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The underlying basis of the communication difficulties of high functioning pervasive developmental disorder

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APPENDIX A

CONSENT FORM, INFORMATION SHEET, CASE HISTORY FORM AND CASE HISTORY INFORMATION

APPENDIX A.1: CONSENT FORM, INFORMATION SHEET AND CASE HISTORY FORM

APPENDIX A.1.1: INFORMED CONSENT FORM COMPLETED BY PARENTS

Informed Consent Form: Study - Cognitive Processing and Communication

I, Gillian Shaw, am a PhD student in The Department of Speech-Language Pathology, University of the Witwatersrand. I am conducting a study assessing the way children process information cognitively and how this affects their communication skills. I would be grateful if you will allow your child to participate in this study. This will involve both some formal assessment and informal assessment measures. These are designed to be non-threatening and fun for this age group and are described in more detail in the information sheet. Participation in the study is voluntary and your child's anonymity will be respected. All assessment results will be coded (i.e. your child's name will not be included). All results obtained for your child will be available to be discussed with you. The researcher will be available to answer any enquiries regarding the study in general or regarding your individual child's results in particular. Once complete this study will be published in a research dissertation that will be included in the university's library.

I, _____ (parent's/guardian's name) give consent for my child _____ (child's name) to participate in this study.

Signature of parent/guardian: _____

Date: _____

Signature of researcher: _____

APPENDIX A.1.2 INFORMATION SHEET GIVEN TO PARENTS

Information Sheet: Study - Cognitive Processing and Communication

The aim of the study is to determine how the manner in which children process information cognitively influences their communications skills.

Three groups of children (in the age range 5-7 years) will be assessed in the study:

1) Children whose primary communication difficulty is with using the language they have acquired appropriately.
2) Children whose primary communication difficulty is with the structural aspects (grammar and correct articulation) of language.
3) Children who do not have a history of any developmental difficulties (they will form a comparison group).

The assessment battery will be carried out on each child individually. This assessment battery will involve some formal (i.e. standardised language and cognitive processing measures), as well as some informal (clinician-constructed) measures. The formal assessment consists of standardised measurements, which are designed to be non-threatening and fun for this age group. The informal assessment measures will mainly be conducted through the medium of play and are based on measures previously used in a number of relevant studies in this age group. These were found to be unstressful and were enjoyed by the children who took part in the pilot study. The entire assessment battery is envisaged to take approximately three to four hours and will be administered over a number of sessions. It is envisaged that three to four sessions of approximately forty-five to sixty minutes will be required with each child. All assessment results will be coded (i.e. your child's name will not be included). Certain aspects of the assessment will be videotaped to allow for accurate collection of information and will remain confidential.

The assessment battery will provide information on your child's functioning in a number of areas. Measures will include:

- Assessing the child's strengths and weaknesses in the cognitive processing areas of:
    a) Planning: This assesses problem-solving skills.
    b) Attention: This assesses the individual's ability to focus on a particular

stimulus, while inhibiting responses to competing stimuli.

c) Simultaneous processing: This assesses the child's ability to integrate separate stimuli into an individual whole or group.

d) Successive processing: This assesses the child's ability to integrate stimuli into a specific serial order.

- Measures of social cognition will include:
  a) Measures to assess the child's ability to take another person's perspective.
  b) An assessment of the child's play.

- A communication assessment will include the following measures:
  a) Measures to assess the child's understanding of language.
  b) Measures to assess the child's ability to express the semantics/meaning (content) aspects of language.
  c) Measures to assess the child's expressive grammar.
  d) Measures to assess the child's expressive discourse (story telling and conversational abilities).
  e) Measures to assess the child's speech production/articulation.

  For many of the areas in the communication assessment the same speech/language sample will be analysed in different ways in order to obtain maximum information about each child's communication skills without exposing him/her to excessive testing.

