

**THE EFFECTIVENESS OF ROLE-PLAY AS A THERAPY APPROACH TARGETING
PRAGMATIC SKILLS IN LEARNERS WITH LANGUAGE LEARNING DISABILITY**

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BY

FAREEAA ABDOOLA
209501911

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Declaration

As the candidate's supervisor I agree to the submission of this dissertation.

Saira Karim

Date

Dr. Penelope Flack

Date

I, Fareeaa Abdoola, declare that:

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Date

Dedication

This study is dedicated to every health professional who continuously strives to better themselves, better their professions and provide the best care to their patients. When the road appears dark and the climb seems steep, remember that it is a noble cause.

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Abstract

Role based learning involves the process whereby learners acquire skills, knowledge and understanding through the assumption of roles within real-life settings. Role-play holds potential as an effective learning strategy for children. However, there is limited research and practice within the field of speech-language pathology. The aim of this study was to determine the effectiveness of role-play as a therapy approach targeting the pragmatic skills of stylistic variation and requesting for clarification in learners with language learning disability (LLD). Children with LLD typically present with difficulties in social communication, which can negatively impact their social and academic achievement. The use of combined positivist and interpretivist paradigms allowed for the implementation of an embedded mixed methods design. An experimental pre-test post-test design was implemented. Eight participants, who were learners with a diagnosis of LLD, were purposefully selected. Data collection was conducted over five phases, utilising the Clinical Evaluation of Language Fundamentals (4th Ed.) Pragmatics Profile, discourse completion tasks, session plans and session records. Quantitative data was analysed using descriptive statistics and was supplemented by qualitative data from session records. Results revealed improvements in stylistic variation and requesting for clarification post role-play intervention, with minimal changes in the control group. Limitations and implications of the study were identified, and recommendations for the implementation of role-play as a therapy approach were made.

Keywords: Role-play, stylistic variation, requesting for clarification, language learning disability

Outline of chapters

Chapter 1: Introduction and rationale

This chapter provides an introduction to role-play as a therapy approach for pragmatic skills in learners with language learning disability, a presentation of the conceptual and theoretical framework adopted, as well as a discussion on the need for the study and the purpose it will serve in informing future research and clinical practice.

Chapter 2: Literature review

This chapter provides a review of literature covering the topics and research relevant to the study. Areas presented include: defining role-play, role-play as a learning strategy, advantages and disadvantages of role-play as a learning strategy, language learning disability, defining pragmatics, defining stylistic variation and requesting for clarification, and current practice in pragmatic intervention.

Chapter 3: Methodology

This chapter provides information about the aim and objectives of the study, the research paradigm, approach and design that was adopted, research variables, participants, data collection methods, data collection instruments, data analysis, issues of reliability and validity and ethical considerations.

Chapter 4: Results

This chapter presents the quantitative and qualitative data. Analysis and integration of the results for the experimental and control group are first presented separately, and thereafter comparisons between the groups are made and analysed statistically.

Chapter 5: Discussion

This chapter presents an integrated discussion of the results with reference to the aim and objectives of the study. Relevant information that surfaced during data collection and analysis is also presented and discussed.

Chapter 6: Conclusion

This chapter includes the researcher's concluding comments, limitations of the research, and research implications and clinical implications related to the results of the study.

CHAPTER 1

INTRODUCTION AND RATIONALE

“Research is formalized curiosity. It’s poking and prying with a purpose.”

– Zora Neale Hurston

1. Introduction

One often sees children playing ‘make believe’ and taking on the role of a schoolteacher, mother or doctor. Children generally have experience of taking on the role of another person in a different situation from a young age. Literature suggests that role-play is a natural method adopted by children to learn, as all children engage in some form of socio-dramatic play (Goldstein & Cisar, 1992; McSharry & Jones, 2000). In the field of speech-language pathology therapists seek out evidence-based methods of learning to facilitate language development in children who require such intervention. Role-play holds potential as an effective method of learning for children (Clarke & Wales, 2005; Greenwood, Horton & Utley, 2002; Killen, 2006; Mason, 2006; Purvis, 2008). Its effectiveness as an approach to targeting pragmatic skills in children with language learning disability was therefore investigated in this research study. The pragmatic skills selected as intervention targets for the study were requesting for clarification and stylistic variation.

Investigation into role-play as a learning strategy dates back at least thirty years (Ladousse, 1987; Van Ments, 1983), where the use of role-play was found to be effective in the education context. A recent change in approach to teaching and learning strategies has seen a rise in focus given to constructivism and active learning. These concepts are based on the tenet that effective learning occurs when the learner is actively involved in the construction of knowledge, as opposed to receiving knowledge from a third party (Brady, 2004). Various studies now advocate for the use of role-play as an active leaning strategy (Brady & Skully, 2005; Clarke & Wales, 2005; Killen, 2006; Yehuda, 2006). This study drew from this existing body of literature in order to further investigate the effectiveness of role-play as a therapy approach in speech-language pathology, by determining its effectiveness targeting specific pragmatic skills (stylistic variation and requesting for clarification) in a single population (children with language learning disability).

1.1 Conceptual and theoretical framework

The purpose of a conceptual framework in research is to capture and explicitly present the concepts, assumptions, theories and variables associated with the study (Maxwell, 2005). In the case of this study, the framework conceptualizes and demonstrates the way in which the literature has been approached, in order to form a foundation on which to base this study (Rocco & Plakhotnik, 2009).

A review of literature on the components of the research aim (role-play as a learning strategy, pragmatic intervention, language learning disability) guided the development of a framework. It was found that literature pertaining to role-play as a learning strategy, as well as role-play implementation, were found primarily in the field of education. Role-play as an approach to intervention is addressed in speech-language pathology literature, without specification regarding its theoretical basis, effectiveness or implementation. It was therefore necessary that this information be drawn from *education literature*, in order to inform and provide a foundation on which to build a rationale for its use in *speech-language pathology*. The effectiveness of role-play as a therapy approach was investigated in the area of *pragmatics* by targeting *stylistic variation and requesting for clarification*. The specific population targeted was learners with *language learning disability (LLD)*. Relevant literature around these components of the research aim were therefore included in establishing the theoretical framework for the study (see figure 1 overleaf).

A combination of the positivist and interpretivist paradigms was applied to the study (see chapter 3, section 3). This allowed the research to be approached in a systematic, analytical and logical manner, while still considering the holistic context (Coolican, 2004). The conceptual framework and paradigms therefore served as a guide to building the literature foundation for the study, as well as a guide to addressing the research methodology and interpretation of findings (Merriam & Simpson, 2000).

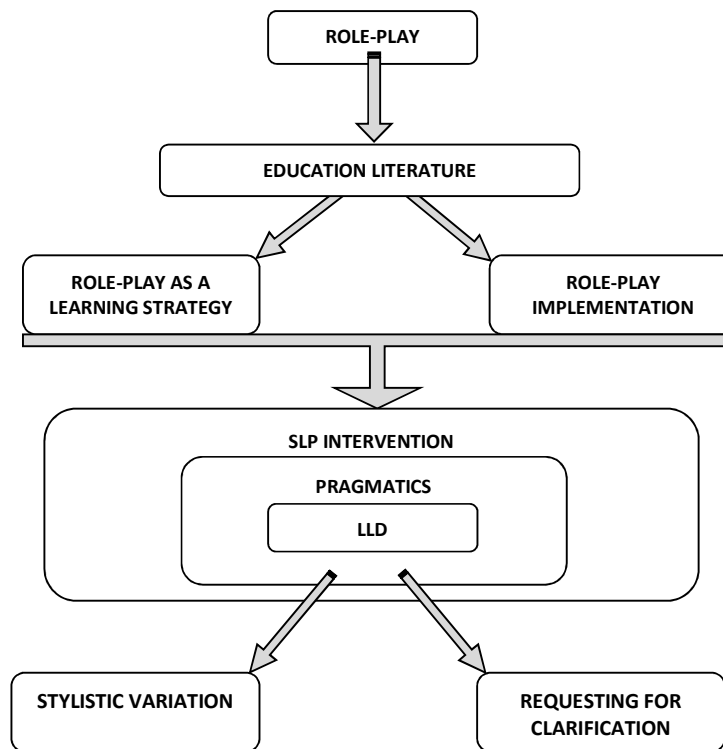


Figure 1. Conceptual framework

2. Rationale

The rationale for this study stems from personal clinical experience and observation, where it was noted that children in a special needs classroom were more involved in the therapy session and more easily retained new vocabulary when role-play was used. This exemplified literature about learners requiring more explicit intervention that supports generalization and provides immediate feedback (Greenwood, Horton & Utley, 2002).

A problem often encountered by speech-language therapists is that of a lack of generalization of therapy aims to contexts outside the therapy environment. Role-play allows the therapy context to closely approximate natural interactions, and therefore results in more functional outcomes and increased generalization (Killen, 2006). Many speech-language therapists make use of role-play during intervention with patients with aphasia and with those who stutter (Guitar, 2006; Herbert, Best, Hickin, Howard & Osborne, 2003). Role-play has been used along with other methods to target social communication skills; however, there is no study

that investigates the effectiveness of role-play itself as an intervention approach (Adams, 2003; Adams, Lloyd, Aldred & Baxendal, 2005; Evan & Stefanou, 2009; Gerber, Brice, Capone, Fujiki & Timler, 2012). There is also limited research into the effectiveness of speech-language pathology intervention for pragmatic difficulties, and studies which provide evidence of improved pragmatics post a specific intervention (Adams, et al., 2005). Multiple approaches and methods exist to target language form and content, and while these are essential, it is unlikely that they are sufficient to address social communication difficulties by themselves (Gerber et al., 2012).

Children with a LLD typically present with difficulties in social communication (Funderburk, Schwartz & Nye, 2009; Hallahan & Kauffman, 2003; Vaughn, Elbaum & Boardman, 2001). It is imperative that these difficulties are addressed in intervention, as they have the potential to impact on the individual's ability to become an integrated member of society. Poor pragmatic skills can result in peer rejection, decreased likability and difficulty forming friendships (Cordier, Munro, Gillan & Docking, 2013). This can result in the child having an increased risk of low self-esteem, long-term emotional difficulties and social isolation (Brinton & Fujiki, 2006). Effective approaches to address pragmatic difficulties are therefore necessary.

The results of this study will contribute to the limited body of knowledge regarding role-play as a therapy approach in the field of speech-language pathology, and thereby create a foundation on which further studies can be based. This study may also provide evidence for a shift in the approach and/ or method of intervention for other communication disorders.

CHAPTER 2

LITERATURE REVIEW

“The more extensive a man’s knowledge of what has been done, the greater will be his power of knowing what to do.” – Benjamin Disraeli

1. Introduction

The following chapter aims to provide a review of the relevant literature associated with role-play as a learning strategy, language learning disability (LLD) and pragmatics. The chapter commences with an explanation of what role-play is and its place in current health care and education practice. It then discusses literature relating to role-play as a learning strategy and the advantages and disadvantages of role-play as a learning strategy. Thereafter, the target population of the study (i.e. children with language learning disability) is introduced and discussed. In the last section of the chapter, pragmatics is discussed in general, and in terms of the target skills (stylistic variation and requesting for clarification) of the intervention being implemented. The section is concluded with a brief description of common pragmatic intervention approaches found in current literature and practice.

2. Defining role-play

2.1 What is role-play?

Role-play is a widely used term, found in many fields, such as drama, education, and psychology. Definitions of role-play available present with subtle differences, depending on the field and lens through which it is being viewed.

I first present a general definition, which I believe captures the core essence of the way in which role-play was viewed in this study. Role-play can be defined as a technique using simulated communication scenarios to elicit specific or spontaneous responses (Purvis, 2008). The key word in this definition is ‘simulated’, as it encompasses the central idea of role-play. The Concise Oxford Dictionary (2004) defines simulation as the imitation of conditions, pretending to have or be something. Clinically, simulation aims to provide experience in a safe and secure environment through the imitation of reality (Theodoros, Davidson, Hill & MacBean, 2010). Most of the literature on the topic uses the terms ‘role-play’ and ‘simulation’ interchangeably; however, there appears to be a lack of consensus on this matter. There are a number of researchers in the field of education who view simulation as a broader concept than

role-play (Lin, 2009). This view defines simulation as being an imitation of reality, while role-play more specifically involves taking on the role of specific characters (Lin, 2009).

Definitions of role-play that are more specific, and are viewed as being in line with the approach taken by this study, are as follows: “role-play minimally involves giving a role to one or more members of a group, and assigning an objective or purpose that participants must accomplish” (Brown, 2001, p.183); and “role-playing is an unrehearsed dramatization in which individuals improvise behaviours that illustrate acts expected of persons involved in defined situations” (Killen, 2006, p.262).

Lastly I present a definition of role-play (Milroy, 1982) that highlights role-play as a method of learning.

Role-play is a method of learning. It is a method based on role-theory. Participants adopt assumed positions and interact in a simulated life situation. This occurs for some educational purpose, usually under the guidance of the person with the educational responsibility. The interaction is spontaneous and at its conclusion there is opportunity for discussion (Milroy, 1982, p.8).

2.2 Types of role-play

There are three types of role-play: fully-scripted, partially scripted and unscripted (Nestel & Tierney, 2007). Fully-scripted role-play involves participants being provided with a script to follow, therefore allowing for no personal input from the participant during the actual role-play. Partially-scripted role-play refers to the participants being provided with a guide or prompt on which to base the role-play, however, their response is decided on by themselves. Lastly, unscripted role-play requires the participant to act within a given scenario as they would in real life.

