

Evaluating Children's Personal Narrative Skills Using the Global TALES Protocol: Implications for Practice

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Introduction

The Child Language Committee of the International Association of Communication Sciences and Disorders (IALP) is proud to present this special issue that focuses on children's personal narratives, all of which were gathered with the Global TALES protocol. Personal narratives, defined as recounts of personally experienced events, make up half of children's everyday conversations [1]. Moreover, the ability to share personal narratives helps build and maintain friendships, supports classroom participation, and underpins academic success and vocational outcomes. Personal narrative ability is a universal discourse genre, with clear evidence of the importance of personal narrative proficiency across cultures and languages. Despite its importance, cross-cultural and cross-linguistic research into children's ability to share personal narratives is an understudied area of research. Furthermore, although speech-language therapists agree on the importance of evaluating children's spontaneous language skills to determine the impact of a child's language difficulties on their participation at home, school, and in the community, spontaneous language sampling and analysis is an underutilised assessment method [2, 3].

To address this gap in the research and promote a more widespread use of language sample analysis, the

Child Language Committee of the IALP set out to develop a culturally appropriate protocol for eliciting children's personal narratives across a range of cultures and languages. The initial feasibility of the Global TALES protocol, which contains six emotion-based prompts for eliciting personal narratives (see <https://osf.io/ztqg6/>), was evaluated with 248 ten-year-old children, from 10 different countries, speaking 8 different languages [4]. Results of that initial study indicated the protocol prompts were not only successful in eliciting personal event stories, regardless of the children's linguistic and/or cultural background, but the topics of the children's personal narratives were remarkably similar. Furthermore, researchers involved in the pilot project agreed that adaptation and translation of the protocol into their own language was feasible.

Buoyed by these promising results, 10 follow-up projects covering a range of theoretical and/or clinical questions were conducted, which are reported on in this special issue. These are studies involving children from 15 different countries, speaking 12 different languages, ranging in age from 7 to 16 years. In this introductory editorial, we briefly summarise these articles; then we highlight some clinical implications and suggest future directions research will need to go if we are to realise those implications.

An Overview of the Findings

The first three articles of this special issue report on the feasibility of using the Global TALES protocol with children from Iceland [5], Turkey [6], and Ireland [7]. Despite large individual variability in language productivity and semantic diversity within each language group, all three studies found that all six prompts were successful in eliciting personal narratives from most of the children. Einarsdóttir and Práinsdóttir [5] reported on 27 ten-year-old Icelandic-speaking children and found that only two children could not provide an answer to one of the six prompts. Maviş and Yaşar-Gündüz [6] assessed ten 7-year-old and ten 10-year-old Turkish-speaking children and reported that all children produced a response to all of the prompts. Finally, Lyons et al. [7] collected personal narrative samples from 19 ten-year-old English-speaking Irish children and found that the six protocol prompts were successful in eliciting stories from 84% of the children, with only one child declining to respond to three of the six prompts.

Theodorou et al. [8] investigated differences in personal narrative performance between groups of 10-year-old children who speak two varieties of the same language: Standard Modern Greek and Cypriot Greek Dialect. Children's personal narratives were analysed at both macrostructure (overall structure and inclusion of elements) and microstructure (verbal productivity, semantic diversity, and syntactic complexity) levels. Results indicated that the children speaking Cypriot Greek produced significantly shorter utterances as measured by their mean length of utterance in words. No other group differences were found.

Kuvač Kraljević et al. [9] used a cross-sectional design to investigate whether children's personal narrative skills improved with age (between 7 and 13 years of age) on measures of semantic diversity, syntactic complexity (MLUw and clausal density), language productivity, and coherence (context, chronology, theme). Results, based on 60 Croatian-speaking children, indicated that age explained 18% of the variance in personal narrative ability, with significant differences between the oldest (12–13 years) and the youngest (7–8 years) groups on measures of syntactic complexity and inclusion of context, but not for semantic diversity and chronology or theme. Kuvač Kraljević et al. [9] also explored the effects of the emotional valence of the prompts (which they categorised as negative, neutral, or positive) on children's personal narrative performance. Results indicated that

for positive events, children were more likely to include context (i.e., define the space and time in which such an event occurred), whereas the negative and neutral stories received higher scores on chronology and theme. The authors posited that the children included more information in terms of the temporal organisation and the structuring of the theme when responding to negative or neutral prompts to make it clearer for the listener.

