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

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Abstract

38

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

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

61 Word count: 6702

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

64 **Research highlights**

- 65 • We examined the frequency of referential communicative behaviors, via labels and/or
66 gestures, produced by caregivers during a 5-min play interaction with their
67 18-month-old children.
- 68 • We assessed predictive relations between labels, gestures, their combination, as well
69 as total words spoken, and children's processing speed and vocabulary growth at 25
70 months.
- 71 • Bayesian model comparisons showed that caregivers' referential labels at 18 months
72 best predicted both 25-month vocabulary measures, although total words also
73 predicted later processing speed.
- 74 • Frequent use of referential labels by caregivers, more so than referential gestures, is a
75 critical feature of communicative behavior that supports children's later vocabulary
76 learning.

77 **Introduction**

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

86 Rowe, 2012; Shneidman & Goldin-Meadow, 2012; Walker, Greenwood, Hart, & Carta,
87 1994; Weisleder & Fernald, 2013) and nonverbal behaviors (Cartmill et al., 2013; Pan,
88 Rowe, Singer, & Snow, 2005; Rowe & Goldin-Meadow, 2009; Rowe, Özçalışkan, &
89 Goldin-Meadow, 2008) has been shown to be positively associated with children's later
90 language development.

91 There are multiple proposals to explain how caregivers' verbal and nonverbal
92 behaviors support later language learning. Both can be used to refer to objects and events.
93 By using verbal behaviors, such as labels in the presence of objects, caregivers support
94 children's learning of word-referent mappings, a critical step in children's early
95 comprehension and subsequent word production (Baldwin, 1993; Bohn & Frank, 2019;
96 McMurray, Horst, & Samuelson, 2012). Nonverbal behaviors, such as gestures, can also be
97 used to refer to and communicate about the identity of referents (e.g., by pointing to,
98 holding out, or giving a cup to someone). For example, caregivers' deictic gestures, such as
99 pointing, can help children disambiguate the referent of a label from other candidate
100 referents (Iverson, Capirci, Longobardi, & Caselli, 1999; Puccini, Hassemer, Salomo, &
101 Liszkowski, 2010; Rowe, 2000; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017;
102 Zukow-Goldring, 1996). Labels and gestures can also be used together (e.g., saying "give
103 me the cup," while pointing to a cup), providing the child with two cues to reference in
104 differing modalities. Thus, caregivers' use of labels, gestures, or both together, can help
105 children to map language onto specific concepts, strengthening their understanding of how
106 language represents objects or events in their world. In this study, we compare
107 Spanish-speaking caregivers' use of verbal behaviors (i.e., total words and referential labels)
108 and non-verbal behaviors (i.e., referential gestures) during a play session with their
109 18-month-old children. We then assess the degree to which these behaviors are linked to
110 children's language processing efficiency and vocabulary outcomes at 25 months.

111 **Variation in caregivers' verbal and non-verbal behaviors**

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

136 Substantial variability among caregivers in their use of nonverbal gestures is also well

137 documented. Studies examining caregivers' use of gestures have primarily focused on
138 gestures that are symbolic or representational to some degree (Rowe, Wei, & Salo, 2022),
139 such as iconic gestures (e.g., flapping hands for a bird), conventional gestures (e.g., nodding
140 one's head to mean "yes" in the US), and referential gestures (e.g., holding out objects or
141 deictic gestures such as pointing). For example, Rowe et al. (2008) videotaped 90-min
142 interactions in 53 American-English-speaking families with children from 14 to 34 months.
143 They found that caregivers produced, on average, 100-115 symbolic, conventional, and
144 deictic gestures, with values ranging from only a few gestures to over 400. Other studies
145 have examined deictic gesture use in families speaking non-English languages and living in
146 different sociocultural contexts, e.g., in families speaking Yucatec Mayan in Mexico
147 (Salomo & Liszkowski, 2013) and Lazuri in Turkey (Yuksel & Brooks, 2017), also noting
148 extensive variability among caregivers in both groups.

149 Variability among caregivers in their use of verbal behaviors and gestures has been
150 linked to child language outcomes. In some studies, language samples are used to capture
151 variation in the frequency of young children's production of recognizable words during
152 interactions with their caregiver (Huttenlocher et al., 1991). In older school-age children,
153 researchers have also reported links between frequency of caregiver verbal engagement and
154 children's scores on standardized tests of language, such as vocabulary (Gilkerson et al.,
155 2018). When children are infants and toddlers, many studies rely on parent-reports
156 assessments of children's vocabulary size, such as the MacArthur-Bates Communicative
157 Developmental Inventories (CDI, Fenson et al., 2007), which ask parents to indicate which
158 words their child "understands and says" from among several hundred words on a checklist
159 (e.g., Weisleder & Fernald, 2013). Still other studies have explored links between caregivers'
160 verbal behaviors and children's performance in tasks that capture skill at processing
161 language in real time, such as the Looking-While-Listening task (Fernald, Zangl, Portillo, &
162 Marchman, 2008). For example, in a sample of 27 Spanish-speaking caregiver-child dyads,
163 Hurtado, Marchman, and Fernald (2008) reported that children who experienced more

164 speech from their caregivers during a lab-based play session were reported both to know
165 more words on the CDI and were more efficient at recognizing spoken words in real time.
166 Weisleder and Fernald (2013) reported similar findings based on estimates of caregivers'
167 child-directed word counts during daylong recordings. In both studies, mediation models
168 explored possible pathways among caregiver talk, vocabulary size, and processing efficiency.
169 Results suggested that frequent engagement with caregivers may be “tuning up” children’s
170 abilities to map real-time spoken language onto referents in the world around them,
171 allowing for more efficient use of the input to support language learning.