Littlewood’s (1981) refers to five different types of role-play which he differentiates according to the amount of ‘facilitator control’ and ‘participant freedom’ involved. These are

performing memorized dialogues, contextualized drills, cued-dialogue, role-playing and improvisation. A memorized dialogue refers to learners being provided with the exact words of the dialogue which they must recite. A contextual drill also involves the learner being told what needs to be said, however the learner can use their own words to convey the message. A cued-dialogue is considered to provide the learner with enough freedom for active learning to take place, as it reflects genuine interaction (Lin, 2009). It involves the learner deciding how to respond to the given scenario. Role-playing allows the learner more control over the events of the scenario, whereas improvisation allows the learner to generate the entire scenario based on a general topic.



Figure 2. Comparison of classification of types of role-play by Littlewood (1981) and Nestel & Tierney (2007)

Even though these classification systems exist, there is little research into the type of role-play activities that are best suited to teach certain skills or that are most suitable for different types of learners. In this study the type of role-play activities implemented correlate with partially scripted (Nestel & Tierney, 2007) and cued-dialogue (Littlewood, 1981). A comparison of the two classification systems has been illustrated in figure 2 (above). This shows that partially scripted role-play and cued dialogue fall in the middle of both classifications, and correspond to one another. The purpose behind using this type of role-play in the study is that it allowed the researcher to present a specific scenario to the participants, so that a specific skill could be targeted. Participants were still given the opportunity to role-play how they would respond in the particular scenario, therefore allowing enough freedom for active learning to take place (Lin, 2009).

3. Role-play: current literature and practice

In this study literature on the use of role-play as a learning strategy has been sourced primarily from the field of education and applied to speech-language pathology. Even though role-play is used in certain areas of speech-language pathology, there is little literature documenting its method of implementation and effectiveness. This section presents a brief picture of the use of role-play in current practice in speech-language pathology and education, in order to provide a perspective of the existing literature in the area.

3.1 Speech-language pathology

The use of role-play in speech-language intervention has been researched and practiced in the areas of fluency, adult language disorders and paediatric language disorders (Godfrey, Pring & Gascoigne, 2005; Guitar, 2006; Herbert et al., 2003). Role-play has been found to be an effective tool to desensitize those who stutter to stressful social interactions (Guitar, 2006). It has also been effective in teaching dysfluent children how to respond to teasing and bullying, but was unsuccessful in changing the dysfluent child's feelings about stuttering (Purvis, 2008). In the field of adult language disorders, role-play is used mainly to facilitate functional communication, and generalization of conversation skills in adults with aphasia (Herbert et al., 2003). Role-playing realistic and relevant social interactions, such as workplace conversations, facilitated generalization of skills learnt in therapy. Godfrey et al. (2005) investigated the effectiveness of social skills training (including role-play) with children with language difficulties. It was found that children receiving social skills training showed greater improvement in pragmatic skills, as opposed to the control group. However, it was also noted that less improvement was made by participants who presented with other significant language deficits apart from pragmatics. A recent study found that theatre-based intervention with children with Autism Spectrum Disorder resulted in improvements in social cognition, social interaction and social communication. (Corbett et al., 2015). This randomised trial made use of peer-mediated learning and acting in a theatre context to target social competence, and has provided initial evidence supporting theatre-based intervention (Corbett et al., 2015).

3.2 Education

Role-play as a learning strategy is researched and practiced in a number of areas in education. These include teaching history and science to high school and university students (Fogg, 2001; McSharry & Jones, 2000; Scarcella & Crookall, 1990), training of nurses (Lewis et al., 2013), training of medical students, and teaching English to second language English learners (Lin, 2009). Education literature describes various forms of role-play that are effective in the classroom, all of which require the student to take on a role of another or ‘act out’ what they would do in a situation (Budden, 2002). The types of role-play used in education typically differ in the amount of facilitator control there is over the task (as described in section 2.2 above). However, the common goal is to make the learning experience more realistic and relevant for the students (Killen, 2006 and Lin, 2006). In the classroom, role-play is typically used to facilitate acquisition of new knowledge, to facilitate application of existing knowledge, or to change attitudes towards subject matter (Killen, 2006). Education literature links the theory behind the use of role-play to Vygotskian theory, by suggesting that role-play challenges students at a level above their current abilities and facilitates the process of learning to reach the desired level (Killen, 2006; Lin, 2006; Mason, 2006;). The structuring of the role-play task in this way is also what results in the creation of an active learning environment to support knowledge construction. Role-play as an active learning strategy is discussed in more detail in section 4.1 below.

4. Role-play as a learning strategy

4.1 Role-play as a learning strategy – What does this mean?

Role based learning involves the process whereby learners acquire skills, knowledge and understanding through the assumption of roles within real-life settings (Oliver, Harper, Hedberg, Wills & Agostinho, 2002). Recent developments in education instruction have resulted in more attention being given to teaching methods that are student-centered, as opposed to teacher controlled (Brady, 2004). Role-play as a learning strategy is considered to be part of these more recent developments in education literature, such as the contemporary learning theory and constructivism (Bhattacharjee & Ghosh, 2013). However, it must be noted that role-play is not a

new concept. Van Ments (1983) and Ladousse (1987) were among the first individuals to report on the potential of role-play as an educational technique. It appears that methods such as role-play are simply being given more credence of late, as a result of a shift towards a more constructivist approach to learning.

Contemporary learning theory is based on the notion that learning is an active process of constructing knowledge rather than acquiring knowledge; and instruction is the process by which this knowledge construction is supported, rather than a process of knowledge transmission (Duffy & Cunningham, 1996 cited in Oliver et al., 2002, p.497). Likewise, constructivism emphasizes learner interaction and involvement in a situation, in the process of acquiring knowledge (Brady, 2004). Theories such as constructivism and contemporary learning, therefore, suggest that effective learning occurs when the learner constructs their knowledge, rather than it being transmitted by a third party.

The construction of knowledge is proposed to result from a combination of the learner's own experience, the context provided for the learning to take place and verbal dialogue with others (Brady, 2004). This concept can be applied to create effective learning contexts for children, by requiring them to play a role in an imaginary situation with the purpose of achieving a clearly specified learning outcome (Killen, 2006). The context created by role-play follows through with what Duffy and Knuth (1993, cited in Oliver et al., 2002, p.497) describe as "characteristics of a constructive learning environment." These include that the learning environment provides experience in the knowledge construction process, experience in and appreciation for multiple perspectives, learning occurs in realistic and relevant contexts, encourages ownership and voice in the learning process, and embeds learning in social experience.

In role based learning settings, the learner is a participant in the setting which simulates a real life scenario. The role of the therapist in this setting is that of a facilitator who guides and creates learning opportunities (Killen, 2006; Oliver et al., 2002). The implementation therefore requires purposeful preparation on the part of the facilitator to develop scenarios that provide learning opportunities in accordance with the objectives (Oliver et al., 2002). Even though role-

play is a student-centred learning strategy, it is important to recognize that its success still depends on the clinician's skill in planning, implementing and facilitating the task. McDaniel (2000) provides four general guidelines that he believes are essential for success in a role-play activity. The first important element is that the activity should build on prior knowledge. Learners need to have some experience with the topic for the role-play to be relevant. Secondly, the roles should be designed to attain maximum student involvement. Since the aim is for active learning to take place, the degree of student involvement directly affects outcomes. Thirdly, the facilitator should plan for the role-play to revolve around a specific situation, which will result in the learning outcome being achieved. Lastly, the facilitator should limit their involvement and only guide the learners through the process. Literature describes the facilitator's role as supporting and flexible (Killen, 2006; McDaniel, 2000). The facilitator has to therefore allow the participants sufficient space and freedom to engage in the activity; while providing relevant input to ensure they remain on topic, and that the specified learning outcome is achieved.

A diagram depicting the facilitator's role in the implementation of role-play was designed based on the literature above (see figure 3). The first row illustrates the three general steps; that is planning the session, the role-play with the learners, and finally debriefing or reflection with the learners. The solid arrows pointing to the facilitator indicates that these steps are largely controlled by the facilitator. The broken line descending from role-play to the facilitator indicates the supportive and less controlling role of the facilitator during this stage. The facilitator being positioned at the bottom of the diagram also illustrates the fact the facilitator forms the foundation of the learning experience. Without efficient planning and support from the facilitator, the aims/ learning goals cannot be achieved.

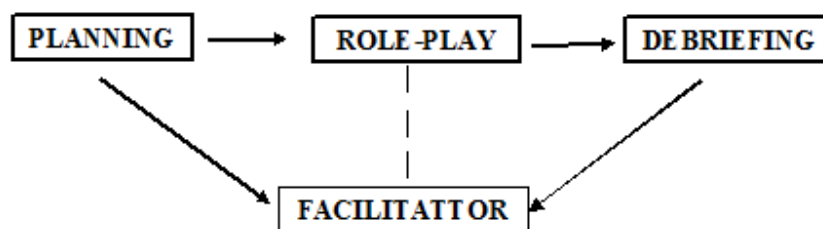


Figure 3. Facilitator's role in implementation of role-play session

4.2 Advantages of role-play as a learning strategy

Literature identifies many advantages of role-play as a learning strategy. Despite the fact that majority of the research on this topic was conducted within the field of education, these advantages can be applied to speech-language pathology intervention as well, as the research discusses role-play as a broad learning strategy/ approach. Speech-language therapists seek to make use of methods of facilitating learning that are evidence based and found to be effective with the particular populations that they are working with.

Van Ments (1999) identified three general advantages of role-play as a learning strategy. Firstly role-play provides a platform for safely and positively addressing attitudes and feelings, secondly it provides a safe venue for expressing personal feelings, and thirdly role-playing is highly motivating and enjoyed by the majority of learners. Other advantages that were mentioned across the literature include that role-play allows for increased involvement and interest of the child (Clarke & Wales, 2005; Killen, 2006), the creation of an active learning environment helps embed new concepts, the gap between training and real-life situations is decreased, it provides rapid feedback to both the learner and the facilitator (Killen, 2006; Van Ments, 1999), and it has been found to help English additional language learners understand important concepts that are difficult for them to understand through verbal explanation alone (Killen, 2006). Each of these points are discussed in more detail below.

Literature suggests that when role-play is used the learner has to be actively involved in the task, naturally this leads to increased involvement and interest (Bhattacharjee & Ghosh, 2013; Clarke & Wales, 2005; Killen, 2006). It has also been reported that children find role-play fun and enjoyable, and are therefore more motivated to participate (Clarke & Wales, 2005). In speech-language pathology, play and games are often used as a means to achieve therapy aims. The rationale for this is that play is a natural method of learning employed by children, and the more enjoyable something is, the more likely the child is to be comfortable and involved. The type of role-play suggested by this study correlates closely to symbolic play activities that children typically engage in (Mason, 2006). Therefore, by using an approach such as role-play, one is ensuring the comfort, enjoyment and active participation of the child.

Research shows that if learners are not actively involved in the process of knowledge acquisition, they are less likely to make the necessary connections that make learning meaningful (Cuthrell & Yates, 2007). When learners are actively involved in the learning process, as opposed to being passive recipients of knowledge, they are found to better understand the concept being taught (Bhattacharjee & Ghosh, 2013). Role-play provides a context for active learning to take place, and therefore concepts being taught are better understood and remembered (Jarvis, Odell & Troiano, 2002).

It is said that we learn best from experience. This is likely because experience comes with real-life consequences and internal motivations. Role-play is considered to be an experiential learning technique, as it places the learner in a scenario that presents with the same type of pressures and motivations that exist in real life (Van Ments, 1999). This provides the learner with immediate feedback by bringing a sense of ‘realism’ to the learning context. Closing the gap between training and real life situations makes the knowledge more relevant for the student (Bhattacharjee & Ghosh, 2013; Killen, 2006). Practicing a skill in realistic contexts also increases the likelihood of generalization of the target skill (Stewart, Carr & LeBlanc, 2007). Once generalization to all contexts and natural interaction occurs, the aim of the intervention is achieved.

Learners who are receiving academic instruction in a language that is not their mother tongue are constantly faced with challenges of coping with new content, concepts and instructions (du Plessis & Louw, 2008). This is not an uncommon scenario in the South African context (Jordaan, 2011). Generally, English second language learners struggle to cope with classroom based instructions and content (Jordaan, 2011). These students are often found to perform poorly academically and some are referred to a speech-language therapist at an early age. Second language learners may develop basic interpersonal communication skills (BICS) in their second language, however, they take a lot longer to develop the cognitive academic language proficiency (CALP) that is expected of them in an academic environment (du Plessis & Louw, 2008; Jordaan, 2011). Studies have found that role-play as a learning strategy helps second language English learners understand concepts that they have difficulty grasping with verbal instruction alone (Killen, 2006). Lin (2009) conducted research to determine the implementation

of role-play as a teaching method in an English medium classroom with Chinese first language learners. Her findings indicated that with the correct implementation, the use of role-play helped the students grasp vocabulary, grammar and sentence structure rules in English. She also found that it provided a meaningful context for improving, not only verbal language, but non-verbal language as well. This included intonation patterns, body language and proxemics.

4.3 Disadvantages of role-play as a learning strategy

Literature has also identified disadvantages of role-play as a learning strategy. These disadvantages are reported in terms of using role-play as a learning strategy, and were derived primarily from education literature.

The most frequently mentioned disadvantage is the time and effort involved in preparation and implementation of the role-play sessions (Brady, 2004; Clarke & Wales, 2005; Killen, 2006). Purposeful planning by the facilitator is an essential precursor to the effective use of role-play as a method of learning. The facilitator has to identify the specific learning goal, and tailor the scenarios to achieve those goals. Apart from preparation, the actual role-play session with the learners requires sufficient time for briefing, presentation of scenarios, role-play and debriefing. This is likely to require more planning and implementation time than a typical speech therapy session with a learner.