The initial Global TALES feasibility study [4] found that the topics of children's personal narratives were remarkably similar across the 11 groups examined, regardless of the child's cultural or linguistic background. To further investigate the potential influence of culture on children's responses to the Global TALES protocol prompts, three studies analysed children's topical responses in more detail [10–12]. Westby et al. [10] used an inductive content analysis approach to identify the topic and content of children's personal narratives. The participants were 60 children from three East Asian areas (Korea, Taiwan, Hong Kong) and 62 children from three Western (English-speaking) countries (USA, New Zealand, Australia). The analysis focused on topics talked about in response to 4 of the 6 emotion-based prompts. Westby and colleagues found that although there were similarities in topics across the different cultures, some topics and content were more frequent in one cultural group than the other. For example, the English-speaking children from Western countries shared more stories about peer-relationships; when dealing with problems, East Asian children were more likely than English-speaking children to receive or seek assistance from others. Using the Hofstede cultural dimensions framework (<https://www.hofstede-insights.com/country-comparison-tool>), the authors discuss some of the possible explanations for the frequency differences in topics and content of children's personal narratives. Srivastava et al. [11] used the Global TALES protocol to elicit personal narratives from 30 Hindi-speaking children in India. These researchers found some novel topics as well, such as “welcoming guests,” which could reflect the Indian culture. Ferman and Kavar [12] similarly investigated potential cultural differences by eliciting personal narratives from Hebrew-speaking (Jewish) children and Arabic-speaking children in Israel. Here too, they found that language/culture influenced the chosen topics, with, for example, Hebrew-speaking children producing more personal narratives around personal growth or contribution.

Van Vreckem et al. [13] used the Global TALES protocol with a clinical population, namely Dutch-speaking adolescents (11–16 years) with dyslexia. Their study showed that the children with dyslexia used

significantly fewer different words compared to their age- and gender-matched peers without dyslexia, demonstrating the usefulness of the protocol to highlight spoken language challenges in children with reading disorders.

The final study included in this special issue took the approach of documenting children's use of linguistic evaluative devices to better understand *how* children used their language skills to inform the listener what the event meant to them [14]. Westerveld et al. [14] analysed the personal narratives produced by 82 English-speaking 10-year-old children from the USA, Australia, and New Zealand (who participated in the original feasibility study [4]) for the use of 12 evaluative devices: compulsion, internal emotional states, evaluative words, intensifiers, mental states, causal explanations, hypotheses, objective judgements, subjective judgements, intent, negatives, and repetition. Results indicated no clear effect for the type of prompt on children's use of evaluative language, but the results did show that girls used more evaluative devices than boys.

Implications for Practice and Future Directions

Since its inception in 2018, this exciting initiative has attracted child language researchers from 26 countries, speaking more than 20 different languages. Although initial results into the feasibility of the Global TALES protocol are promising in terms of the potential of productive language expression in response to a common set of six prompts, from an empirical perspective much work is yet to be done. For example, work is underway to investigate the validity of the protocol and the reliability of various measures for differentiating between children with and without diagnosed neurodevelopmental disorders, including developmental language disorder and autism. In addition, cross-sectional work has commenced, which is important for investigating developmental trajectories in children across a range of countries or cultures, speaking one or more languages. Further adjustments to the protocol may be needed in light of subtle translation and/or cultural applicability issues reported on in some of the papers in this special issue. However, based on what we have learned so far, the following clinical implications are reasonable to conclude.

