse model fit. Therefore, no model containing Alphabet score was included in
18 analysis.

19

20

1 **Table 5**

2 *Model Summary*

| Predictors | Model 1 | | Model 2 | | Model 3 | |
|------------------------------|-------------|------------|-------------|------------|-------------|------------|
| | coefficient | Std. Error | coefficient | Std. Error | coefficient | Std. Error |
| Intercept | 0.991*** | 0.132 | 0.450* | 0.188 | 0.109 | 0.187 |
| Time | 0.158*** | 0.032 | 0.159** | 0.044 | 0.150** | 0.044 |
| Consonant Inventory | | | 0.290*** | 0.072 | | |
| Phonetic Repertoire | | | | | 0.267*** | 0.043 |
| | | | | | | |
| Adjusted R squared | | .07 | | .29 | | .45 |
| Change in Adjusted R squared | | .07 | | .23 | | .16 |
| Bayes Information Criterion | | 163 | | 148 | | 139 |

3 * p<.05; ** p<.01; *** p<.001

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4. DISCUSSION

Expressive Language Growth

A significant proportion of participants (65%) remained minimally verbal after 12 months, at mean age 5;2. This figure is somewhat greater than the 40% reported to remain minimally verbal in Yoder et al. (2015), however the time periods are also not directly comparable (16 vs. 12 months). Few similar longitudinal studies are directly comparable due to differences in design, definition of minimally verbal, or sample characteristics (e.g. Anderson et al., 2007; Norrelgen et al., 2014; Bal, Katz, Bishop & Krasileva, 2016).

Children made a mean gain of 45 words during this study, which is lower than the 75 words (sd=95) after 16 months reported in Yoder et al. (2015). When two significant outliers are excluded the comparison figure shrinks to 17 words (sd=33), which suggests that on average children on this study are not making progress at the same rate as the children observed in Yoder et al. (2015). A potential explanation is that participants in the current study were recruited at age 3 to 5 (mean 4;2) rather than age 1;8 to 3;11 (mean 2;11) in Yoder's study. It is possible that some of the younger children in Yoder et al. (2015) were less severely impaired and did not have such persistent expressive language impairment, but were experiencing a transient delay in language development which partially resolved during the study period. This suggests that our sample may include children with more severe symptoms and greater difficulty acquiring expressive language. The children in Yoder et al. (2015) share a similar range and mean to our cohort for developmental ratio. Like our cohort, they have a highly variable receptive language score at the start and end of the study, and by design they start the study with a similarly limited expressive vocabulary. Another possibility may be differences in intervention receipt; however, Yoder et al. (2015) do not report information about the types or duration of interventions children received and our study is not designed to evaluate the

1 impact of intervention on expressive language outcome. Instead, the current study has
2 focused on value-added predictors identified by Yoder and colleagues.

3

4 Expressive language measures were quite stable within each participant over time, and
5 particularly between adjacent time-points at Time 2, 3 and 4 (all $r \geq .90$), correlation was only
6 $r = .62$ between Time 1 and 2. This could be an artefact of the very low variability in the initial
7 Time 1 expressive language level, or could reflect a decrease in measurement error over time
8 in parental judgements of language skills. Language was stable across this period as those
9 children with larger vocabularies at Time 1 tended to have the largest vocabularies at Time 4.
10 This stability does not imply no change in language, 67% children showed some improvement
11 in language scores, with an average increase of 17 words, excluding two outliers. Bornstein,
12 Hahn, Putnick and Pearson (2018) used the Avon Longitudinal Study of Parents and Children
13 dataset to evaluate stability of language over 13 time-points and 15 years. They found that
14 core language was stable from an early age in both typical ($n = 4,111$) and atypical groups,
15 including autism ($n = 89$). Average stability across all time-points was .65 for the autistic
16 children and .56 in the typical group.