The second commonly discussed disadvantage is the reality that some students may be reluctant to get involved with and understand the relevance of the task (Killen, 2006; Lin, 2009; Van Ments, 1999). Killen (2006) believes that success of role-play as a teaching strategy is dependent on the personalities and attitudes of the learners. The advantage of role-play is that it is an active learning strategy, however, it can only be effective if the learners themselves are willing to be actively involved. Therefore, the method may be less effective in learners with behavioural problems, or who are shy and introverted. Role-play is typically implemented with a group of learners. This means that the presence of just one unwilling or disruptive participant could affect the implementation of the session (Killen, 2006).

Lastly there is concern that role-play can oversimplify the situation being simulated, thereby causing important learning areas to be overlooked (Killen, 2006). Even though the participants are being placed within a realistic scenario, in reality there may be many additional consequences to actions which are not reflected in the role-play. This could result in important lessons being missed and the scenario being deemed as less realistic.

5. Language learning disability (LLD)

The target population of this study is children with language learning disability. It is therefore important to define what constitutes a language learning disability, and review what literature suggests as being the common pragmatic difficulties experienced by this population. Understanding of the type and range of characteristics experienced by this population is essential in identifying and developing effective intervention strategies (Smith, 2004).

The Diagnostic and Statistical Manual of Mental Disorders – Fourth edition (DSM-IV), of the American Psychiatric Association (2000) provides acknowledged guidelines to establishing a diagnosis of a language disability. The DSM-IV defines learning disability as follows: “learning disorders are diagnosed when the individual’s achievement on individually administered tests of reading, mathematics or written expression is substantially below that expected for age, schooling and level of intelligence.”

The DSM-V (2013) proposed a change in terminology by referring to ‘Specific language disorder’. This term combines the DSM-IV diagnosis of reading disorder, mathematics disorder, disorder of written expression and learning disorder not otherwise specified. However, due to its controversial nature this term was not included in the final draft of the DSM-V. Thereafter, Reilly et al. (2014) proposed the use of the term ‘language impairment’, as well as a shift from the diagnostic focus being on exclusion criteria to inclusion criteria. The issue of a label and diagnostic criteria for children with unexplained language difficulties is therefore a current and ongoing debate.

Lerner (2000) identified learning and behaviour characteristics typically seen in individuals with learning disability. These include: disorders of attention, reading difficulties, poor motor abilities, written language difficulties, oral language difficulties, social skills deficits, psychological process deficits, mathematical deficits and information processing problems. This study will focus more specifically on children with language learning disability. Long (2004) describes the communication difficulties of children with language learning disabilities as being predominantly in the following areas: semantics, grammar, narratives, pragmatics, reading and writing. This population, therefore, often requires intervention focusing on language and literacy difficulties.

Literature suggests that difficulties experienced by children with learning disabilities affect not only academic performance, but also their ability to use language appropriately in social contexts (Vaughn, Elbaum & Boardman, 2001). The majority of children presenting with language impairments are found to have poor pragmatic skills, which is not surprising as poor use of language socially is an obvious result of not being a skilled language user (Lees & Urwin, 1991). Social interaction and competence deficits are found to be defining characteristics of most children with language disorders (Funderburk, Schwartz & Nye, 2009). A study conducted by Lapadat (1991) revealed differences in the performance of children with learning disabilities as compared to typically developing children in the following pragmatic areas: vocabulary selection and use, topic management, use of different speech acts, paralinguistic and non-verbal behaviours, conversational turn-taking and stylistic variation. Hallahan and Kauffman (2003) provide a list of more specific difficulties. These include extra time required to process incoming information, missing non-verbal cues, not understanding jokes, not skilled in responding to statements or questions, inappropriate laughing, inappropriate silences during a conversation, and difficulty following instructions. These characteristics result in individuals being poor communicators, and thus may result in difficulties forming social bonds.

Some researchers explain the pragmatic problems experienced by children with learning disability as being as a result of “difficulties in producing language on demand,” and stemming from difficulties in language content and form (Gerber et al., 2012; Lapadat, 1991; Silver, 1984). This means that they experience difficulty producing language to fit into contexts created by

others. While the cause of the pragmatic difficulties experienced by children with learning disability may still be debatable, there is consensus in the literature that differences do exist in that aspect of language we refer to as ‘pragmatics’ for children with and without learning disability (Diken, 2014; Kavale & Forness, 1996; Lapadat, 1991; Long, 2004). These social difficulties are of concern as they have the potential to negatively impact the social and academic achievement of children with learning disability (Kavale & Forness, 1996). The ability to form social bonds and become an independent member of society directly affects one’s quality of life (Diken, 2014).

6. Pragmatics/ social communication

6.1 Defining pragmatics

The term *pragmatics* is typically used to refer to the ways in which speakers and listeners use language in social interaction (Goldstein, Kaczmarek & English, 2002). ASHA (2015) defines pragmatics as the system combining language components (phonology, morphology, syntax and semantics) to generate functional and socially appropriate communication. This definition illustrates the complex nature of pragmatics, as it relies on and comprises multiple language skills (Adams, 2002). There exists no universal definition or theoretical framework of pragmatics, resulting in a lack of consensus among theorists regarding its definition (Ariel, 2010). The cause of confusion stems from the overlap, as well as attempts to delineate pragmatics and grammar. Pragmatics is an aspect of linguistic functioning that is complex and comprises multiple skills (Adams, 2002); this results in an overlap with other areas of language (e.g. semantics, syntax). Linguists have conducted research and reviews on definitions of pragmatics, with the aim of establishing a clearer divide and separation of language forms and functions that fall under each discipline (Ariel, 2010; Cordier et al., 2013). The interwoven nature of pragmatics with other aspects of language is one that stands testament to the complexity of pragmatics itself.

The purpose of this research; however, was not to delve into linguistics debates and definitions of pragmatics, but rather to investigate an approach to intervention. Skills that are considered to be pragmatic in nature will therefore be presented briefly. ASHA (2015) provides a

simple explanation of the skills that fall under the umbrella of pragmatics. They divide the skills into three sub-groups. They are: using language for different functions, changing language according to the listener or situation, and following rules for conversation and storytelling. The use of language for different functions refers to the ability to appropriately use verbal and/or nonverbal language to achieve different goals; such as greeting, informing, requesting, demanding, and promising. Changing language according to the listener or situation refers to the ability to be receptive to who the communication partner is, how much they know, and what the context of the communication exchange is. For example, it is necessary to alter one's register when talking to different people (the principal of the school versus your friend). Likewise, one must be aware of how they speak in different contexts (the library versus the soccer field). This sub-group also includes the concept of presupposition. This refers to identifying the need to give background information to an unfamiliar listener. The last sub-group refers to conversation and storytelling rules. This includes initiating conversation, taking turns during conversation, topic maintenance, requesting and providing clarification when communication breakdown occurs, use and understanding of verbal and non-verbal signals, appropriate physical proximity, and use of facial expressions and eye contact.

Another aspect of pragmatics, which adds to its complex nature, is that it is culturally and linguistically diverse (ASHA, 2015). Pragmatics is not a single set of rules that can be universally applied; what is considered appropriate in one culture can be considered inappropriate in another. One must therefore not only be aware of the pragmatic rules of your own culture, but also be sensitive to the pragmatic rules of your communication partner. This also brings to light the importance of speech-language therapists being aware of the cultural differences in pragmatics when assessing and providing intervention to individuals with social communication deficits (Perry, 2012).

6.2 Stylistic variation and requesting for clarification

Lapadat (1991) reported individuals with a learning disability to have difficulty in the following pragmatic areas: vocabulary selection and use, topic management, requesting for clarification, paralinguistic and non-verbal behaviours, conversational turn-taking and stylistic

variation. Two specific pragmatic skills were selected and targeted in the role-play intervention for this study. These were requesting for clarification and stylistic variation (register).

Requesting for clarification refers to making a request to repair/ clarify the message when communication breakdown occurs. This involves identifying that you have not understood the message, and then making the speaker aware that you have not received the message. A request for clarification can involve verbally telling the speaker that you do not understand, asking them to repeat themselves, or even a non-verbal cue, such as an enquiring look. As children develop language, they typically first learn to respond to requests for clarification from others around two years of age (Fletcher, O' Toole & Fourie, 2015). However, as their language develops they learn to independently make requests for clarification, around four to five years of age (Fletcher et al., 2015).

Stylistic variation refers to the ability to shift from one register to another, according to the communication partner and context. For example, one would use an informal register while interacting with friends at break time, but will have to switch to a formal register if asked to meet with the principal or boss. Register is also context sensitive, as one may use a less formal register if speaking to the principal/ boss at a social event, and a more formal register if speaking to the principal/ boss regarding school/work. Children begin to appropriately alter their register from as early as four years of age (Paul, 2007).

6.3 Pragmatics: Assessment and intervention

Since pragmatics is an essential component of language, the assessment and intervention for pragmatic deficits falls within the scope of practice of the speech-language therapist.

Literature suggests that assessment of social communication skills should be conducted through direct observation of the child in their natural environment (Adams, 2002), in an analogue environment, and in a role-play situation (Goldstein, Kaczmarek, & English 2002; Kasper & Roeper, 2005). The nature of pragmatic skills makes it difficult for valid standardized tests to be developed (Weaver, Marasco, O'Rourke & Sepka, 2004). Clinicians have to therefore rely on observation of children in various contexts, with multiple conversation partners, and the

use of developmental checklists (Weaver et al., 2004). Clinicians may also find it necessary to set up the environment to allow for the skill to be observed, as not all pragmatic behaviours will occur during natural interaction (Prutting, 1985). Assessment of pragmatics inevitably involves some level of subjectivity as it relies heavily on the clinician's observation of the client's behaviours, and the client's behaviour in that moment in time. There also exists the added influence of culture on the way we use language and interact socially. This has to be taken into consideration during assessment and intervention. Assessment of pragmatics relies largely on developmental norms, as the appropriateness of the child's pragmatics skills is determined according to whether their level of skill is appropriate for their age or not.

It is important that pragmatic deficits are given sufficient attention in intervention, as social communication and competence are key areas of development from which other areas of competence emerge and remain linked e.g. emotional, cognitive and economic competence (Adams, 2003; Greenwood, Horton & Utley, 2002). Appropriate pragmatic skills allow for successful interactions with family, peers and teachers (Bierman, 2004). On the other hand, inappropriate pragmatic skills result in negative social outcomes, including peer rejection, social isolation, decreased likability, and difficulty forming friendships (Cordier et al., 2013).

Despite the relevance of intervention for pragmatic difficulties being identified, and the drive for evidence-based practices in health care, there has been no systematic review to ascertain the efficacy of treatment approaches available (Adams, 2003) up until 2012 (Gerber et al., 2012). ASHA formed a committee in 2012 (Gerber et al., 2012) with the purpose of reviewing evidence-based treatment approaches for disorders of language use. However, the outcome of this review provides clinicians with little direction. The report concludes that further investigation into the treatment approaches is necessary before empirically supported recommendations can be made. It was found that the majority of the studies reviewed provided inadequate descriptions of the treatment procedure, making it difficult to replicate (Gerber et al., 2012). A review of language intervention conducted by Law, Garrett and Nye (2003) reported no randomized control trials focusing on pragmatic language intervention. Considering the current lack of evidence based treatment approaches for pragmatic language, Adams (2002) rightfully

highlights the need for systematic pragmatic intervention approaches to support effective practice.

6.4 Current intervention practices

There are a number of approaches commonly used to facilitate pragmatic development. Since this study is exploring the effectiveness of a new approach to pragmatic intervention, it is necessary to first be aware of the current practices and methods used. Three approaches, social stories, social skills training and video modelling, will be briefly discussed below.

‘Social stories’ is a particular intervention approach used by speech-language therapists and other professionals to facilitate appropriate pragmatic and social behaviour. The approach was initially introduced by Carol Gray in 1993 as a method to teach social skills to individuals with Autism Spectrum Disorder. This method involves developing a child specific short story that describes a social situation and the appropriate social response. It provides the child with a way of understanding the situation and relevant cues on how to respond appropriately (Dessai, 2012). Gray (1995, 2000) developed specific guidelines for writing a social story, which included the systematic steps, the content to be included, and the types of sentences to use when relating content. There are multiple studies reporting the effectiveness of social stories for decreasing non-desirable behaviour in children with autism spectrum disorder. Dessai (2012) conducted a study to determine the effectiveness of social stories with children with semantic-pragmatic disorder. Results revealed a decrease in the non-desirable behaviours targeted post intervention, as reported by parents and teachers. These results need to be interpreted with caution, as a small sample size in the study (two participants) limits the generalizability of results. Generally, care should be taken when interpreting these studies, as there is a consistent lack of stringent methodology (Rust & Smith, 2006; Test, Richter, Knight & Spooner, 2011).

‘Social skills training’ is a common behavioural approach used by psychologists for children with poor social abilities resulting from adjustment and behaviour difficulties. Social skills training involves improving the child’s performance on specific skills that are necessary for success in social situations (Spence, 2003). Intervention is typically based on cognitive

behavioural principles, and methods therefore include instructions, modeling, rehearsal, feedback, and reinforcement (Weiner & Timmermanis, 2012). Spence (2003), in his review of the theory, evidence and practice of social skills training with children, concludes that social skills training alone has not been found to result in significant and sustained improvement in social skills, but is more effective when part of a multi-method approach to treatment. Specific studies investigating the use of social skills training with children diagnosed with learning disability have also reported minimal changes post intervention (Funderburk, Schwartz & Nye, 2009; Kavale & Forness, 1996; Kavale & Mosert, 2004). These findings were attributed to be as a result of insufficient intensity of training, lack of a pilot study, and the possible need to target social skills in conjunctions with other linguistic and cognitive skills (Funderburk, Schwartz & Nye, 2009; Kavale & Forness, 1996; Kavale & Mostert, 2004). More recent research has resulted in the development of literature based methods of social skills training, which have been found to be effective with individuals with a learning disability. This includes the use of social stories or dramas with school-aged children with a language disability (Kalyva & Agalotis, 2009). Social stories as a form of social skills training have been found to be effective in helping individuals with learning disability deal with peer conflicts (Kalyva & Agalotis, 2009).