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

187 **Labels, gestures, or both?**

188 Taken together, there is substantial evidence that how frequently caregivers use
189 communicative behaviors is associated with children’s language learning. However, few

190 studies have directly contrasted the predictive relations to children's outcomes from verbal
191 versus non-verbal behaviors that establish reference. This referential function of labels and
192 gestures is important because it serves as a means to support children's early label-referent
193 associations. Additionally, it is critical to remember that these behaviors frequently occur
194 together in real time (Iverson et al., 1999; Pan et al., 2005; Puccini et al., 2010; Rowe &
195 Goldin-Meadow, 2009; Tfouni & Klatzky, 1983; Yuksel & Brooks, 2017; Zukow-Goldring,
196 1996). Thus, it is difficult to address whether links between caregiver verbal or nonverbal
197 behaviors and children's outcomes may in fact be better explained by caregivers' combined
198 use of labels and gestures. For example, Rowe (2000) proposed that there may be a shared
199 construct underlying caregivers' use of verbal behaviors and gestures, such as
200 communicativeness. This hypothesis is supported by evidence of a small to moderate
201 positive correlation between the frequency of caregivers' verbal behaviors and gestures;
202 those caregivers who used more total words also gestured more frequently than caregivers
203 who used fewer words (Pan et al., 2005; Rowe, 2000; Rowe & Goldin-Meadow, 2009; Rowe
204 et al., 2008; Salo, Reeb-Sutherland, Frenkel, Bowman, & Rowe, 2019). In the present
205 study, we ask if the predictive power of caregivers' communicative use of reference may be
206 captured more fully by measures that reflect the combined use of referential labels and
207 gestures, rather than each measure taken alone.

208 How caregivers combine labels and gestures in real time has been widely discussed in
209 the experimental literature on early word learning (Gogate, Bahrick, & Watson, 2000;
210 Tincoff, Seidl, Buckley, Wojcik, & Cristia, 2019; Villiers Rader & Zukow-Goldring, 2012;
211 Zukow-Goldring, 1996). For example, Kalagher and Yu (2006) found that novel word
212 learning was more successful when caregivers introduced words while narrating a story and
213 pointing to the objects than when narrating a story without pointing. Gogate et al. (2000)
214 examined European American and Hispanic American families residing in a major
215 metropolitan area in the United States. They found that when they were teaching novel
216 labels to young infants, caregivers were more likely to use labels while moving objects.

217 Moreover, caregivers of linguistically less-advanced infants, compared to more-advanced
218 infants, were those who were more likely to synchronize labels with object motion. These
219 findings suggest that caregivers are sensitive to children's level of language skills when
220 using labels and gestures together to highlight new label-referent associations.

221 **The Current Study**

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

Table 1

Participant age and SES.

	M	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 (possible range 8 - 66).

Methods

239

Participants

240

241 Participants were 42 primarily Spanish-speaking children¹ (21 females) and their
 242 caregivers who were participating in a longitudinal study examining language development
 243 in primarily monolingual Spanish-speaking families in the US. Families were recruited from
 244 birth records or community contacts in Northern California and were excluded if the child
 245 was born preterm, had a known neurodevelopmental disorder, or loss of hearing or vision.
 246 As shown in Table 1, children were approximately 18 months at the start of the study and
 247 approximately 25 months when we assessed language processing speed and vocabulary size.
 248 We calculated SES using the Hollingshead Index, which reflects education and occupation
 249 for both mothers and fathers. SES was included as a covariate based on prior studies
 250 (Daneri, Blair, & Kuhn, 2018; Hoff, 2003; Huttenlocher, Waterfall, Vasilyeva, Vevea, &
 251 Hedges, 2010), to examine the unique role of caregiver behaviors on children's language

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.

252 skills over and above potential confounding variables.

253 Families represented a diverse range of SES backgrounds. All mothers reported that
254 they were native Spanish speakers. All families lived in the US but the mothers were
255 primarily born in Mexico (33), with a few born in Central America (5) or the US (4).

256 Procedure

257 Native Spanish-speaking research staff met with the caregiver to explain study
258 protocol, and all caregivers gave their informed consent prior to study participation.
259 Caregivers participated in a videotaped lab-based play session with their 18-month-old
260 children at a community laboratory. Each caregiver was asked to engage with her child
261 using a standard set of toys (e.g., plates, pretend food, cutlery, pots, doll) for
262 approximately 5 min. During the session, the child wore a LENA recorder placed inside a
263 specially-designed vest to capture the adult speech spoken during the play session
264 (Marchman, Weisleder, Hurtado, & Fernald, 2021). At 18 and 25 months, children
265 participated in the Looking-While-Listening task to assess spoken language understanding
266 (Fernald et al., 2008). At both time points, caregivers completed parent-report assessments
267 of their child's productive vocabulary size (Jackson-Maldonado, Thal, & Fenson, 2003).