The results of these measures are likely to provide insight into gaining a better understanding of each child's cognitive processing and social cognition skills and how these relate to that particular child's communication skills. This, in turn, may have beneficial implications for the treatment of the child's communication difficulty (should a communication difficulty be present) and the educational management of the child. The researcher will be willing to share the results of your child's assessment with any therapists, teachers or any other relevant educational, paramedical or medical professionals who are involved with your child, should you so desire. All information will be handled in strict confidence and your child's individual results will not be shared with any other professionals involved with your child without your consent. This study will be published in a research dissertation that will be included in the university's library.

Should you have any queries or require any further information before you make a decision regarding whether you would like your child to participate in this study, please do not hesitate to contact me.

Gillian Shaw

APPENDIX A1.3: CASE HISTORY FORM

PARENT QUESTIONNAIRE

Thank you for allowing your child to participate in this study. It will be of great assistance to me in analysing your particular child's results if I have some background information on him/her. I would, therefore, greatly appreciate it if you could spend some time completing the following questionnaire.

Should you have any queries, please do not hesitate to contact me.

With thanks

Gill Shaw

IDENTIFYING INFORMATION

Child's first name: _____

Surname: _____

Date of birth: _____

Age: _____ years _____ months

Home address: _____

_____

_____

Telephone numbers: Home - _____

Mother's work - _____

Father's work - _____

EARLY HISTORY

General

Is this child the natural offspring of the parents? _____

If not, please give details _____

_____

Birth order of this child _____

_____

Were there any miscarriages or stillbirths prior to the birth of this child? (Please give details) _____

Conditions during pregnancy

Length of pregnancy to nearest week (normal length = 40 weeks). Please give details if pregnancy deviated significantly from this _____

Age of mother at birth of this child _____

Mother's health during pregnancy _____

Any surgical or medical treatment (including drugs) during pregnancy? (Please give details) _____

_____

_____

Did mother smoke during pregnancy? _____

Did mother consume alcohol during pregnancy? _____

What drugs if any were used during pregnancy? _____

Was there any blood incompatibility between parents? _____

Treatment _____

_____

Birth

Total length of labour _____

Length of strong labour _____

Was labour induced? _____

Type of delivery (i.e. normal, forceps, suction or caesarian) and reason (e.g. choice of caesar) _____

_____

_____

Presentation (i.e. breech, placenta praevia and vertex/normal) _____

_____

Birth weight _____

Did child suffer any notable birth injuries? (Please give details) _____

_____

Condition of child at and soon after the birth (e.g. jaundice, infections, weight loss, convulsions) _____

_____

_____

Was the child treated for these conditions? Please specify (e.g., oxygen administered, blood transfusion, incubation, other) _____

_____

_____

Milestones

Was the child a quiet baby? _____

Describe the temperament of this child as a baby/in the first year (i.e. an easy baby, very active, etc.) _____

_____

_____

Age at which the child (if you are unable to recall the exact age, please specify if it

was within the norm):

Made first vocal sounds: _____

Said first words: _____

Said first sentences/two word combinations: _____

Sat: _____

Crawled: _____

Walked: _____

Achieved bowel control: _____

Achieved bladder control: _____

Which hand does the child use for writing, feeding, etc. _____

FEEDING

Were there any early difficulties with sucking, swallowing, milk through the nose etc.? _____

_____

_____

_____

Any food allergies? (Please specify) _____

_____

_____

Any later feeding difficulties? (Please specify) _____

_____

_____

Is the child a fussy eater (i.e. does he/she particularly avoid certain foods or prefer to eat certain foods only)? (Please specify) _____

_____

_____

_____

MEDICAL HISTORY

Please describe the health of this child (i.e. good, poor, etc.) _____

_____

_____

_____

_____

Has the child ever suffered any serious illness? (Please state at which age the child suffered from each illness) _____

_____

_____

_____

_____

Has the child ever been seriously injured? (Please give details) _____

_____

_____

Has the child ever been hospitalised? (Please give details) _____

_____

_____

Did any of the illnesses/injuries affect the child's speech, language, hearing or general development? (Please give details) _____