‘Video modeling’ is an evidence based method used to target social skills deficits, primarily with children with autism spectrum disorder. It involves providing the child with a visual model of the target behaviour, using video recording and display equipment. Literature reports different types of video modeling. These are basic video modeling, video self- modeling, point-of-view video modeling, and video prompting (Franzone & Collet-Klingenburg, 2008). Basic video modeling involves a video of someone besides the learner being videoed while engaging in the target behaviour; video self-modelling refers to the learner themselves engaging in the target behaviour in the video. Videos are typically reviewed with the learner thereafter. Point-of-view video modeling refers to the video being made from the perspective of the learner and not the adult. Video prompting refers to breaking down the target skill in steps; each step of the video is viewed separately. The type of video modeling selected usually depends on what the particular learner responds best to (Franzone & Collet-Klingenburg, 2008). Multiple studies on the use of video modeling for children with autism spectrum disorder have reported significantly positive outcomes (Apple, Billingsly & Schwartz, 2005; Kroeger, Schultz & Newsom, 2007;

Nikopoulos & Keenan, 2004). Little research has been conducted to investigate the use of video modeling with other populations.

Social stories, social skills training and video modelling are all approaches currently used to facilitate the development of pragmatic skills. They are all similar to role-play in the sense that they aim to use natural consequences to facilitate acquisition of skills. However, they do not physically place the learner in a variety of possible communication scenarios or provide a platform for active learning, as role-play does. These approaches were reviewed in order to provide the researcher with an understanding of current intervention practices.

7. Summary of chapter

This chapter aimed to provide a review of the relevant literature associated with role-play as a learning strategy, language learning disability and pragmatics. It was found that role-play has been extensively researched in the field of education. Its ability to provide motivation for learner involvement and create an active learning environment has earned it much merit as a learning strategy (Killen, 2006). While role-play is reported to be used as an intervention strategy in speech-language pathology, there is little research conducted indicating its method of implementation and effectiveness. The chapter proceeded to outline the characteristics of the target population (children with language learning disability), with specific focus on deficits in pragmatic skills and the impact thereof. The significant need for pragmatic difficulties to be addressed in intervention is apparent in its potential to affect an individual's social acceptance and quality of life. Despite this need, there appears to be a lack of evidence based intervention practices for pragmatic difficulties.

CHAPTER 3

METHODOLOGY

‘The methods we use to achieve our goals are as important as the goals themselves’ –

Unknown

1. Introduction

The following chapter aims to provide an in depth description of the frameworks, processes, and instruments used to answer the research question. The chapter is structured to firstly present the more general information and foundations on which methodological decisions were made, and thereafter proceeds to describe the specific methods and instruments. It will begin by stating the aim and objectives of the study as set out by the researcher. This will be followed by a discussion of the research paradigms, approach and design. The purpose of this discussion is to make transparent the lens through which the research was approached, and to support the researcher's belief in it being the most suitable approach to achieve reliable and valid results in relation to the research aim. Thereafter, the chapter will discuss more specific aspects of the methodology, such as research variables, participants, data collection methods, data collection instruments, and data analysis.

2. Aim

To determine the effectiveness of role-play as a therapy approach targeting the pragmatic skills of stylistic variation and requesting for clarification in learners with language learning disability.

3. Objectives

- 3.1 To determine the effectiveness of the use of role-play to improve stylistic variation in children with language learning disability.
- 3.2 To determine the effectiveness of the use of role-play to improve requesting for clarification in children with language learning disability.

4. Research question

Is role-play an effective intervention approach (as designed and implemented in this study) for targeting the pragmatic skills of stylistic variation and requesting for clarification in learners with language learning disability?

5. Research paradigm

When setting out to answer a research question, the first step should be to identify a research paradigm, as this is a basis for further choices regarding research design, methodology and literature (Mackenzie & Knipe, 2006). Weaver and Olsen (2006) describe paradigms as patterns of beliefs which provide frameworks through which research is accomplished. The purpose of a paradigm is to guide how we make decisions and carry out our research; it establishes our framework of thinking and makes transparent the lens through which the researcher is approaching the study. The process of choosing a paradigm should be guided by the assessment of which paradigmatic views align best with the researcher's assumptions and preferences with regards to methodology. Methodological choices in particular are linked to the type of paradigm being used in the research study. It is therefore necessary that a discussion on the research paradigm adopted precedes a description of the methodological processes used.

Considering the complex nature of the study, and particularly the need for both quantitative and qualitative data, a single paradigm does not fully encompass the structure of inquiry adopted by the researcher. It was therefore necessary that two paradigms be combined, that is the positivist and the interpretivist paradigms. These two seemingly opposing paradigms in combination allowed the researcher to conduct a scientific enquiry, while including contextual and observational data to add meaning to the findings.

Positivism accounts for the implementation of quantitative methods of inquiry. The positivist paradigm asserts that real events can be observed empirically and explained with logical analysis; it therefore adopts a systematic, scientific approach to research. This paradigm views the world as being based on universal laws that can be used to explain all occurrences, and in

order to understand these universal laws we must study phenomena in a systematic way (Coolican, 2004). The quantitative methods used in this study tie in with the ideals of the positivist paradigm. The use of an experimental pre-test post-test design, as well as an experimental and control group displays the scientific methods of inquiry used in this study. As useful as these research methods are, alone they pose threats to the external validity of the study due to their inability to account for the influence of external factors. Therefore, in order to account for extraneous variables and achieve data triangulation, the use of a second paradigm was necessary.

Interpretivism accounts for the qualitative methods that were used in order to achieve triangulation and improve the credibility of the study. This paradigm focuses on a more holistic view of the person and the environment (Weaver & Olsen, 2006), and is underpinned by observation and interpretation. The interpretive paradigm stresses putting analysis into context and relies on methods such as interviews or participant observation; it attempts to understand phenomena through the meanings that people give to them. The implementation of this paradigm allowed the researcher to have a second lens through which the data could be viewed, and therefore allowed for a more holistic perspective and interpretation, as well as data triangulation to be achieved. Therefore a mixed methods approach, as described below, was adopted for this study.

6. Research approach and design

Mixed method research designs use both quantitative and qualitative approaches in a single research project (Creswell, 2009). The aim of combining different methods in most cases is not to achieve corroboration, but rather to expand one's understanding of the research topic and the results found (Creswell, 2009). However, it must be highlighted that a significant strength of mixed methods designs is that the researcher has more grounds to make firm conclusions to the study. This is achieved through convergence and triangulation of findings that mixed methods designs allow for. The use of both quantitative and qualitative data in this study allowed the researcher to determine if improvements in assessment scores were made post intervention, and analyse how the participants responded to the intervention on a session by session basis. A mixed

methods approach is useful when the research question is not sufficiently answered by either a quantitative or qualitative approach alone, as it allows the researcher the freedom of using whatever methods necessary to arrive at a valid conclusion to the study (Creswell, 2009). Even though the use of only quantitative or qualitative data would have provided valuable information, together they allowed the researcher to evaluate all aspects of the intervention in order to determine its effectiveness. The most significant downfall of the approach lies in the increased amount of time and resources required to collect and analyse multiple sets of data (Creswell, 2009).

This study involved determining the effectiveness of role-play as a therapy approach targeting pragmatic skills, with the outcome measure being the specific pragmatic skills targeted. The subjective nature of pragmatics makes it difficult to quantify and measure progress in. A quantitative design provides a means of measuring and comparing change, in order to assess the impact of an intervention (Dimitrov & Rumrill, 2003). Adams, Lloyd, Aldred & Baxendale (2006) conducted a study exploring the effects of communication intervention for developmental language impairments, in which they suggested that qualitative data was an essential supplement to measure progress. It was therefore necessary that both quantitative and qualitative data be collected, in order to obtain valid measures and provide triangulation of data.

The aim of a mixed methods approach is for the researcher to select a combination of approaches with complementary strengths and weaknesses that do not overlap, in order to answer their research question most effectively (Creswell, 2009; Johnson & Onwuegbuzie, 2004). The dominance of each approach and the degree to which they are combined is relative to the type of study being conducted. This study adopted an embedded mixed method design. This design involves one data set being embedded within another (Creswell, 2009).

In this study the qualitative data was used to support, and hence was embedded within, the quantitative data (see figure 4). Qualitative data is a valuable addition to measuring progress, as it allows for identification of clinically significant findings that may be lost using only statistical analysis (Adams, 2003; Adams et al., 2006).

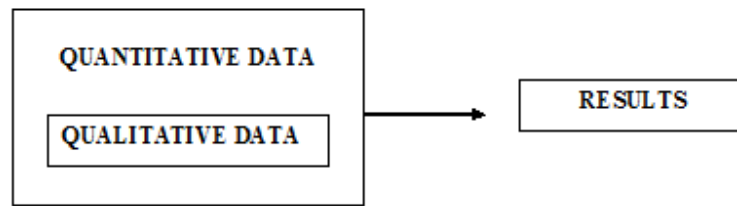


Figure 4. Embedded study design (Creswell, 2003)

The quantitative phase was conducted using an experimental design, more specifically a pre-test – post-test control group design (see figure 5). This type of design involves participants being randomly assigned to a control group and an experimental group. Both groups are pre-tested and then post-tested after the treatment has been administered to only the experimental group. This design provides a means of attaining a measurement of change to assess the impact of an intervention (Dimitrov & Rumrill, 2003). This method also controls for many threats to internal validity of the study, while showing that change occurs only following a particular treatment.

In this study an additional phase was added to the design. Following the post-test phase the control group received the intervention (excluding the role-play component), and the experimental group received no intervention during this time. Therefore, during this phase of the study the control group became the experimental group, and the experimental group became the control group. Thereafter, a final re-assessment on both groups was conducted. The purpose of this additional phase in the study design was threefold. Firstly, it ensured that the control group did received some form of intervention. Secondly, re-assessment of the experimental group after a period of time supports the claim that improvement in pragmatic skills was due to the intervention and not external factors. Lastly, re-assessment of the control group after intervention (excluding the role-play component) allowed the researcher to compare the effects of the intervention with and without the role-play component, and thereby achieve the aim of the study by drawing conclusions regarding the effectiveness of the role-play approach.

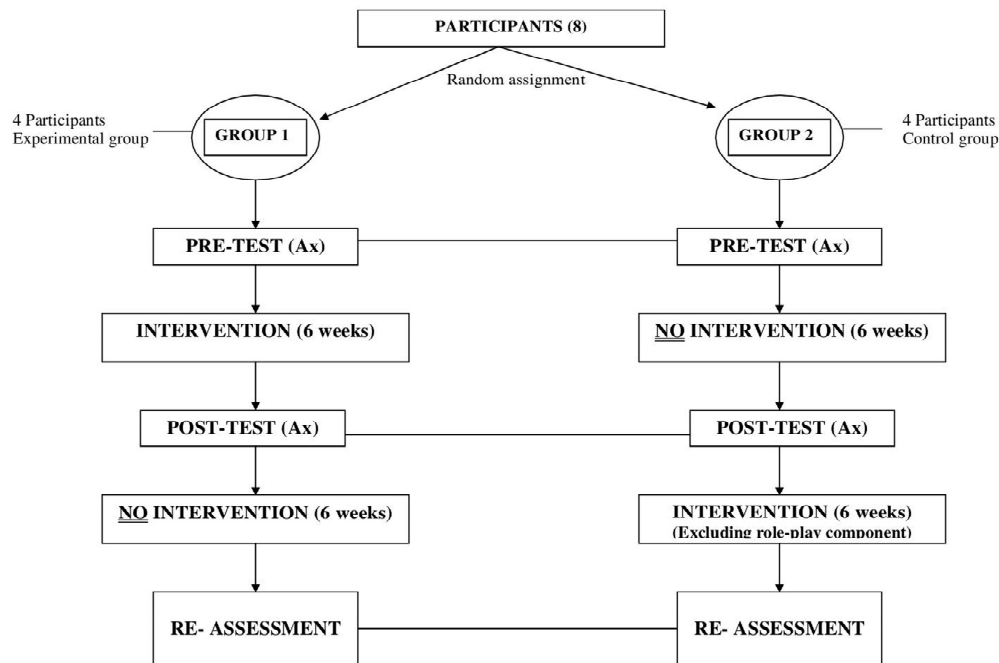


Figure 5. Experimental design

7. Variables

7.1 Independent variable

The independent variable refers to that variable that is controlled or manipulated by the researcher. In experimental research this variable is viewed as being the cause of change (Rosenthal & Rosnow, 1991). In most cases the independent variable can be manipulated to demonstrate that change occurs as a result of this variable, and no other (Meline, 2010). In this study the independent variable was the group therapy using role-play. The study aimed to determine if the therapy does result in change, while ensuring that changes observed were due to the independent variable, and no other confounding variables. The use of a control group was the primary method used to demonstrate that changes in the dependent variable (pragmatic skills: stylistic variation and requesting for clarification) were directly as a result of the independent variable. The effect of manipulating the independent variable was determined by measuring the dependent variable (pragmatic skills: stylistic variation and requesting for clarification).

7.2 Dependent variable

The dependent variable refers to the variable that is measured for change as a result of the independent variable (Rosenthal & Rosnow, 1991). The dependent variable in this study was the participant's pragmatic skills, particularly stylistic variation and requesting for clarification, as these were the two skills targeted in the intervention. Pragmatic skills may be considered a difficult variable to measure as they occur in response to specific situations, and aspects may differ between communities and cultures. These skills were therefore measured by means of observation and direct assessment, where participants had to respond to scenarios presented to them. The scenarios were designed to be culturally sensitive. The study aimed to determine if the independent variable (group therapy using role-play) influences the dependent variable (stylistic variation and requesting for clarification), in an attempt to conclude on the effectiveness of the therapy approach.