268 Measures

269 **Coding of caregiver referential gestures and labels.** A native Spanish-speaker
270 used ELAN (version 5.0, Wittenburg, Brugman, Russel, Klassman, & Sloetjes, 2006) to
271 code all caregivers' referential gestures and labels from the video recordings of the play
272 sessions. Gestures were coded first without audio. Referential gestures were defined as
273 those gestures used to attract infants' attention to the toys or other objects in the
274 environment. Gestures included holding out objects/giving, pointing, descriptive or iconic
275 gestures (e.g., making a chopping motion with their hand), and touching with an open

276 hand. Physically playing with toys was not included as a gesture (e.g., holding the knife
277 and pretending to cut vegetables in front of the child). A standardized protocol used to
278 define the onset and offset of each gesture is available in our full codebook
279 (https://osf.io/fmvyc/?view_only=7fd65681a7154f43aa5b5a67c38a1392). Frequency of
280 gestures was derived for each caregiver, and the onset and offset of gestures were used for
281 our overlap measure below.

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

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

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

297 **Reliability Coding.** A second native Spanish-speaking coder coded labels and
298 gestures for approximately 20% of the families ($n = 8$). The second coder was blind to the
299 study hypotheses and to the coding by the first coder. Intraclass correlations (ICC)
300 suggested strong reliability for number of labels (ICC = .996, 95% CI [.96, 1]), gestures
301 (ICC = .89, 95% CI [.54, .98]), and overlaps (ICC = .99, 95% CI [.98, 1]).

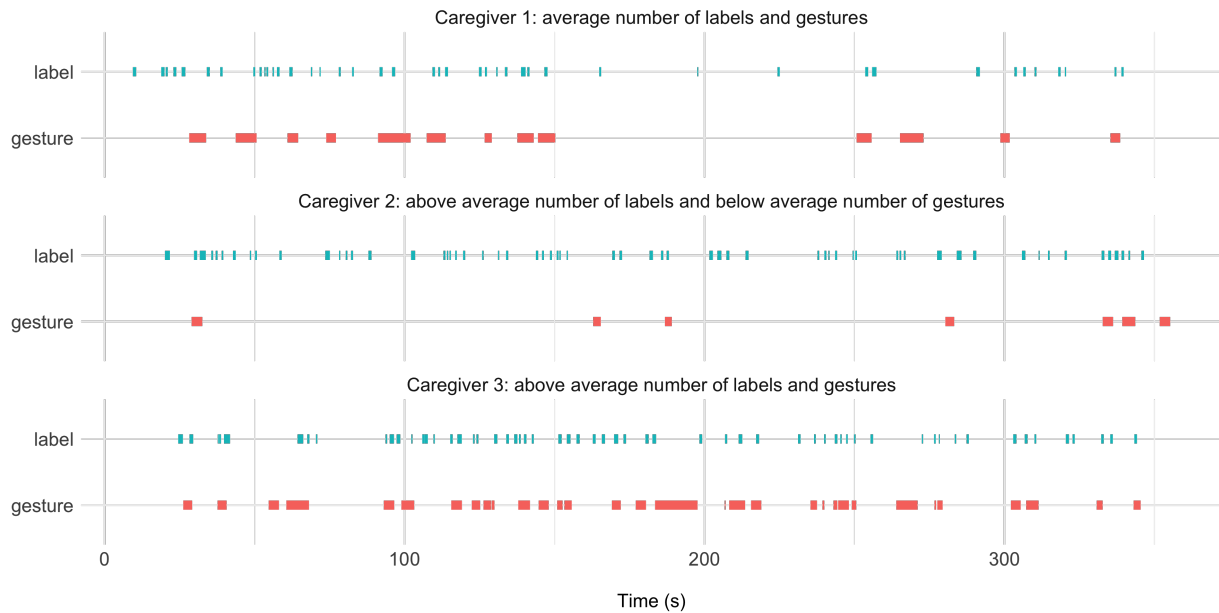


Figure 1. Examples from three caregivers chosen to illustrate the variability in frequency and duration of label and gesture use. Ticks represent each instance and the size depicts the duration. For the sample, Caregiver 1 provided an average number of labels and gestures, Caregiver 2 provided an above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

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

308 **Spoken language processing.** At each time point, the child participated in the
 309 Looking-While-Listening task (LWL, Fernald et al., 2008). In this task, the child sits on
 310 their caregiver’s lap while viewing pictures of two familiar objects on a screen. After 2 sec,
 311 a voice of a female, native-Spanish speaker names one of the objects (e.g., “¿Dónde está el
 312 perro?”, Where’s the doggy?), followed by an attention-getter phrase (e.g., “¿Te gustan las

313 fotos?, Do you like the pictures?). On each trial, the pictures were presented in fixed pairs,
314 matched for salience, and the target words were matched in grammatical gender. At 18
315 months, auditory stimuli consisted of eight familiar words presented 6 times each as target
316 and distracter. At 25 months, auditory stimuli consisted of twelve familiar words presented
317 4 times each as target and distracter. Each word in the pair served an equal number of
318 times as target and distracter, for a total of 48 trials, with target picture counterbalanced
319 across side across trials.