17

18 Confirmatory Analyses

19 This study did not find a meaningful relationship between three of the original putative
20 predictors and expressive language. It is difficult to draw a firm conclusion from null results,
21 and given the small sample this may be due to lower statistical power. Although the sample is
22 smaller than the 87 participants used by Yoder et al. (2015), the current study also examines
23 far fewer variables (Yoder et al. tested nine putative predictors and two background variables).
24 However, all but phonetic repertoire were measured via single variables, whereas Yoder et al.
25 (2015) used aggregate measures, which are known to enhance stability and validity. Our
26 sample size reflects the difficulty of recruiting this hard to reach population as well as financial
27 and practical constraints on data collection in a repeated measures design. It is also possible,

1 as mentioned above, that the sample might be qualitatively different to the Yoder et al. (2015)
2 sample due to the older age at which participants were recruited, which could result in different
3 predictive relationships: this cohort may have had more severe speech-motor deficits that are
4 distinct from the social variables that associate with language development. Finally, the high
5 number of participants who continue to be at floor on the dependent variable may attenuate
6 correlations with putative predictors. A key focus of future work should be ensuring that
7 conclusions from younger and broader samples can be generalised to those with the most
8 complex communication difficulties (e.g. Pecukonis et al., 2019).

9 In contrast, the significant correlation between early consonant inventory and expressive
10 language growth seen in Yoder et al. (2015) was replicated in this sample. This adds to prior
11 emerging evidence that speech production abilities are related to expressive language
12 development in autistic preschoolers (McDaniel et al., 2017) and that speech production is
13 worthy of further consideration when devising interventions (e.g. Chenausky, Norton, Tager-
14 Flusberg & Schlaug, 2018).

15 In this sample, replacing consonant inventory with a composite of three phonetic measures
16 (phoneme inventory, elicited phonemes and reported phonemes) resulted in a better model fit
17 and explained more variance. This supports the idea that for minimally verbal autistic children,
18 a broader measure of speech skills, incorporating information from multiple sources, may be
19 more nuanced and thus a better predictor of the same underlying construct, a sentiment
20 echoed more generally in Tager-Flusberg et al. (2009).

21 Our composite measure, phonetic repertoire, comprised three speech measures which were
22 only moderately correlated with each other (r ranging from .28 to .46), yet this measure proved
23 to be a stronger predictor of expressive language than consonant inventory. Reasons for the
24 low correlation may include measurement error. Some parents reported they found it difficult
25 to evaluate the communicativeness of their child's babble and identify the specific sounds
26 within it, as required by the Reported Phonemes measure. Equally, children's engagement

1 during the Elicited Phonemes task varied considerably, which could have understated some
2 children's actual skills. On the other hand, the measures may be expected to truly vary as they
3 measure different skills. Those needed for Elicited Phonemes (to attend to, process, and copy
4 a specific sound, with no intrinsic motivation and with an unfamiliar interlocutor) compare with
5 those for Reported Phonemes, where motivation may be present in the natural home
6 environment (e.g. to obtain a desired item) and the interlocutor is familiar. Furthermore, no
7 specific speech sound may be necessary (a gesture and a vocalization may suffice to convey
8 information) and performance pressure is reduced. Phonemic repertoire may have been a
9 more informative predictor because different facets of speech skills were combined.

10 Conversely, Alphabet Knowledge did not appear to have a consistent relationship with
11 expressive language in this sample, nor did it correlate with other phonetic repertoire
12 measures. This novel measure was not continuously distributed across the sample. Given
13 attentional difficulties, future work may employ parent questionnaires as a more effective and
14 accurate way of tapping alphabet and phonics knowledge and relating them to language
15 development.

16 The weaker correlation in this sample between socio-communicative measures
17 (communicative intent, parent responsiveness and response to joint attention) and expressive
18 (verbal) language, supports the idea that some minimally verbal autistic children could have
19 an additional disorder of speech-motor development. If this were the case, stronger socio-
20 communicative skills would not act as protective factors for expressive language to the same
21 extent that they do in younger and thus more diverse minimally verbal autistic cohorts. To
22 illustrate this point, a few children in our sample were frequent and productive users of
23 alternative forms of communication (Makaton; speech generating application), despite their
24 lack of verbal output. This is a further indicator of a specific additional difficulty with speech
25 production rather than motivation or symbolic understanding. Belmonte et al. (2013) identified
26 a motor-impaired subgroup comprising one third of participants (cohort aged 22 to 65 months

1 at intake, n=31). These children had weaker oral-motor skills and a disparity between their
2 receptive and expressive language level, reinforcing the conclusion that motor difficulties
3 contributed to their lack of speech progress.