7.3 Extraneous variables

An extraneous variable refers to any variable that affects the dependent variable, apart from the independent variable (Meline, 2010). If in a study the dependent variable is influenced by extraneous variables, the relationship between the independent variable and the dependent variable becomes confounded (Meline, 2010). In order to accurately determine the effectiveness of the role-play intervention, the researcher had to ensure, as far as possible, that changes observed in the participant's pragmatic skills (dependent variable) were as a result of the intervention (independent variable) and no other extraneous variables. A possible extraneous variable in this study was participants receiving therapy for pragmatic skills from other sources. This was controlled for by the researcher ensuring that none of the participants received direct therapy targeting pragmatic skills from their school's resident therapists and student therapists, for the duration of the study. None of the participants were receiving private therapy before or during the study period.

Another potential extraneous variable identified was external factors that may hinder participants' involvement in therapy, and thus reflect no positive outcomes of the intervention being identified. These external factors include the participants' motivation to participate,

emotional state, attention and concentration, and level of comfort with the group therapy facilitator. The researcher dealt with these variables by documenting them in the session records for each participant at the end of every session. The purpose of documentation was so that the variables could be accounted for during interpretation and discussion of results.

8. Participants

8.1 Target population

The target population for this study was learners attending a school for learners with special educational needs, who presented with pragmatic deficits as a result of language learning disability, and were between the ages of ten and twelve years.

8.2 Sampling technique

The sample for the study was selected by first approaching three schools for learners with special education needs (Appendix A). The schools were selected due to their accessibility to the researcher. Two of the schools agreed to participate in the study; however, at the time of data collection (which occurred at a later date) only one school was able available to participate. Participants were selected purposefully, based on specific participant selection criteria. This means that participants were deliberately selected based on knowledge of their characteristics (Leedy & Omrod, 2010). This was done through discussion with the speech-language therapist at the learners' school, reviewing of the learners' speech therapy files, and engaging in general conversation with the learners to confirm that they meet the selection criteria. Purposeful selection of participants allowed the researcher to obtain a relatively homogenous group of participants with similar strengths and difficulties. This was important as the intervention was implemented in the form of group therapy, and was therefore pitched at one level for all participants. Another advantage was that the results of the study reflected that of a specific population, and could therefore determine if the therapy approach was effective with the population targeted (Gerber et al., 2012).

8.3 Sample size

The sample consisted of eight learners who met the selection criteria for the study. The participants were divided into two groups randomly, each group consisting of four learners. It has been found that studies involving social skills intervention groups with children, chose to use a group size of approximately two to fourteen participants (Adams, 2001; Adams et al., 2006; Cordier et al. 2013; Duncan & Klinger, 2010 and Evan & Stefanou, 2009; Merrison & Merrison, 2005), as illustrated in the table 1 below. Purposeful selection of participants was conducted at the school that agreed to take part in the study. Reviewing of student speech therapy files and liaising with the school speech-language therapist resulted in eight learners who met the selection criteria being identified. All eight learners and their parents granted consent to participate in the study. A sample size of eight is considered small for a quantitative design, as it reduces transferability of results. However, the use of purposive sampling to select a specific target population (age and diagnosis) improves transferability of results (Shenton, 2004). A common criticism of studies evaluating effects of an intervention is the use of a heterogeneous group, which limits generalisation (Gerber et al., 2012). Generalization of results was not the aim of this study, but rather to determine the effectiveness of the therapy approach in a particular population.

Table 1

Number of participants in social skills intervention studies

Author/s	Research topic	Number of participants
Adams (2001)	Clinical diagnostic and intervention studies of children with semantic-pragmatic language disorder.	2
Adams et al. (2006)	Exploring the effects of communication intervention for developmental pragmatic language impairments.	5
Merrison & Merrison (2005)	Repair in speech and language therapy interaction: Investigating pragmatic language impairment of children.	9
Evan and Stefanou (2009)	Behavioural and academic effects of Skillstreaming the adolescent for at risk middle school students.	6
Duncan & Klinger (2010)	Autism Spectrum Disorder: Building social skills in group, school and community settings.	4
Cordier et al. (2014)	The pragmatic language abilities of children with ADHD following a play-based intervention involving peer-peer interactions.	14

8.4 Participant selection

The following criteria were applied when selecting participants:

1. Participants had to be learners at a school for learners with special educational needs.
2. Participants had to be first language English speakers. Assessment and intervention with participants was conducted in English as this is the first language of the researcher. Since the study involved the researcher implementing an intervention with the participants, it was preferred that the researcher be proficient in the language used. This also allowed the selection of a homogenous group.
3. Participants had to be between ten and twelve years old. At this age typically developing children are expected to have developed advanced pragmatic skills (Dewart & Summers, 1995). Participants underwent IQ testing so that the researcher could be aware of the learners' cognitive age in comparison to their chronological age. This also allowed the

researcher to ascertain if differences in IQ levels affected the participants' response to the intervention. The IQ testing was conducted by an independent psychologist.

4. Participants had to be on a similar level with regards to communicative abilities. This was necessary for the participants to be grouped together for an effective group therapy session. This was determined by reviewing the learners' school speech therapy file, focusing on comparisons of the results of the learners' most recent speech therapy assessment. Decisions based on findings were then made only after consulting with the speech- language therapist working at the school and meeting with the learner.
5. Participants had to present with difficulty with the following two pragmatic skills: stylistic variation and requests for clarification. Literature suggests that children with learning disability typically have difficulty with these pragmatic skills (Lapadat, 1991).

8.5 Description of participants

The study comprised eight participants who attended the same school for learners with special educational needs (Refer to table 2 below). Each participant was given a numerical participant code to maintain confidentiality when reporting on the study. The participants were first randomly assigned to either the experimental or control group, and thereafter the experimental group was coded from 1 to 4 and the control group from 5 to 8. Participants 1, 2, 5, 6 and 8 were from one class, and participants 3, 4, and 7 were from another class. The group consisted of three females and five males, whose ages ranged between 10;2 and 11;6 years. Intelligence quotient (IQ) levels, as per the psychologist's report, revealed that interpretation of the IQ levels ranged between mild intellectual disability and average intelligence. Participants 6 and 8 were bilingual, however English is their dominant language. All other participants were monolingual English speakers. It was noted that none of the participants were on chronic medication, although this was not a specified exclusion criteria in the study. Participants did not receive any other direct therapy targeting pragmatic skills for the duration of the study. All the participants presented with age inappropriate language abilities. Four of the participants presented with only mild difficulties in receptive language and poorer expressive language. All the participants presented with pragmatic difficulties.

Table 2

Description of participants

Participant code	CA^a (years)	Gender	Communication profile (as per school speech therapy file)	Intelligence Quotient (IQ) (range and interpretation)
1	11;0	Female	Age inappropriate receptive and expressive language. Particular deficits in auditory memory, following instructions, semantics and pragmatics.	IQ range 50 - 59 Mild intellectual disability
2	11;4	Male	Mild difficulties in receptive language. Poor expressive language, phonological awareness, and articulation difficulties.	IQ range 90-100 Average intelligence
3	11;2	Female	Mild difficulties receptive language. Poor expressive language, phonological awareness and articulation difficulties.	IQ range 70-79 Borderline intellectual disability
4	11;6	Male	Age inappropriate receptive and expressive language. Poor pragmatic skills (topic maintenance, eye-contact) Note: ADHD diagnosis	IQ range 90-100 Average intelligence
5	10;5	Female	Mild difficulties in receptive language. Age inappropriate expressive language. Poor phonological awareness skills.	IQ range 50 - 59 Mild intellectual disability
6	10;2	Male	Age inappropriate receptive and expressive language. Difficulty following instructions, poor auditory memory, poor phonological awareness, and poor pragmatic skills.	IQ range 50 - 59 Mild intellectual disability
7	11;6	Male	Mild difficulties in receptive language. Age inappropriate expressive language and pragmatics. Poor phonological awareness abilities.	IQ range 90-100 Average intelligence
8	11;2	Male	Age inappropriate receptive and expressive language. Difficulty following instructions. Poor pragmatics (topic maintenance, requesting, understanding and use of non-verbal communication)	IQ range 50 - 59 Mild intellectual disability

^a CA refers to chronological age

9. Data collection methods

Data collection was conducted over five phases. Phases 1, 3, and 5 were assessment phases, and phases 2 and 4 were intervention phases. The tables below presents the data collection methods and instruments utilised. Thereafter, the methods used in each phase of the study are discussed, followed by section 10 presenting a discussion on the data collection instruments.

Table 3

Assessment: Phases 1, 3 and 5 data collection methods and instruments

Method	Instrument	Duration	Administered by
Classroom observation		1 hour	
Break time observation	CELF-4 PP	½ hour	Researcher
One-on-one interaction		15 minutes	
One-on-one interaction	DCT	15 minutes	Administered by researcher. Rated by a qualified speech-language therapist (third party)

Table 4

Intervention: Phases 2 and 4 data collection methods and instruments

Method	Instrument	Duration	Conducted by
Twelve, bi-weekly group therapy sessions.	Session plans	45 minutes to 1 hour	Researcher
Researcher documentation after each session.	Session records	2 hours	Researcher

9.1 Quantitative data

Data collection was conducted in five phases, as outlined below and illustrated in figure 5.

9.1.1 Phase 1: Pre-test

The first phase of data collection involved an approximately one hour-long assessment of the pragmatic abilities of each of the eight participants. Literature suggests that assessment of social communication skills should be conducted through direct observation of the child in their natural environment, in an analogue environment and in a role-play situation (Goldstein, Kaczmarek & English 2002; Kasper & Roever, 2005). The nature of pragmatic skills makes it difficult for valid standardized tests to be developed (Weaver, Marasko, O'Rourke, & Sepka, 2004). Clinicians therefore have to rely on observation of children in various contexts, with multiple conversation partners and developmental checklists (Weaver et al., 2004).

The assessments were conducted by the researcher. The assessments initially included a half an hour classroom observation, followed by half an hour of one-on-one interaction with the researcher. The first fifteen minutes on the one-on-one interaction involved general interaction with the participant. The classroom observation and the first fifteen minutes of general interaction were used to complete the Clinical Evaluation of Language Fundamentals-fourth edition (CELF-4) pragmatics profile (PP) (Semel, Wiig & Secord, 2003). The second fifteen minutes of the one-on-one interaction was used to present the participant with four discourse completion tasks (DCT) targeting stylistic variation and requesting for clarification. The DCT was developed by the researcher (see section 10.1.1). After conducting the pilot study it was found that the time allocated to complete the CELF-4 PP was not sufficient, and certain behaviours were not observed in the classroom or one-on-one interaction. Therefore, the classroom observation time was increased to one hour, and half an hour of observation during break time was included. This allowed the researcher sufficient time, and three different contexts in which to observe for all of the items in the profile. When using pragmatic skills as an outcome measure it is recommended that assessments allow for documentation across various contexts and communication partners (Gerber et al., 2012). Two participants were observed at once during classroom and break-

time observations. This was done to manage time constraints. The figure below clearly depicts the assessment instruments used, and the contexts in which they were administered.

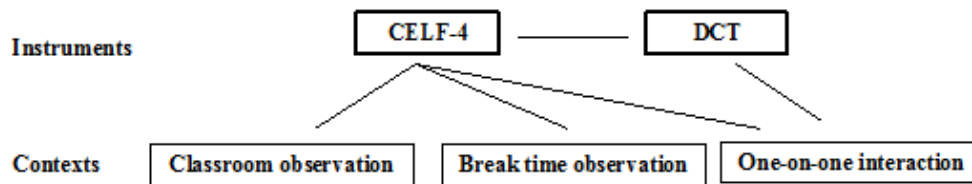


Figure 6. Assessment instruments and contexts

9.1.2 Phase 2: Intervention (Group 1)

The second phase of data collection involved the implementation of intervention in the form of group therapy using role-play to target stylistic variation and requesting for clarification. Intervention was conducted with group 1 (experimental group) during phase 2. A total of twelve group therapy sessions were conducted over six weeks i.e. two group sessions were conducted each week. Literature expresses mixed findings on the ideal length of treatment for speech-language therapy (Schooling, Venediktov & Leech, 2010). Despite early studies suggesting that there are no significant correlations in treatment duration and effectiveness of therapy in children with language disorders, later studies revealed that longer treatment durations (over eight weeks) result in better clinical outcomes (Schooling, Venediktov & Leech, 2010). The ideal number of treatment sessions is also highly variable depending on factors such as the therapy target and characteristics of the participant (Warren, 2007). In a study conducted by Duncan and Klinger (2010) targeting social skills groups for high functioning children with ASD, positive outcomes were observed after eight group therapy sessions that were run bi-monthly. Evan and Stefanou (2009) conducted a study examining the behavioural and academic effects of social skills intervention for at risk adolescents. The group met once a week for six weeks with each meeting lasting approximately thirty to sixty minutes. Results of the study suggest that in order for significant and observable behavioural changes to occur, intervention may need to occur at a greater intensity and for a longer duration (Evan & Stefanou, 2009).

The selection of six bi-weekly therapy sessions for this study allowed intervention to occur in six consecutive weeks in a school term, without a break in between, while still ensuring that the intensity of intervention was sufficient to result in observable improvements. Each group session was approximately forty-five minutes long. The pilot study confirmed that this was the amount of time necessary for all components of the session plan to be completed. Stylistic variation and requesting for clarification were targeted during the group therapy sessions. Requesting for clarification was targeted in the first six sessions and stylistic variation was targeted in the second six sessions. Since a narrative focusing on a specific pragmatic skill was used, it was necessary that the pragmatic skills be targeted in separate sessions. A different narrative was used in each session; the purpose of the narrative was to provide a scenario for role-play (as discussed in section 10.1.2). The group therapy sessions were conducted on the school premises, so that the participants were comfortable and in a familiar environment. The sessions were audio recorded so that analysis of the session could be conducted by the researcher at a later stage. Written consent from parents/caregivers of participants and verbal consent from the participants were obtained for sessions to be audio recorded.