320 After a brief calibration session, trials were presented in two fixed pseudo-random
321 orders such that the target picture was not presented on the same side for more than two
322 trials in a row. Patterns of children's eye-gaze were captured at 60 frames/sec by a Tobii
323 X60 eye-tracker, mounted to the bottom of the monitor. A video camera attached to the
324 top of the monitor also provided a record of children's eye gaze across the full session. All
325 video-recordings of the testing sessions were prescreened to exclude trials when the child
326 was inattentive or if there was any concern that the caregiver was biasing the child. Based
327 on which picture the child was fixated at target noun onset, trials were defined as
328 distracter or target initial. Trials on which the child was not looking at either picture at
329 target noun onset were not analyzed. Trials were also later removed on a child-by-child
330 basis if the parent reported that the child did not know the target word. Due to calibration
331 failures or experimental error, some portion of the sessions (11/42, 26%) were hand-coded
332 by trained coders following standard protocols (Fernald et al., 2008). Processing speed was
333 calculated on all distracter-initial trials as the mean reaction time (RT) in milliseconds to
334 shift from the distracter to the target picture measured from the onset of the target noun.
335 Trials were excluded if shifts were faster than 300 ms or slower than 1800 ms from target
336 noun onset, since these shifts are not likely to be in response to the target word. Given
337 that children could have different numbers of distracter-initial trials, the mean number of
338 trials per child varied ($M = 9.81$, $SD = 4.70$), however, all children had at least 2 trials
339 contributing to the computation of RT (range = 2 – 21).

340 **Vocabulary size.** Children’s vocabulary size in Spanish was assessed at each time
341 point by parent report with the MacArthur-Bates Inventarios del Desarrollo de Habilidades
342 Comunicativas (CDI, Jackson-Maldonado et al., 2003). These instruments ask parents to
343 indicate what words their child can “understand and say” from a list of hundreds of items.
344 At 18 months, some parents completed the Inventario I form and others completed
345 Inventario II form, due to slight changes in protocol over time. For those children whose
346 parents completed Inventario I, scores were converted to proportions based on the number
347 of items on the Inventario II form. At 25 months, all parents completed Inventario II.
348 Vocabulary size was the number of words chosen (680 words maximum). Due to missing
349 data, 37 families are included for analyses with the CDI.

350 **Analysis Strategy**

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

366 variable(s) best predict gains in language processing or vocabulary size over and above SES
367 and children's earlier language skills.

368 For each dependent variable (dv), we compared the same set of models²: (1) `dv ~`
369 `labels`; (2) `dv ~ gestures`; (3) `dv ~ overlaps`; (4) `dv ~ adult_words_per_hour`, which
370 considers all speech using AWC; (5) `dv ~ labels + gestures`, which assumes that both
371 labels and gestures contribute independently; (6) `dv ~ labels * gestures`, which
372 assumes that the contribution of labels and gestures are conditional on one another, and
373 (7) `dv ~ covariates` is the baseline model. If a model performs at or worse than the
374 baseline, its predictor(s) do not contribute to predicting gains in processing or vocabulary
375 over and above the covariates.

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

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.

Results

390

391 Descriptive statistics

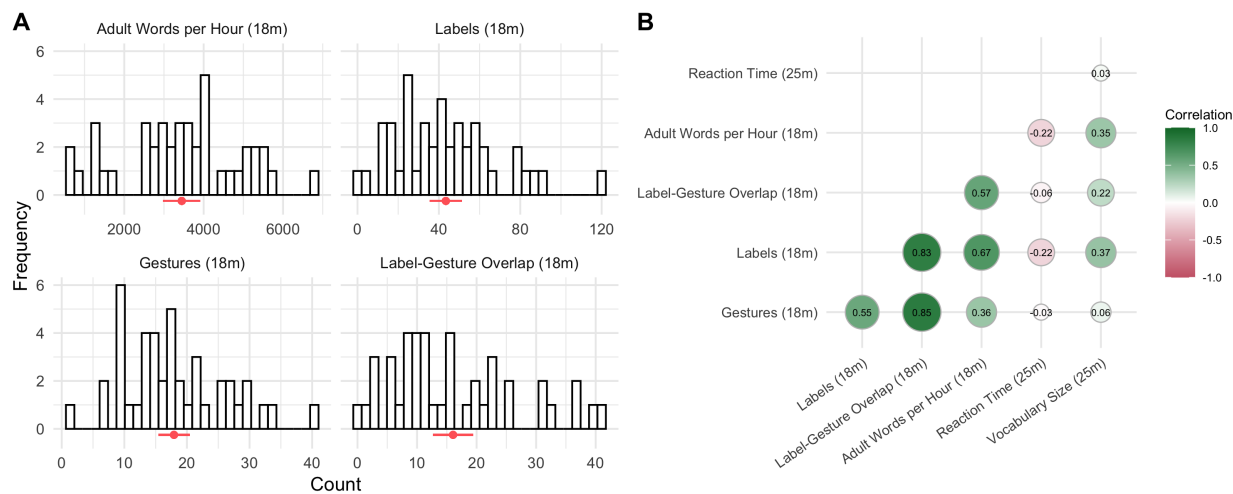


Figure 2. A) Descriptive distribution of independent variables with mean and 95% CI (in red), B) Zero-order correlations between dependent variables and input variables. Circle size and color intensity increase with the absolute magnitude of correlation.