_____

_____

Was medication prescribed for these illnesses/injuries? (Please give details) _____

_____

_____

_____

Has the child ever had ear problems/ear infections? (Please specify) _____

_____

_____

Has the child's hearing and vision been tested? (Please specify) _____

Were there any problems? _____

HISTORY OF DEVELOPMENTAL DIFFICULTIES

Please describe the nature of your child's communication difficulty, if one is present (i.e. difficulty articulating certain sounds, making grammatical errors, difficulty relating stories, difficulty at the conversational level, difficulty staying on topic, difficulty following instructions or understanding everything that has been said to him/her etc.) _____

_____

_____

_____

_____

_____

_____

When were these difficulties first noticed? _____

_____

_____

_____

Have these difficulties changed since they were first noticed? (Please specify) _____

_____

_____

_____

Has the child had any previous speech-language assessments and/or therapy or any other treatment for the problem? (Please give details, e.g. length of therapy) _____

_____

_____

_____

_____

_____

_____

Please describe the nature of any other difficulties your child may have (e.g. with motor co-ordination, visual perception, emotional difficulties, behavioural difficulties, etc.) _____

_____

_____

_____

_____

_____

_____

When were these difficulties first noted and have they changed since first being noted? _____

_____

_____

_____

_____

Has the child had any other previous assessments and/or therapy (e.g. physiotherapy, occupational therapy, psychology, paediatric assessments, neurological assessments)? (Please specify, i.e. main findings of assessments, type and nature of therapy, etc.) __

_____

_____

_____

_____

_____

_____

_____

_____

SCHOOLING

Please list the nursery schools/schools your child has attended _____

_____

_____

_____

Does the child have any difficulties at school? (Please specify) _____

_____

_____

_____

_____

_____

_____

GENERAL

Does the child have (or previously had) any behaviour problems (e.g. aggression; nightmares, bed wetting, fears, finger sucking, etc.) (Please give details) _____

_____

_____

_____

_____

_____

_____

Does the child experience any sleep difficulties? (Please specify) _____

_____

_____

Does the child have any unusual behaviours? (e.g. sensitivity to loud sounds, obsessive or compulsive behaviours, repetitive behaviours, dislike of change, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

How does the child get on with family members? (parents, siblings, etc.) _____

_____

_____

_____

How does the child get on with his/her peers? _____

_____

_____

_____

_____

_____

How does the child get on with older/younger children and adults outside the home? _

_____

_____

_____

_____

_____

Please describe this child's play: (e.g. does he/she engage in creative play, prefer constructional play (e.g. building things), what does he/she enjoy playing with and how does he/she play with other children?) _____

_____

_____

_____

_____

_____

_____

_____

_____

Describe this child's personality _____

_____

_____

_____

_____

_____

_____

_____

_____

Is this child receiving any medication (e.g. Ritalin, etc.)? Please specify the medication, what it is prescribed for and the dosage) _____

_____

_____

_____

Is there anything else that you feel is of importance for me to know about this child?

_____

_____

_____

FAMILY

Father's name: _____

Father's age: _____

Father's occupation: _____

Father's educational level: _____

Mother's name: _____

Mother's age: _____

Mother's occupation: _____

Mother's educational level: _____

Brothers (ages and educational levels) _____

_____

_____

_____

Sisters (ages and educational levels) _____

_____

_____

_____

Are there any other persons living in the home? (Please specify) _____

_____

_____

What is the family's home language? _____

Are any other languages spoken in the home? (Please specify which languages and to what extent) _____

_____

_____

Has anyone in the immediate/extended family ever had a speech, language, learning and/or hearing difficulty? (Please give details) _____

_____

_____

Has anyone in the immediate/extended family ever experienced any psychological or psychiatric difficulty, e.g. depression? (Please give details)? _____

_____

_____

Has there ever been any unhappiness in the home due to death, separation/divorce etc.? _____

_____

_____