9.1.3 Phase 3: Post-test

The third phase of data collection involved an assessment of pragmatic abilities of each of the eight participants. The post-test followed the same process as the original assessment. Since the assessment tool used (CELF-4 PP) was a criterion referenced assessment and an authentic assessment, it could be re-administered after a short period of time. Researcher bias was controlled for by using more than one method of assessment, i.e. CELF-4 PP, discourse completion tasks (scored by a third party who was a qualified speech-language therapist) and qualitative data (field notes) were used. The purpose of the *post-test* phase was to provide a measure of comparison with the initial assessment results (phase 1). This allowed the researcher to determine if any change had occurred post intervention, and to compare changes in assessment scores between the experimental group and control group.

9.1.4 Phase 4: Intervention (Group 2)

Phase 4 of data collection involved group two (control group) receiving twelve sessions of group therapy, over six weeks i.e. two sessions a week. During this time group one (experimental group) did not receive any intervention. The intervention followed the same format and session plan as was used for group one, however the role-play component was removed. Therefore, intervention involved the use of a social narrative, discussion and reflection. The same social narratives that were used for group one were used for group two. Intervention excluding the role-play component isolated the role-play as the only intentional change in the intervention provided. This allowed the researcher to determine the effect of role-play in the intervention, by comparing pre and post intervention assessment scores of learners who received intervention with and without the role-play component.

9.1.5 Phase 5: Re-assessment

The final phase of data collection involved a re-assessment of all participants (both groups). The re-assessment followed the same process as the original assessment and post-test, and was conducted using the same instruments, in the same context. The re-assessment served a different purpose for each group. With regards to group one (experimental group) the re-assessment was conducted after approximately six weeks of no intervention, and was therefore used to determine if improvement in pragmatic skills (if present) were due to the intervention and not external factors, as well as to determine if improvements were maintained. With regards to group two (control group), the re-assessment phase served the purpose of a post-test assessment after intervention (excluding the role-play component) had been implemented. This allowed the researcher to draw conclusions regarding the effectiveness of the intervention without the role-play component by comparing it to the results of group one, who received intervention with the role-play component.

9.2 Qualitative data

Qualitative data was collected through the use of session records, which were kept by the researcher (as discussed in section 10.2 below). The data was audio recorded, and saved electronically by the researcher immediately after each therapy session. Audio recordings of

the sessions were used to review the session and compile accurate and detailed records. The purpose of collecting this data was three fold. Firstly, this data provided documentation of possible progress made by participants, in order to achieve triangulation of results of the study. Secondly, the documentation served to identify possible confounding variables such as background noise or lack of motivation of the participant. This information was used to ensure that these variables were controlled in the following therapy session, or to simply account for the influence of these variables during interpretation of the data. Lastly, the use of session records provided the researcher with the opportunity to reflect on the session, and highlight information, experiences and observations that enriched the findings of the study.

10. Data collection instruments

10.1 Quantitative data

10.1.1 Phase 1, 3 and 5 (Assessment phases)

An assessment of each participant was conducted using the Clinical Evaluation of Language Fundamentals, fourth edition Pragmatics Profile, and discourse completion tasks, both of which are described below.

CELF-4 Pragmatics Profile (Semel, Wiig & Secord, 2003)

The Clinical Evaluation of Language Fundamentals (4th Ed.) Pragmatic Profile (CELF-4 PP) is a criterion-referenced checklist designed for individuals aged 5;0 to 21;11. It is a subtest of the CELF-4, which is a standardized test used to determine if a student presents with a language delay or disorder. An evidence based systematic review on treatment for pragmatic difficulties of school-aged children with language impairments suggests that in future research a rating scale such as the CELF-4 PP would be useful in documenting children's pragmatic abilities across settings (e.g. classroom and playground) (Gerber et al., 2012).

The pragmatic profile subtest comprises of fifty-two items, which are divided into three sections: rituals and conversational skills, asking for/ giving and responding to information, and nonverbal communication skills. The table below presents some of the pragmatic skills included in each section.

Table 5

Pragmatic skills in the three sections of the CELF-4 PP (Semel, Wiig & Secord, 2003)

Section of CELF-4 PP	Rituals and conversational skills	Asking for/ giving and responding to information	Nonverbal communication skills
Pragmatic skills	Making and responding to greetings, eye contact, topic initiation and maintenance, requesting for clarification, stylistic variation, sense of humour, and interacting in a group.	Seeking help, asking for permission, agreeing and disagreeing, apologising and response to affection.	Interpreting and demonstrating appropriate use of facial cues, body language and voice intonation.

Each item/ behaviour is rated as “never, sometimes, often, always, not observed or not appropriate”. Each rating is represented by a number/ score. The rating that best describes how often the participant demonstrates the skill is indicated by circling the corresponding number. A score of 1 corresponds to “Never”, a score of 2 corresponds to “Sometimes”, a score of 3 corresponds to “Often” and a score of 4 corresponds to “Always”. Therefore the higher the score the greater the presence of the pragmatic skill. If the skill is not observed it is indicated by circling NO (not observed). If the skill is not culturally appropriate (or for any other reason) for the participant it is indicated by circling NA (not appropriate). The profile allows the clinician to obtain a raw score, by adding together the scores for each individual item. The raw score is then compared to the criterion score for the client’s age. The profile was completed by the researcher, by conducting a classroom observation, observation during break-time and one-on-one interaction with the participants. The raw

score for each participant was then calculated, and compared to the criterion score for their age.

Discourse completion task (Appendix B)

A discourse completion task (DCT) is a data-gathering tool that has been used extensively as an elicitation tool in studies of pragmatic skill (Archer, Aijmer & Wichmann, 2012; Kasper & Roever, 2005; Martinez-Flor & Uso-Juan, 2011; Parvaresh & Tavakoli, 2009). Four oral discourse completion tasks, which were developed by the researcher, were presented to each participant individually. This was conducted during the one-on one interaction period of the assessment. Re-administering the DCT after a six week period limited the effects of test familiarity (Aufa, 2014). The first two tasks were designed to assess requesting for clarification, and the second two were designed to assess stylistic variation. The same four tasks were presented to all eight participants.

An oral discourse completion task requires the participant to listen to a description of a situation and to respond by saying out loud what they would say or do in that situation (Parvaresh & Tavakoli, 2009). The discourse completion tasks, therefore took the form of a scenario that was presented to the participants, who had to indicate verbally how they would respond to the situation. Oral discourse completion tasks are also often referred to as closed role-play, which are designed to elicit a single turn oral response to a given scenario (Kasper & Roever, 2005). Observation of participants in their natural settings allows for authentic discourse and rich contextual knowledge to be obtained (Kasper & Roever, 2005). However, it can be difficult to obtain necessary data, as occurrence of pragmatic skills cannot be guaranteed or predicted (Jernigan, 2007; Kaper & Roever, 2005). This therefore illustrates the need for an elicitation tool such as discourse completion tasks to elicit and assess specific skills. The benefit of DCT being that it allows the researcher to control the situation and manipulate contextual variables according to the skill being elicited (Kasper & Roever, 2005).

The tasks were designed by the researcher based on research studies that made use of discourse completion tasks (Chen & Rau, 2013; Kasper & Dahl, 1991; Kasper & Roever,

2005; Jernigan, 2007; Martinez-Flor & Uso-Juan, 2011). The situations presented in the tasks all included the following information; the setting, social distance and social status (Kasper & Roever, 2005; Martinez-Flor & Uso-Juan, 2011; Chen & Rua, 2013; Aufa, 2014; Alemi, Rasekh & Razanjad, 2014). The setting refers to the context in which the situation is set. It is necessary to make this clear in the DCT, as it may affect the participants' response (Aufa, 2014). Social distance refers to the relation between the participant and the individual they are interacting with in the scenario. Social distance is rated as 'stranger', 'acquaintance' or 'intimate' (Kasper & Roever, 2005; Martinez-Flor & Uso-Juan, 2011). Social status refers to the status of the individual the participant is interacting with in the scenario, with reference to themselves. Social status is rated as either 'low', 'equal' or 'high' (Kasper & Roever, 2005; Martinez-Flor & Uso-Juan, 2011). These variables can also be intentionally manipulated according to the pragmatic skill being targeted (Aufa, 2015; Martinez-Flor & Uso-Juan, 2011). For example, when targeting stylistic variation, a certain context and social status warrants the use of a different register (e.g. speaking to the principal at school). The nature of these variables for each discourse completion task designed is presented in table 6 below.

Table 6
Information included when designing DCT

DCT	Contextual setting	Participants' role	Social distance	Social status
1	Classroom	Participant was required to make a request for clarification to the teacher.	Intimate	High
2	Classroom	Participant was required to make a request for clarification to the teacher.	Intimate	High
3	Home	Participant was required to demonstrate stylistic variation when speaking to an adult on the phone.	Stranger	High
4	School	Participant was required to demonstrate stylistic variation when interacting with the principal at school.	Intimate	High

The following additional factors were taken into consideration when designing the tasks:

1. The target pragmatic skills: The tasks were designed to assess stylistic variation and requesting for clarification, as these are the skills that were targeted in intervention (Kaper & Roever, 2005).
2. The language abilities of the participants: This information was gathered from reviewing the child's school speech therapy file, which took place during the participant selection process (Archer, Aijmer & Wichmann, 2012).
3. Common areas of interest of the participants: This information was obtained during the researcher's interaction with the participant to ask for consent to participate in the study. This information was also obtained from the class teacher.
4. Situations that are relevant to all the participants (Archer, Aijmer & Wichmann, 2012).
5. The culture of the participants to ensure cultural appropriateness of scenarios presented and responses expected.

The participant's responses to the discourse completion tasks were rated on a Likert scale (Table 7) of one to five with one being 'inappropriate response' and five being 'appropriate response' (Alemi, Rasekh & Rezanjad, 2014). This portion of the assessment was conducted and recorded by the researcher, however, rating of the participant's responses were conducted by another qualified speech-language therapist. The purpose of this was to reduce the influence of researcher bias in the assessment process, and therefore increase the reliability of results. The speech-language therapist was instructed to rate the participants' responses based only on its pragmatic appropriateness, and not on grammatical aspects.

Table 7

Likert scale used to rate DCT

SCORE	MEANING
1	Inappropriate response
2	Mostly inappropriate
3	Some appropriate
4	Mostly appropriate
5	Appropriate response

10.1.2 Phase 2: Intervention (Group 1)

Phase two of data collection involved the implementation of twelve group therapy sessions with group one (experimental group). A session plan was used to guide the implementation of each session. All sessions were facilitated by the researcher.

General group therapy session plan (Appendix C)

The group therapy was designed using guidelines for implementing role-play as a learning strategy described in literature (Brady & Skully, 2005; Cherif, Verma & Somervill, 1998; Clarke & Wales, 2005; Killen, 2006; Ladousse, 2004; McDaniel, 2000; Milroy, 1982, Yehuda, 2006). Cherif, Verma and Somervill (1998) and Milroy (1982) suggest dividing role-play activities into four stages: preparation and explanation of the activity by the facilitator, student preparation of the activity, the role-playing, and the discussion or debriefing of the role-play activity. Killen (2006) describes a similar format, but includes an initial step of the facilitator planning the role-play scenario. The format of the sessions were as follows:

1. Introduction

The introduction involved welcoming the participants to the session, casual discussion about the content of the previous session, and outlining of the contents to be covered in the current session. The participants were told that we will be reading a story, then we will talk about the story, next we will act out the story, and lastly we will talk about what we did and learnt. The purpose of this step was to orientate the participants, and allow them time to settle and feel comfortable in the environment. This is a necessary step in any group therapy approach to intervention (Cherif, Verma & Somervill, 1998; Killen, 2006; Milroy, 1982).

2. Narrative

The title of the narrative was first introduced and discussed. The narrative was then read aloud twice, and thereafter a summary of the main events of the narrative was provided by the researcher. The pilot study indicated that participants displayed improved comprehension of the narrative when it was read twice and followed with a summary. Prior to role-play it is necessary for the facilitator to present the scenario to the participants, and ensure that the

briefing provided them with enough information for role-play (Brady & Skully, 2005). Further details regarding the narratives are discussed in the following section.

3. Discussion of narrative and pragmatic issues

The narrative was discussed with the participants, with focus being on the main event of the story that contained the pragmatic lesson. The way in which the characters responded to the situations was discussed. The participants were given the opportunity to comment on whether they believed the way in which the characters responded to the situations was ‘right’ or ‘wrong’. They were also encouraged to express how they would have responded in the situation if they were the character. This discussion was facilitated by the researcher raising discussion points and asking the participants questions. The researcher ensured that all the participants were involved in the discussion. Reading and discussing the narrative both correspond to the step that the literature describes as preparing the ‘participants for the activity’ or ‘briefing of the participants’ (Cherif, Verma & Somervill, 1998; Killen, 2006; Milroy, 1982). The narrative provides the context and scenario for the role-play, and is therefore considered as being part of the preparation process. Discussion of the narrative with the participants ensured that they understood the narrative, and drew their attention to the main event which contained the pragmatic lesson.