392 Figure 2A provides descriptives for the four measures of caregiver communication.
 393 Caregivers produced approximately 3500 words per hour ($M = 3,447.26$, $SD = 1,491.97$,
 394 range = 531.94 - 6,683.38), on average, based on the automated LENA counts. Caregivers
 395 produced just over 40 labels ($M = 43.42$, $SD = 25.55$, range = 0 - 120) and about 18
 396 gestures ($M = 17.93$, $SD = 8.11$, range = 2 - 41). When considering overlaps, caregivers
 397 produced about 15 labels that were also accompanied with a referential gesture, ($M =$
 398 16.05 , $SD = 10.89$, range = 0 - 41).

399 Figure 2B shows the zero-order correlations among all variables. As expected, the
 400 three measures capturing caregivers' language (AWC per hour, labels, overlaps) were
 401 significantly correlated. Numbers of referential gestures also correlated with verbal behavior
 402 variables, suggesting some shared underlying variance. However, none of the correlations
 403 indicated that any two measures were redundant (i.e., all $r < .90$), which justifies assessing

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

404 their independent predictive relation to the dependent variable in the model comparison.

405 **Spanish language processing**

406 Table 2 shows WAIC scores and weights for each model predicting children's language
 407 processing speed (RT). Only two models outperformed the baseline model: labels and
 408 AWC per hour, with both models similar in their weights (model weights: 0.23 labels; 0.18
 409 AWC per hour). None of the models that included gestures, either as the only test
 410 predictor or in combination with labels, made better predictions compared to the baseline
 411 model than models that included labels. Thus, children's language processing speed at 25
 412 months was best predicted by models that included some form of caregivers' verbal
 413 behavior as predictors.

414 Figure 3A-i shows the posterior distribution of the model estimates for number of
 415 labels to be negative ($\beta = -39.96$) and largely different from 0 (95% credible interval (CrI)
 416 = -91.91 - 12.11). This speaks for a positive relation: the more labels the caregiver used at

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

417 18 months, the more the child improved in their reaction time from 18 to 25 months.
 418 However, the fact that the 95% CrI included zero, cautions against an overly strong
 419 interpretation. A similar pattern was found when investigating the estimate for adult word
 420 count in the respective model: more adult talk was related to gains in reaction time – with
 421 considerable uncertainty ($\beta = -27.88$, 95% CrI = -80.57 - 25.19). The effect of SES was
 422 also similar. Children from families higher in SES tended to have greater developmental
 423 gains in reaction time, however, this effect was weak in magnitude ($\beta = -27.67$, 95% CrI =
 424 -79.96 - 24.31). Finally, children with a slower reaction time at 18 months were also slower
 425 at 25 months ($\beta = 52.69$, 95% CrI = 0.12 - 105.42). Figure A-ii shows the observed
 426 vs. predicted values from the model with labels as the test predictor.

427 **Vocabulary size**

428 Table 3 shows the model comparisons for vocabulary size. All predictor models made
 429 better predictions compared to the baseline model. As with RT, the model including the

