The purpose of this study is to analyze the effectiveness of conventional intervention compared to use of the Conversation Clock in modifying conversational skills of children with social language deficits.

People with social language deficits have difficulty with certain aspects of conversation, including:
• turn-taking
• length of turn
• conversational dominance
• appropriate use of vocal volume
• interrupting

CONVENTIONAL REMEDIATION
• Teach rules
• Practice skills
• Observe person’s use of these skills (using video), and analyze: a social autopsy.

There are few treatment approaches that facilitate self-monitoring and allow for immediate modification of a behavior.

OUR PROPOSED REMEDIATION
• Teach rules
• Practice skills, with immediate feedback during the interaction using the Conversation Clock.
• Observe person’s use of these skills (using video), and analyze: a social autopsy

CONVERSATION CLOCK
• A computer interface that graphically projects conversational patterns onto a table surface.
• Each speaker has a personal microphone to monitor and associate audio input of individuals.
• The visualization is projected into the center of the table and is easily seen by all.

• Color shows speaker
• Bar length shows volume
• Circles count minutes
• Upon completion of a ring, all rings shrink toward the center point creating space for a new outer ring.

The resulting image resembles the rings of a tree, in which the inner rings represent earlier times in the history of the conversation.

PARTICIPANTS
• Asperger’s Syndrome (AS)
• Non-verbal Learning Disorder (NVLD)
• High-Functioning Autism (HFA)
• Pervasive Developmental Delay (PDD-NOS)

We will determine language skills, social communication abilities, and learning style preference (visual vs. auditory) using the following standardized tests: Test of Language Competence-Expanded; Detroit Test of Learning Aptitudes; Behavioural Assessment of Dysexecutive Syndrome; Kaufman Brief Intelligence Test and the Perceptual Learning-Style Preference Questionnaire.

Plus, the following nonstandardized assessments: The Quick Scan (of Abilities and Challenges); Social Communication Skills Rating Form; Interest Survey; and a Case History.

THE STUDY
• Children over the age of 14.
• Person with a “diagnosis” paired with a typically-developing peer (same age, similar interests).
• Read and hear the beginning of a story.
• Determine three possible endings to the story and rank order by favorite.
• Describe endings to clinician.
• During intervention, participants will watch a video of interaction and analyze what worked and what didn’t.
• Half of the dyads will get conventional remediation (teach, practice, do autopsy).
• Other half get conventional remediation with feedback from the Conversation Clock.

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<th>Week</th>
<th>Session</th>
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<tbody>
<tr>
<td>1</td>
<td>Assessments</td>
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<td>3</td>
<td>Pre-Intervention (no autopsy)</td>
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<td>5</td>
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<td>6</td>
<td>Interventions (video of dyad with conventional remediation, and of dyad with the Conversation Clock)</td>
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<td>Interventions</td>
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<td>10</td>
<td>Interventions</td>
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<tr>
<td>11</td>
<td>Post-Intervention (no Conversation Clock, no autopsy)</td>
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</tbody>
</table>

THE $64,000 QUESTION(S)
Will the treatment group benefit from the Conversation Clock?

and...

For the individuals who benefit from the intervention with the Conversation Clock, can we predict and/or characterize the subgroup who benefit based on our pre-tests?

WHAT NEXT?
We’ll present our results next year in Philadelphia, PA.

CONTACT ME!
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