4 Potentially relevant predictors not evaluated in the current study are nonverbal cognition and
5 autism symptom severity, since they were not deemed to be value-added predictors in Yoder
6 et al.'s (2015) findings. Previous cohort studies have identified associations between these
7 variables and later language (Wodka, Mathy & Kalb, 2013; Thurm, Lord, Lee & Newschaffer,
8 2007; Anderson et al., 2007; Thurm, Manwaring, Swineford & Farmer, 2015). NVIQ and
9 symptom severity do associate with language outcomes in the current study such that those
10 with more severe and pervasive development deficits have more limited consonant inventories
11 and make more limited progress. However, it may be more useful to identify specific
12 predictors, which are more narrowly defined and suitable as potential intervention targets,
13 rather than confirm the pervasive association between later language and global measures of
14 nonverbal cognition or symptom severity. Bal et al. (2019) recently investigated the role of
15 early predictors in two independent cohorts of language-delayed autistic pre-schoolers
16 (n=267) and identified fine-motor skills as a strong predictor of later expressive language.
17 Their study highlighted the importance of looking at specific skill domains rather than broader
18 indices of developmental level.

19 Limitations

20 This study has several limitations. The sample size is relatively small, which impacts statistical
21 power. Secondly, for financial and logistical reasons, no formal independent diagnostic
22 verification process took place (e.g. ADOS assessment). However, each family reported that
23 autism had been diagnosed by a qualified health professional, and children scored a mean of
24 41.3 on the CARS autism symptom severity assessment (only one child scored less than the
25 30 cut-off score). Thirdly, the study design involved a series of home visits. The data
26 generated in such contexts is more vulnerable to measurement error and confounding factors,

1 due to poorer control of the testing environment, e.g. presence of pets, siblings, television
2 screens and other distractions. However, home visits are preferred by families of children with
3 complex needs and facilitate their participation, thus creating a broader representation of
4 families within the study. Therefore, greater ecological validity was judged to be worth the
5 trade-off with experimental precision. Finally, in order to limit testing time, single estimates
6 were used for most predictor measures and for the dependent variable. Composite scores
7 would have created more robust estimates and been preferable, however this is unlikely to
8 substantively change the outcomes of this study.

9 Conclusion

10 These results underscore the striking variation in expressive language development during a
11 12-month period for a cohort with fairly homogenous starting vocabularies (0 to 23 words),
12 with some remaining at zero words and others in excess of 340. They also further highlight
13 the independent contribution of speech production abilities to expressive language
14 development in minimally verbal autistic children.

15

16 The current findings strongly suggest that speech production may reflect an additional deficit
17 for minimally verbal autistic children, rather than assuming that severe expressive language
18 deficits are a consequence of core autism symptoms. If we aim to help those autistic children
19 most at risk of persistent expressive language difficulties, we need to understand the drivers
20 of language growth more precisely and ensure that our conclusions are based on research
21 evidence that includes this population. More extensive longitudinal studies of minimally verbal
22 autistic participants' language development are needed, as is an effort to include those with
23 persistent and limited expressive language, so that findings can be generalised and additional
24 barriers to communication identified and addressed.

25

1 Future work could incorporate longitudinal measures of phonetic repertoire in order to build a
2 more informed picture of what predicts phonetic abilities in this population (e.g. Woynaroski,
3 Watson, Gardner, Newsom, Keceli-Kaysili & Yoder, 2016). Both segmental (i.e. phonetic) and
4 supra-segmental aspects of preverbal vocalisations (e.g. prosody, utterance length,
5 “speechiness”) warrant further examination. The use of automated analysis of day-long
6 recordings as a potential method for future research would also make studies of this nature
7 more feasible (Woynaroski et al., 2016, Swanson et al., 2018). Finally, ways in which speech
8 production could be supported in this group should be developed and evaluated (e.g.
9 Chenausky et al., 2018).

10

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12

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