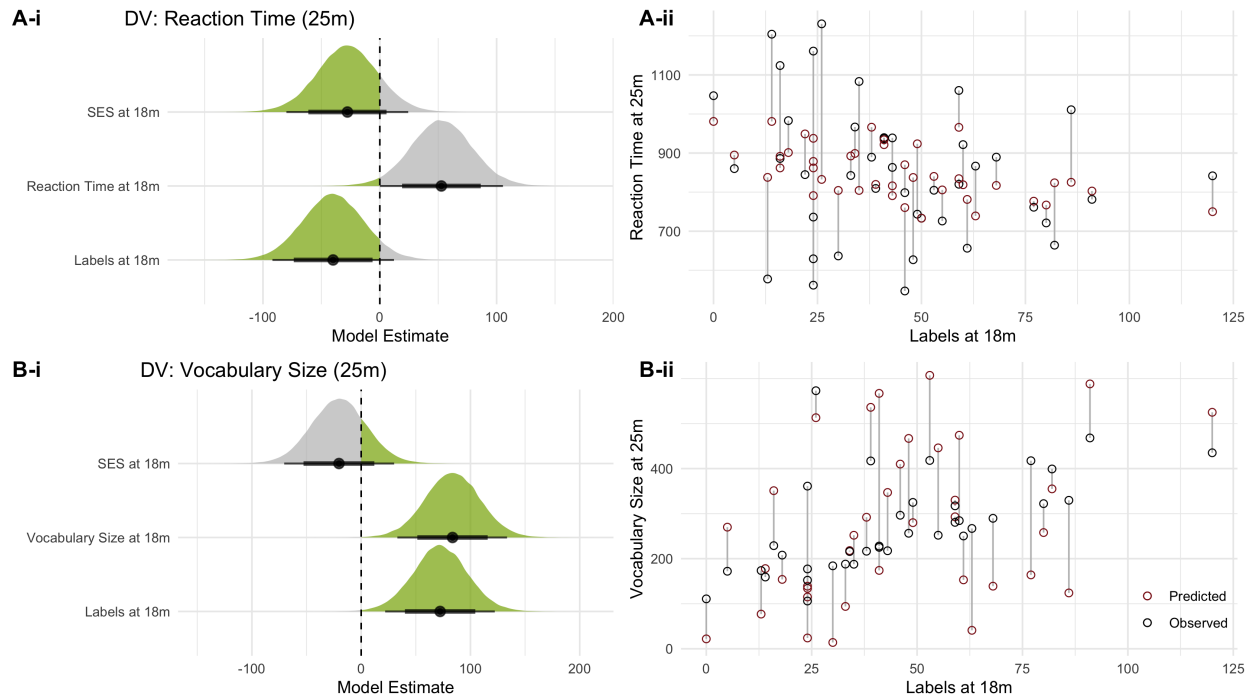


Figure 3. Left: Posterior distributions for model estimates, right: model predictions. On the left, the green area denotes the section of the distribution that is supportive (i.e. faster reaction time and larger Size (25m)). Points below each distribution show means, and error bars show 80% (thick) and 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).

430 number of labels produced by the caregiver made the best predictions – this time, however,
 431 it clearly outperformed all the other models (model weight = 0.38). Models including
 432 gestures were given more weight only when they also included labels.

433 As shown in Figure 3B-i, the posterior distribution for the model estimate for labels
 434 was positive, large and reliably different from 0 ($\beta = 72.29$, 95% CrI = 21.95 - 122.26).
 435 Children who heard more labels at 18 months increased more in their reported vocabulary
 436 size from 18 to 25 months. SES had a weak effect ($\beta = -20.34$, 95% CrI = -70.46 - 30.14).
 437 Finally, children who had a larger reported vocabulary at 18 months also had a larger

438 reported vocabulary at 25 months ($\beta = 83.57$, 95% CrI = 33.10 - 133.49). Figure 3B-ii
439 shows the observed versus predicted values from the model with labels as the test predictor.

440 **Comparing the contribution of labels and gestures**

441 The model comparisons suggested that including the number of gestures as a
442 predictor did not contribute to a model's predictive accuracy above baseline for RT,
443 although gestures performed better than baseline for vocabulary size. Nevertheless, it is
444 still interesting to see how the number of gestures related to the dependent variable in the
445 different models. Thus, we compared the posterior distributions of the model estimates for
446 labels and gestures across the models that included them. Figure 4 shows this comparison.
447 Looking first at labels, regardless of model, the supportive contribution of labels was stable
448 whether tested as the only predictor or together with gestures for both reaction time and
449 vocabulary size. In contrast, gestures only supported the outcome of vocabulary growth
450 when considered as the sole test predictor. When combined with labels, the model
451 estimates were essentially zero. This pattern affirms the conclusion based on the model
452 comparisons, i.e., that knowing the number of gestures in the input – in addition to the
453 number of labels - did not improve predictions.

454 **Discussion**

455 Our goal was to compare variation among Spanish-speaking caregivers in the number
456 of words, labels, gestures, and combined labels and gestures used when interacting with
457 their toddlers, in order to determine the smallest set of caregivers' communicative
458 behaviors that best predicted children's language outcomes at 25 months. We found that
459 over and above SES and children's earlier language skills, variability in caregivers' use of
460 referential labels was the strongest predictor of children's processing speed and vocabulary,
461 when pitted against variability in referential gestures or in different combinations of labels
462 and gestures. Caregivers' total words predicted children's later language processing speed

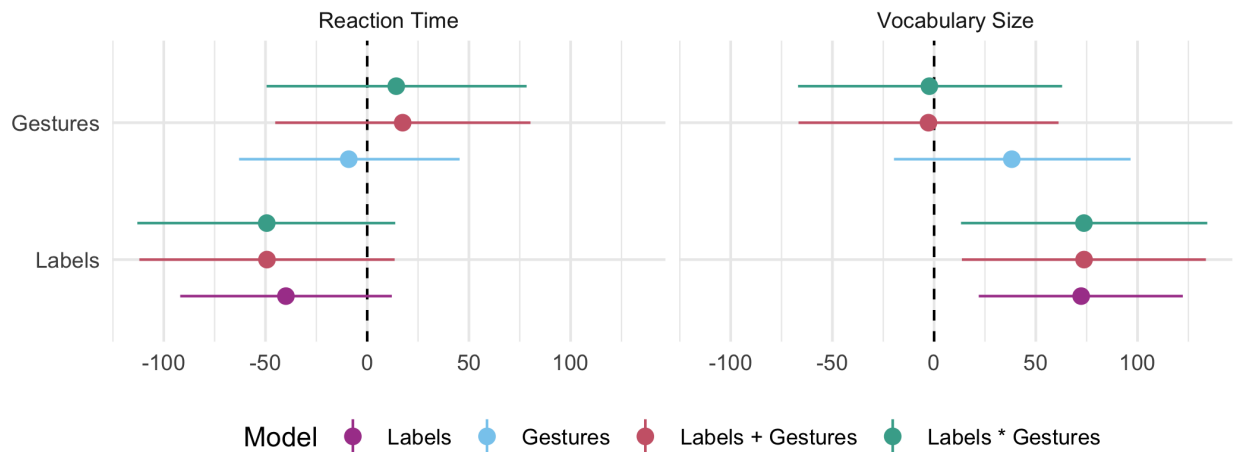


Figure 4. Comparing estimates for labels and gestures across models. Points show means of the posterior distribution (95% CrIs) for the estimates. Estimates were extracted from all models that included one or both of the predictors.