4. Role-play

Participants were paired by the researcher and instructed to ‘act out’ what happened in the story. Each pair had a turn to role-play, while the rest of the group watched. The participants were then instructed to act out the scenario that occurs in the story, but reflect how they would respond. Thereafter the ‘right’ and ‘wrong’ responses were reinforced by the researcher, and the participants were instructed to act out both responses. This process allowed active learning to take place (Jarvis, Odell & Troiano, 2002). During the role-play the researcher acted as a facilitator, and only intervened when necessary (Killen, 2006). The researcher also used the opportunity to present points directly related to the therapy aim. For example, during the role-play period the facilitator would point out to the participants the consequences of responding in the ‘right’ or ‘wrong’ way, as depicted by them during their role-play. Killen (2006) suggests that the facilitator should ‘step back’ during role play and

only step in if the learners lose focus, or to raise a significant point related to the learning outcome. The researcher also played a supportive role (Milroy, 1982) in helping the participants ‘act out’ the narrative. Support was provided where necessary, as some participants were less familiar with engaging in role-play than others.

5. Reflection

The last stage involved a group discussion, in which every learner was required to participate. Literature describes a final stage of discussion or debriefing to conclude the role-play process (Brady & Skully, 2005; Killen, 2006; Milroy, 1982). The content of the debriefing stage should in essence be a follow up discussion of the important points raised by the role-play, as well as the solutions identified (Brady & Skully, 2005). The purpose of this step is to allow the learners the opportunity to consolidate what was learnt, and to reflect on its application to their lives (Milroy, 1982). The PARS (Processing: Activity, Relationships, Self) model (Glass & Benshoff, 1999) of reflection was used to guide this process. This is a well-researched model designed specifically for group work. It involves reflecting, understanding and applying what has been learnt. The researcher guided the participants through the process by firstly providing a summary of what was done in the session, then presenting the participants with questions to encourage reflection to take place, and lastly providing a conclusion to the session.

	Activity	Relationship	Self
Reflecting	Reflecting- Activity	Reflecting- Relationship	Reflecting- Self
Understanding	Understanding- Activity	Understanding- Relationship	Understanding- Self
Applying	Applying- Activity	Applying- Relationship	Applying- Self

Figure 7. The PARS Model of reflection (Glass & Benshoff, 1999)

Narratives (Appendix D)

When using role-play activities for intervention, the facilitator typically begins by providing direct instruction of the target skill (Duncan & Klinger, 2010). This is often achieved through the use of a social story or script, with the purpose of providing the learners with a foundation on

which to practice the skill (Duncan & Klinger, 2010). A different narrative was used in each of the twelve group therapy sessions. All twelve narratives were written by the researcher. The narratives were written as social narratives as they were based on the criteria of a social story (Gray, 1995). Social stories are considered to be a type of social narrative. ‘Social stories’ is a particular intervention approach used by speech-language therapists and other professionals to teach appropriate pragmatic and social behaviours. The approach was initially introduced over twenty years ago as method to teach social skills to individuals with autism spectrum disorder (Gray, 1993). This method involves developing a child specific short story that describes a social situation and the appropriate social response. It provides the child with a way of understanding the situation, and relevant cues on how to respond appropriately (Dessai, 2012). According to Gray (1995, 2000) there are four steps involved in writing a social story. These steps were followed when writing the social narratives for intervention. The steps are as follows:

1. *Think about and picture the goal of the story:* The main goal of a social story is to teach social rules. The story must therefore provide accurate descriptions of the concepts that need to be learned.
2. *Gather information about the topic:* The writer must decide on the topic, who is involved, where it occurs, and why people behave in certain ways.
3. *Tailor the text:* The story must have an introduction, body and conclusion, it must answer ‘wh’ question words (e.g. who, what, where), it should be written using positive language, and should consist of a ratio of *two to five descriptive and or perspective sentences for every directive sentence*.
4. *Teach with the title:* A title that encompasses the overall meaning or core concept of the story should be developed.

The table below presents one of the narratives designed to target requesting for clarification in this study, and illustrates how principles of social stories were applied.

Table 8

Application of principles of social stories to narrative design

Narrative	Criteria
Title: Kim learns to ask	Teach with the title
Kim is a ten year old girl who goes to Kings primary school.	<i>Introduction</i> : Descriptive sentence (Who)
Kim's class was helping the teacher clean the classroom.	<i>Body</i> : Descriptive sentence (Where)
The teacher told Kim to dust the table cloth.	<i>Body</i> : Descriptive sentence (What)
Kim could not hear the teacher properly because the class was making a noise.	<i>Body</i> : Descriptive sentence (What)
The teacher was angry at Kim because she did not listen and dust the tablecloth.	<i>Body</i> : Perspective sentence
Kim learnt that if she does not hear what someone said, she should ask.	<i>Conclusion</i> : Directive sentence

The following was also taken into account when writing the social narratives:

1. The pragmatic skill to be targeted: The main event of the narrative had to centre on the pragmatic skill targeted. This was done by placing the main character in a situation where they were required to display the target pragmatic skill. Each narrative presented the scenario, the character's response, and the consequences thereof.
2. The language abilities of the participants: Participants in the study all presented with language difficulties. It was therefore necessary that this was taken into consideration when writing the narratives. The researcher was aware of using a level of language (syntax, semantics) that the participants could comprehend.
3. The areas of interest of the participants: Selecting topics that are of interest to the participants helps to keep them interested and motivated. During the implementation of the pilot study it was found that participants were more attentive and involved in the

group therapy when the narrative included a topic of interest to them e.g. soccer, school market days, school excursions.

4. What situations are relevant for the participants: Participants need to be familiar with the scenarios/ contexts presented to them, so that they are relatable and functional (McDaniel, 2000). Interaction with the participants during the participant selection process allowed the researcher the opportunity to gather relevant information, which was used to select scenarios to be presented in the form of a narrative.
5. The culture of the participants: The researcher was aware of using culturally appropriate contexts, scenarios and language when writing the narratives.

Target pragmatic skills

Two pragmatic skills were targeted in the group therapy intervention: stylistic variation and requesting for clarification. Each skill was targeted for six therapy sessions. A study conducted by Lapadat (1991) showed that children with learning disability did not perform as well as typical developing children when these areas (among others) of pragmatics were assessed. It was necessary for specific pragmatic skills to be selected, so that they could be directly targeted in intervention and measured in assessments. Targeting pragmatics in general would have yielded too vague results to make conclusive comments on the effectiveness of the approach.

10.1.3 Phase 4: Intervention (Group 2)

Phase four of data collection involved the implementation of twelve group therapy sessions with group two (control group). The facilitator (researcher) used a session plan to guide the implementation of each session, the only difference being that the role-play component was excluded. The sessions therefore comprised of the following components (as described above):

1. Introduction
2. Narrative
3. Discussion of narrative and pragmatic issues
4. Reflection

10.2 Qualitative data

Qualitative data was collected in the form of session records (Appendix E), which were completed immediately after each group therapy session. A record form was completed for each of the participants who attended group therapy. The session record form was designed by the researcher using the SOAP (subjective, objective, assess, plan) documentation method. ASHA (2008) recommends the use of a SOAP format, for documenting notes per session. This method was designed by Dr. Lawrence Weed in the 1960's as part of the problem-orientated medical record (PROM), and is now widely used by health care providers to document sessions with patients (Quinn & Gordon, 2003). The session record sheets were designed to meet all the information criteria of SOAP, and therefore ensured that important components of the group therapy session were documented. The form allowed for documentation of the session in general, as well as record keeping of each participant's performance. Table 9 below describes the information that was documented on the session record sheet, the aspect of SOAP documentation that the area fulfils, and the reasons for including such information.

Table 9

Explanation of session record form

AREA TO BE COMMENTED ON	INFORMATION TO BE DOCUMENTED	AREA OF SOAP	MOTIVATION FOR INCLUSION OF AREA
General information	Date, time, venue, group therapy session number, pragmatic skill targeted	N/A	This information is important for documentation and organization of data.
Description of therapy environment	Size of space utilized, seating arrangement, presence of background noise, presence of distractions	Subjective	This information will allow the researcher to identify any aspects of the environment or set-up that may have facilitated or hindered the therapy session.
Researchers personal reflection	Any feelings, experiences, observations or opinions of the researcher from the session conducted.	Subjective	This will allow the researcher the opportunity to document her experience, impression, and observations, and may reveal information that enriches the findings of the study.
Participants general demeanour	Comments on whether the participant was tired, unwell, alert, attentive, excited, distracted etc.	Subjective	The participant's demeanour can affect their performance in the session.

Participant's motivation and participation in session	How willing and motivated was the participant during the session? Did they participate as much as they were required to? Did they participate more or less than they did in the previous session?	Subjective	The amount of gain from therapy sessions will depend somewhat on the participant's motivation, and willingness to participate. It is important to document this information, as it can be used to explain and justify results.
Participant's performance in session	Did the participant understand what was expected of them? Did they cope with the role-play task? Did they express and demonstrate increased understanding of the pragmatic skill by the end of the session?	Objective	Records of how the participant performed will provide data to support and add to quantitative data obtained. ASHA (2008) recommends that the present functional level of the patient should be documented in progress notes.
Participant's progress (if applicable)	Document if progress was noted from the participants performance in the previous session.	Assess	Records of participant's progress will provide data to support and add to quantitative. ASHA (2008) recommends that the patient's progress or lack of progress specific to the documentation period should be recorded.
Researcher's assessment of session	Researcher's personal impression of the session. How successful was it? What worked and did not work? How could it have been improved? This will also involve evaluation of the methods and tools used in the session.	Assess	This will allow the researcher to have documentation of how successful the session was, provide explanations for learners' performance in a session, and provide information from which recommendations for the next session can be identified.
Recommendations for next session	Recommendations to control confounding variables identified, e.g. schedule session for the morning when students are more attentive.	Plan	Recommendations will be used to identify confounding variables that can be controlled during the following therapy session.

11. Pilot study

A pilot study involves the data collection instrument being administered to a small group of participants who meet the participant selection criteria outlined for the study (Phillips & Stawarski, 2008 cited in Leedy & Omrod, 2010). A pilot study was conducted prior to the data collection phase. This was done to test the research process and make necessary modifications to ensure reliability and validity of the data collection methods and instruments (Leedy & Omrod, 2010).

The pilot study was conducted with two participants who met the selection criteria. The first two learners to provide consent were selected to participate in the pilot study. The intervention phase of the pilot study targeted only one pragmatic skill, and consisted of six group sessions over three weeks. Targeting one pragmatic skill in the pilot study (as opposed to two in the main study) was sufficient to assess the data collection process and achieve the aims of the pilot study. Only phases 1 (pre-test), 2 (intervention with experimental group) and 3 (post-test) were implemented in the pilot study. The learners who participated in the pilot study were not included in the main study.

The data collected from the pilot study was used to determine whether the participant selection criteria was effective in identifying learners who are appropriate candidates for the therapy method being investigated, the validity of the assessment instruments, and the effectiveness of the intervention design. These findings allowed the researcher to make necessary changes in the participant selection and data collection processes. Table 10 presents the changes made following the pilot study.

Table 10

Description of changes made following pilot study

Area of focus	Observation	Action taken
Participant selection	The participants appeared to be ideal candidates for the intervention. They presented with sufficient language competency to cope with the role-play.	No changes to the participant selection criteria were required.
Time allocation for assessments	Half an hour of classroom observation and fifteen minutes of one-on-one interaction was allocated to complete the CELF-4 PP. However, it was found that an hour of classroom observation, as well as observation of the participant during break time was required to complete all items on the profile.	The time allocated for classroom observation was increased to an hour. The researcher also liaised with the class teachers to determine the activities for the day, so that observations can be scheduled at times when minimum time was needed to observe many behaviours. Participants were observed during one break time (30 minutes). Two participants were observed per break time.
Topic of narrative	It was found that participants responded well to narratives that they could directly relate to, especially if it includes something specific that happened recently e.g. Valentine's Day.	Narratives were written/ adapted on a weekly basis in order incorporate recent events and scenarios that are meaningful to the participants.
Comprehension of narrative	It was observed that participants struggled to talk about, answer questions on, and role-play the narrative when it was read only once.	The narrative was read twice, and thereafter the facilitator summarised the narrative's main points.
Support during role-play (Intervention)	It was found that participants with weaker language skills required a large amount of support from the facilitator during role-play.	When participants were being paired for role-play, the researcher intentionally paired a stronger participant with a weaker participant. This was so that they may support each other, and the researcher does not take over the role-play. Peer support was being viewed as one of the learning opportunities that role-play offered, and not as a separate strategy.

Session record forms	When completing session record forms it was necessary for the same information to be recorded each time and for all participants under the 'Performance in session' heading. This was so that the data could be used to track progress or make comparisons more effectively.	<p>The 'Performance in session' heading had four sub-headings to guide the documentation by the researcher. The sub-headings were follows:</p> <ul style="list-style-type: none"> - Comprehension of narrative - Involvement in group discussion - Involvement in role-play/ level of support required - Ability to identify and express pragmatically appropriate and inappropriate responses at the end of the session.
Number of intervention sessions	The pilot study consisted of six therapy sessions and the main study will consist of twelve therapy sessions. Progress was noted from the fourth therapy session for both the participants involved in the pilot study.	No changes were required to the number of intervention sessions planned for the main study, as it was expected to be sufficient to display observable progress.
Venue	It was found that the environment/ venue had a significant impact on the participant's attention and participation. Disruptions during the session and the venue being too hot reduced the participant's involvement and focus in the session.	<p>These variables were controlled for as far as possible.</p> <ul style="list-style-type: none"> - Permission was obtained to use the air conditioner during group sessions. - The cleaning staff were informed of the times that the venue was used, so that sessions were not disrupted. - The facilitator set up the venue before each session and ensured that there were no noise disruptions in the vicinity.

12. Data analysis

In keeping with the research design, the qualitative data was embedded in the quantitative data in the analysis and discussion of results (see figure 8 below). Integration of the two sets of data was conducted at the reporting level, using a weaving approach (Fetters, Curry & Creswell, 2013). This was achieved by first tabulating and presenting each set of data, and thereafter integrating the results in a written analysis/ narrative (Fetters, Curry & Creswell, 2013). The qualitative data served to enrich, support (data triangulation) and provide explanations for the quantitative data.