Global Use of the Protocol

The Global TALES protocol can be used with young school-age children and adolescents from a range of countries, speaking a range of languages, further

expanding the number of languages reported on in the initial feasibility study [4]. The studies included in this special issue show the protocol was also effective in eliciting personal narratives in children speaking Icelandic, Turkish, Dutch, Hindi, and Korean. Determining the *global* usefulness of the Global TALES protocol will require collecting and reporting information from a wide range of countries, including multiple countries where English is the primary language, such as Ireland [7], or where English is only one of many languages spoken, as there are differences in dialect, vocabulary, topics of interest, and/or pragmatics across countries, and languages within countries that may impact children's personal narrative performance.

Tele-Assessment

The Global TALES protocol has been successfully administered face to face [4, 8, 9, 11] or via Zoom [6, 7, 10, 12]. However, some subtle differences in performance were found between the assessment conditions, particularly for the Arabic-speaking children [12], and further research is needed to better understand why the assessment condition may influence some children's performance more than others.

Children Speaking Nonmainstream Dialects

Accurate identification of language disorders is often difficult in children from culturally and linguistically diverse backgrounds, including children who speak nonmainstream dialects. As reported in this special issue, Theodorou et al. [8] found group differences in syntactic ability when investigating the personal narratives of children speaking different varieties of Greek (Standard Modern Greek and Cypriot Greek dialect), with the children speaking Cypriot Greek dialect producing shorter sentences. These results are consistent with prior research in showing how dialect use may impact children's spontaneous language skills and highlight the importance of considering a child's dialect use when assessing language ability to avoid misidentification of language difference as language disorder.

Translating the Protocol

When translating the protocol to other languages and/or for use in different cultural contexts, care should be taken to maintain the essence of the prompts, but to use words that evoke familiar concepts for the children being assessed that are as close to the originals as possible. Readers are encouraged to download current translations

from our Open Science Framework site (<https://osf.io/ztqg6/>) and are invited to add their own translations by contacting the project leader.

Usefulness for Capturing Developmental Advances

Some evidence reported in these articles suggests that performance on the Global TALES protocol improves with age on measures of semantic diversity, verbal productivity, and syntactic complexity [6, 9], with significant age-group differences between 7-year-olds and 13-year-olds [9]. Future research should explore developmental advances at other ages and whether some of the minor differences between the performance of boys and girls [14] need to be accounted for in any clinical adaptations of the protocol.

Identifying Reliable Analysis Techniques That Are Valid for Identifying Disorder

As the studies in this special issue have shown, children's personal narratives can be analysed in different ways and at many different levels. Most of the studies included in this special issue reported on children's structural language skills by counting the number of different words (vocabulary), the total number of words (verbal productivity), and/or the mean length of utterances (syntax) in morphemes or words [6–9, 12, 13]. One study reported on the global coherence of the children's personal narratives [9], using the Narrative Coherence Scoring Scheme [15], whereas four studies reported on the topics and themes of children's responses [5, 10–12]. One study investigated children's use of language to convey meaning by coding the use of evaluative devices [14]. Van Vreckem et al. [13] found that a measure of semantic diversity differentiated between adolescents with dyslexia and their peers without reading difficulties [13]. Future studies should consider which of these measures can differentiate performance of children or adolescents with language disorders (and not dialect differences) and which can be used reliably and efficiently as part of clinical practice. In addition, future directions include identifying whether cut scores or qualitative descriptors can be found for any of these measures that have clinical utility for identifying disorders.

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Conclusion

In summary, it is now safe to conclude that the Global TALES protocol is useful for gathering meaningful samples of expressive personal narrative discourse from children from a variety of cultural-linguistic backgrounds. These studies also have provided evidence of the richness that can be found within those samples, both structural and conceptual. What comes next? We have listed a few of the many possible clinical implications and touched on some of the future directions research will have to take to realise the protocol's practical applications. Although this work has only just begun, we hope you will agree that this special issue has gone far in illuminating that beginning and pointing the way forward.

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Author Contributions

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