463 but not their vocabulary. We discuss two questions raised by the results: Why might
 464 caregivers' use of referential labels predict children's later language processing efficiency
 465 and vocabulary size? Why are labels more predictive than gestures?

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

468 Those caregivers who used more labels also used more words overall (Figure 2B),
 469 reflecting an r^2 of 45% shared variance and demonstrating a strong relation between these
 470 measures. However, while both measures of talk predicted reaction time, only caregivers'
 471 use of labels better predicted both outcomes of children's language processing and their
 472 vocabulary size. One possibility is that the frequency of caregiver labels is more closely
 473 linked to children's understanding of word meaning, which is reflected in outcome measures
 474 of both language processing and vocabulary size. Labels themselves are symbols that refer
 475 to the objects, ideas, or events they represent (Acredolo & Goodwyn, 1988; Bates, Thal,
 476 Whitesell, Fenson, & Oakes, 1989; Colonnaesi, Stams, Koster, & Nool, 2010), and both the

477 mapping of a label to a referent and the learning of a label for a referent are directly
478 assessed in both of our outcome measures. Language processing speed reflects children's
479 ability to map a spoken object name in real time onto one of two familiar pictures, assessed
480 only on trials when the child demonstrates a clear shift from the distracter to the target
481 picture. Thus, this task taps into children's familiar knowledge of these everyday objects
482 where children who are faster at processing the object label may have stronger conceptual
483 and linguistic representations than those who are slower. Vocabulary size, as reported by
484 parents on the CDI, reflects children's abilities to produce the names of objects and
485 concepts. Therefore, variation among caregivers in the frequency of specific use of
486 referential labels may provide a closer link to individual differences in children's linguistic
487 knowledge about objects or events. While caregivers' use of total words use may help
488 "tune" up children's language processing speed, and provide children with the practice of
489 hearing language, caregivers' use of labels, in particular, specifically provides the linguistic
490 information that enables early word learning. These results suggest that during early
491 stages of language learning, repeated and varied exposure to labels embedded within
492 day-to-day conversations may help children associate, prune, and strengthen these links
493 (McMurray et al., 2012), quickly process how labels map onto objects in real time (Fernald,
494 Perfors, & Marchman, 2006), and build a vocabulary that reflects their understanding
495 about the world (Weisleder & Fernald, 2013).

496 **Why are labels more predictive than gestures?**

497 Caregivers who used more referential labels were those who used more referential
498 gestures, ($r = .55$; Figure 2B). The strength of this association is within expectations
499 based on prior studies of children across a broad age range (i.e., 8 to 36 months), in spite of
500 slightly different operationalizations of total words, labels, and gestures (e.g., Pan et al.,
501 2005: $rs = .35 - .54$; Rowe, 2000: $r = .58$; Rowe & Goldin-Meadow, 2009: $r = .67$; Salo et
502 al., 2019: $r = .30$; Salomo & Liszkowski, 2013: $r = .63$). However, we did not find support

503 for our hypothesis that an underlying shared characteristic of caregivers' communicative
504 reference across referential labels and gestures was predictive of children's language skills
505 (Rowe, 2000; Rowe et al., 2008). Instead, it was the frequency in caregivers' use of labels
506 that best predicted later language outcomes. Rather than the shared referential function
507 that both labels and gestures serve, there is information in the linguistic signal specifically
508 associated with label use that supports children's later vocabulary outcomes.

509 It is important to note that as in previous studies, our measures of referential labels
510 and gestures were not mutually exclusive. Labels may have occurred alone in an utterance
511 or embedded in a multi-word utterance, with each instance co-occurring with a variety of
512 socio-pragmatic behaviors such as eye-gaze, facial expressions, body movement, in addition
513 to referential and non-referential gestures. Our findings suggest that variability in
514 caregivers' use of referential labels, regardless of how these labels are combined with
515 nonverbal behaviors, is most strongly associated with later vocabulary in 25-month-old
516 children.

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

528 It is also possible that caregivers' use of referential labels and gestures are of different

529 importance at different phases of children’s communicative development. Children in our
530 study were 17 to 19 months old, whereas prior studies linking caregivers’ gesture use to
531 later outcomes examined gestures when children were around 14 to 16 months old (Iverson
532 et al., 1999 ; Pan et al., 2005; Rowe & Goldin-Meadow, 2009). At earlier ages more children
533 are in an early pre-linguistic stage, and thus may benefit more from the support for learning
534 provided by caregivers’ use of referential gestures. Children who produce more gestures
535 early in life have been found to have stronger vocabulary later on (e.g., Colonna et al.,
536 2010; Kirk et al., 2022). Caregivers’ gestures may be particularly supportive of children’s
537 prelinguistic gestures and short-term language outcomes (Rowe & Leech, 2019), an effect
538 that is less evident as children become more linguistically advanced. It is also important to
539 note that the current study focused specifically on referential gestures, whereas prior work
540 has considered a larger set of caregivers’ communicative behaviors, including symbolic
541 gestures (e.g., cutting motion with hands) and conventional gestures (e.g., nodding to
542 mean “yes” in the United States). Therefore, at any given moment, caregivers can use both
543 referential and non-referential gestures to direct children’s attention to the label-object
544 link, support visual object recognition, and resolve ambiguity of the intended referent
545 (Tincoff et al., 2019; Villiers Rader & Zukow-Goldring, 2012; Zukow-Goldring, 1996), all of
546 which are likely to provide a foundation for stronger language learning.

547 **Limitations**

548 While our results shed light on which specific features of caregiver communicative
549 behaviors may be important for language learning, we are unable to establish definitively
550 the direction of any causal link between caregivers’ verbal behaviors and children’s language
551 skills. Though we included a covariate of children’s initial language skills on the respective
552 outcome measure to assess caregivers’ contribution to children’s growth in language skills,
553 we cannot rule out the possibility that caregivers who use more labels do so because their
554 children are more verbal. Correlational links represent average effects, with much still left

555 unexplained (Bailey, Duncan, Watts, Clements, & Sarama, 2018). Rather than a causal
556 pathway of caregivers influencing children, correlations may represent relatively stable
557 individual differences among children and families with shared genes and/or environments.
558 Correlations may also be attributable to individual differences in children's propensity or
559 ability to elicit engagement from others or in children's ability to effectively process
560 information (Pace, Luo, Hirsh-Pasek, & Golinkoff, 2017; Weisleder & Fernald, 2013).
561 Though there is growing research examining whether intervening with caregivers in their
562 use of verbal and nonverbal behaviors can influence children's early language development
563 (Matthews et al., 2012; Rowe & Leech, 2019; Suskind et al., 2016), findings to date are
564 mixed. Ongoing research should continue to explore the effectiveness of such interventions
565 for children's short- and long-term outcomes, as well as potential moderators that influence
566 which families are likely to benefit the most (Rowe & Leech, 2019).

567 Moreover, the potential for short- or long-term causal impacts of caregivers' verbal or
568 nonverbal behaviors for children's language outcomes should be considered within the
569 context of broader socioeconomic and political systems that underlie families' day-to-day
570 experiences (Rowe & Weisleder, 2020). This work examined caregiver behaviors in a
571 lab-based interaction, which may be consistent with caregivers' densest periods of
572 interactions in the home; however, testing children in a lab still differs from the ebb and
573 flow of interactions over the course of a day, when children may engage with multiple
574 individuals (Bergelson et al., 2019; Reynolds, Vernon-Feagans, Bratsch-Hines, Baker, &
575 Investigators, 2019). Our study also included children with typical development from one
576 unique cultural context, primarily Spanish-speaking families raising their children in an
577 English-dominant community in the United States. More work is needed to understand if
578 these links are seen in comparative studies across cultures, languages, and in populations
579 which include neurodiverse children (Bang, Adiao, Marchman, and Feldman (2019) ;Choi,
580 Shah, Rowe, Nelson, and Tager-Flusberg (2020); Salomo and Liszkowski (2013)]. Across
581 contexts, children and parenting practices may vary widely (Rowe & Weisleder, 2020),

582 likely influencing how frequently children are exposed to labels and gestures during direct
583 engagement with caregivers. There is still much to understand for what processes may be
584 shared, but also what may very well be different pathways that support language
585 acquisition in different populations.

586 **Conclusion**

587 Children who engage more frequently with their caregivers tend to have stronger
588 language outcomes. Here, we explored one possible explanation of that relation, namely,
589 that caregiver engagement is more supportive of learning because caregivers use a variety
590 of verbal and non-verbal behaviors to help children establish reference to objects and
591 events in the world. Specifically, we investigated how caregivers' use of referential labels
592 and gestures predicted children's later vocabulary skills, rather than focusing on a single
593 form of reference. Contrary to our predictions, we found that the frequency of caregivers'
594 use of referential labels when communicating with children at 18 months, but less so their
595 frequency of labels and gestures in combination, best predicted growth in children's
596 language processing and vocabulary skills at 25 months. Caregivers' overall talkativeness
597 was also associated with children's later processing speed, suggesting that overall
598 experience with language supports skill in real-time language comprehension. However,
599 later vocabulary development was best predicted by caregivers' use of labels, more strongly
600 than overall talkativeness, suggesting that it is the use of labels, per se, that provides
601 important cues to vocabulary learning. Taken together, these findings reveal that specific
602 properties of caregiver verbal engagement may support different aspects of language
603 learning, providing important insights into the pathways through which caregiver
604 engagement supports children's learning.

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