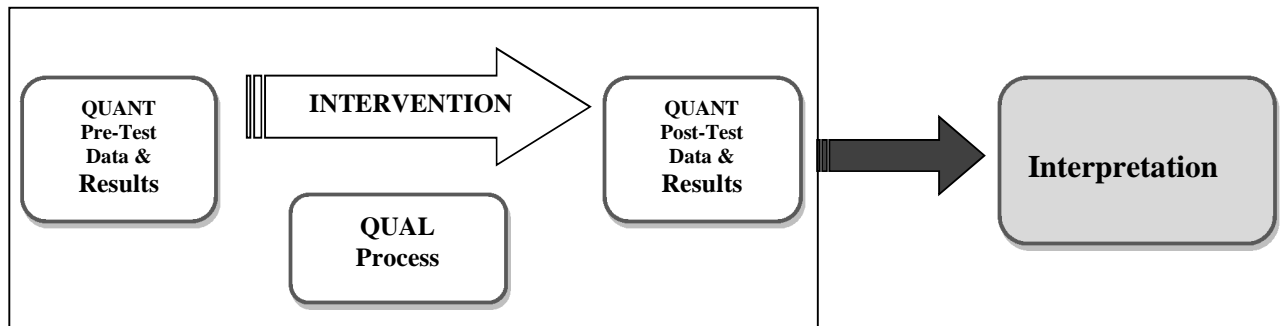


Figure 8. Integration of data in an experimental design (Fetters, Curry & Creswell, 2013)

Data analysis was conducted in three main steps (see figure 9 below) in order to analyse and integrate all components of the data. Firstly, an individual analysis of each participant was conducted. This involved a visual inspection of the quantitative and qualitative data relative to each participant. This provided an initial overview of each participant's response to the intervention, and allowed the documentation of clinically significant findings that may be masked with statistical analysis alone (Adams, 2003). The second step involved analysing and comparing the data (quantitative and qualitative) across the experimental and control group, to validate that any changes observed in the experimental group were as a result of the intervention. The last step involved an analysis and comparison of data recorded when the intervention was implemented with the role-play component (experimental group) and without the role-play component (control group), thus allowing the researcher to directly measure the effectiveness of

the role-play component. Results from all three steps of analysis were then integrated and presented with reference to the aim and objectives of the study.

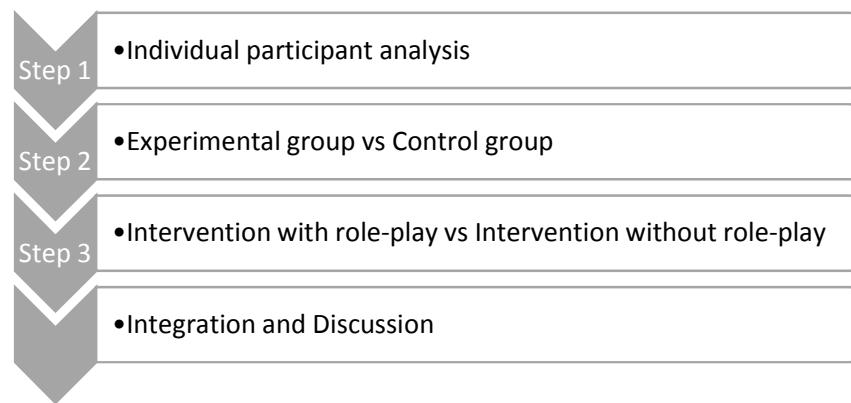


Figure 9. Data analysis steps

Quantitative data was analysed with the use of descriptive statistics. “Descriptive statistics provides quantitative indicators of what is common or typical about a variable, how much of diversity or difference there is in the variable, and how values on one variable are associated with one or more other variables” (Monette, Sullivan, Dejong & Hilton, 2013, p.403). Assessment scores were analysed by calculating and comparing the mean, standard deviation and gain in scores. The mean is a measure of central tendency, which is commonly likened to the average of a set of data (Monette et al., 2013). Standard deviation is a measure of dispersion, which reflects the spread of the scores from the mean. The larger the standard deviation, the more dispersed the scores (Monette et al., 2013). A gain score can be described as the difference between the pre-test and post-test score on a measurement tool, and is calculated by simply subtracting the pre-assessment score from the post-assessment score (May & Hittner, 2010; Salkind, 2010). Its reliability therefore depends directly on the reliability of the pre and post-test scores (Salkind, 2010; Zimmerman, 2009). Gain scores can be used for an individual or a group, to test the difference or change in a particular skill between testing occasions (Salkind, 2010). Thus its interpretation is relative to the assessment tool and skill being assessed. These measures provided a means of comparing results across phases and groups. The use of descriptive statistics and supporting qualitative data provided a means of achieving triangulation of results, while the use of a control group allowed for further validation of results.

13. Reliability, validity and trustworthiness

13.1 Reliability

“Reliability is the consistency with which a measuring instrument yields a certain result when the entity being measured hasn’t changed” (Leedy & Ormrod, 2005, p. 29). In this study, reliability referred to the ability of the data collection instruments to provide the same results repeatedly on various occasions. Reliability in this study was ensured by:

- The researcher administering the data collection instruments herself.
- The utilization of user-friendly data collection instruments.
- Conducting a pilot study (refer to section 9).

13.2 Validity

“Validity is defined as the degree to which the relationship between the independent variable and the dependent variables is observed without the influence of extraneous variables” (Meline, 2010, p.17).

Validity in this study was ensured by:

- The use of an instrument that is based on literature and is criterion referenced (CELF – 4) (Semel, Wiig & Secord, 2003).
- Confounding/ extraneous variables controlled for and/ or taken into consideration when interpreting results (refer to section 5.1).
- Conducting a pilot study (refer to section 9).
- The use of a control group (refer to section 4).
- Ensuring reliability of the study, since a study cannot be valid without being reliable.

13.3 Trustworthiness

Guba (1981) suggests four criteria to assess the trustworthiness of a research study. These criteria are: credibility, transferability, dependability and confirmability.

- *Credibility* refers to the truthfulness and believability of the researcher's findings (Leininger, 1994, as cited in Leedy & Omrod, 2010). In this study credibility was ensured by triangulation of data through the use of qualitative and quantitative data (Cresswell, 2003). The use of an experimental study design and a control group improves the validity and thus credibility of findings. Reflective commentary by the researcher during data collection also served to enhance credibility of the data collected (Shenton, 2004).
- *Transferability* refers to the extent to which the findings of a study can be generalized, or applied to another similar context (Leedy & Omrod, 2010). The use of purposive sampling to select a specific target population (based on age and diagnosis) improves transferability of results (Shenton, 2004). However, generalization of results was not the aim of this study, but rather to determine the effectiveness of the therapy approach in a particular population.
- *Dependability* refers to the consistency of the results of the study, and the ability of variability to be accounted for by identifiable sources (Guba, 1981). In this study dependability was ensured by triangulation of data through the use of qualitative data to support and enrich quantitative data (Shenton, 2004). The use of a control group as well as a re-assessment at a later stage helped to ensure that results were due to the intervention and not external variables. In addition, ensuring credibility of the study naturally establishes and improves dependability.
- *Confirmability* refers to the extent to which the findings of the study are free from bias (Shenton, 2004). The data collection methods used in this study were designed to ensure minimal researcher bias. This was done through the use of multiple sources of data, and the use of a third party to score a portion of the assessment.

14. Ethical considerations

This research adhered to the following ethical guidelines:

Informed consent: The participants in this study were between the ages of ten and twelve. According to the National Health Act (2004) research conducted on minors for therapeutic purposes may only be conducted with the consent of the parent/ guardian of the child; and if the minor is capable of understanding, with the consent of the minor as well. It was therefore necessary that consent to participate in this study be obtained from the caregivers/ parents, and the children themselves. Takona (2002) states that participation in any research should be voluntary, and subjects should be informed in advance regarding the aims, nature, procedures, risks and benefits of the study. In order to achieve this, written information documents and consent forms were provided to parents of children who were identified as potential participants (Appendix F and G). These documents included information on the aim of the study, what participation in the study would involve, the benefits of the study, the voluntary nature of participation, and stated that participants may choose to withdraw at any stage of the study without repercussions. Once consent from the caregivers/ parents were obtained the researcher met with the potential participant to explain that it is their choice as to whether to participate in the study or not (Appendix H). The information provided to the caregivers/ parents was provided to the child verbally in simpler language, with examples and demonstrations of what participation will involve. The learner became a participant of the study only if they provided verbal consent to the researcher. An assent form was then signed by the researcher and a witness, indicating that the learner agreed to participation in the study (Appendix I).

Protection from harm: During the implementation phase of the study, all possible precautions were taken to ensure that the environment was safe and secure and that participants were not placed at risk of physical or psychological harm (Leedy & Omrod, 2010).

Right to privacy: Biographical and personal information about participants and organizations involved in the study remained confidential. Participants were given a pseudonym such as 'Participant 1' for reference throughout the study, and in all written work based on the study. Thus confidentiality was ensured.

Honesty with professionals: During the research process the researcher maintained integrity and honesty without misleading, misrepresenting or fabricating data to support a particular conclusion (Leedy & Omrod, 2010). Throughout the research process the researcher continuously evaluated the data and interpretations of the data, to ensure objectivity.

Justice: The participants who formed part of the control group in the pilot study and the main study received the role-play intervention on completion of the study.

Storage of information: The raw data collected from the study is stored in password protected electronic files, and will be kept for at least five years. Only the researcher and supervisors have access to this data.

CHAPTER 4

RESULTS

“After all, the ultimate goal of all research is not objectivity, but truth.”

– Helene Deutsch

1. Introduction

The following chapter presents the data collected, and provides an analysis and integration of the results. As stated in Chapter 3, the embedded mixed methods design adopted by the study resulted in a set of quantitative and qualitative data being gathered for analysis and interpretation. Integration of the two sets of data was conducted at the reporting level, using a weaving approach (Fetters, Curry & Creswell, 2013). This was achieved by first tabulating and presenting each set of data, and thereafter integrating the results in a written analysis narrative (Fetters, Curry & Creswell, 2013). Analysis of results was separated into analysis of the experimental group and analysis of the control group. The initial step in the group analysis was to provide an overview of each participant's response to the intervention; this allowed for the documentation of clinically significant findings that may be masked with statistical analysis of combined group scores alone (Adams, 2003). The second step was to conduct a statistical analysis of the groups' pre and post assessment scores, and analyse this information in conjunction with qualitative data. This provided the information needed to conduct the last step of analysis. The last step involved comparison of the experimental and control group, in order to determine the effectiveness of role-play as a therapy approach targeting pragmatic skills (stylistic variation and requesting for clarification) in learners with language learning disability.

2. Presentation of data

2.1 Quantitative data

The quantitative data comprised assessment scores obtained from the Clinical Evaluation of Language Fundamentals (4th Ed.) Pragmatic Profile (CELF-4 PP) (Semel, Wiig & Secord, 2003), and Discourse Completion Tasks (DCT). The table below presents the raw score and age range (AR) that each participant achieved on the CELF-4 PP, as well as the total score achieved for the DCT. All participants (experimental and control group) were assessed at three points in the study (phases 1, 3 and 5). In phase 2 the experimental group received intervention, while the control group did not; and in phase 4 the control group received intervention (excluding the role-play component), while the experimental group received no intervention. Results have been presented in Table 11 below.

Table 11

Quantitative Assessment Results across Phases 1, 3 and 5

Participant No.	Phase 1			Phase 3			Phase 5		
	CELFL-4 PP ^a		DCT ^c	CEFL-4 PP		DCT	CELFL-4 PP		DCT
	Raw Score	AR ^b		Raw Score	AR		Raw Score	AR:	
Experimental Group									
1	110	5;0 – 5;5	9	116	5;0 – 5;5	10	115	5;0 – 5;5	10
2	125	6;0 – 7;11	20	135	8;0 – 9;11	19	137	10;0 – 11;11	18
3	125	6;0 – 7;11	18	140	10;0 – 11;11	19	140	10;0 – 11;11	19
4	114	5;0 – 5;5	5	127	6;0 – 7;11	18	127	6;0 – 7;11	17
Control Group									
5	130	6;0 – 7;11	16	134	8;0 – 9;11	19	135	8;0 – 9;11	18
6	135	8;0 – 9;11	11	131	6;0 – 7;11	8	134	8;0 – 9;11	18
7	127	6;0 – 7;11	7	125	6;0 – 7;11	9	127	6;0 – 7;11	18
8	120	5;0 – 5;5	9	124	5;6 – 5;11	7	119	5;0 – 5;5	17

^a Clinical Evaluation of Language Fundamentals (4th Ed.) Pragmatic Profile (Semel, Wiig & Secord, 2003)

^b Age Range

^c Discourse completion task (Maximum score: 20)

2.2 Qualitative data

Qualitative data was obtained from session records, which were completed by the researcher after every intervention session. Every participant was scheduled to attend twelve group sessions. However, the experimental group received intervention with role-play, and the control group received the identical intervention, excluding the role-play component. The session record forms were designed to ensure documentation of all relevant data that could influence intervention outcomes (Chapter 3, section 10.2). The information documented pertained to the participants' motivation, participation and attitude, their performance and progress, and areas of difficulty in each session. Session records for each participant were reviewed and summarized in the table below. The number of sessions the participant attended was also recorded, so that it could be taken into consideration during interpretation.

Table 12

Summary of qualitative data as per session records

Participant	Motivation, participation and attitude	Progress noted	Areas of difficulty	Attendance (Out of 12 sessions)
Experimental Group				
1	Motivated to attend. Attentive and well behaved. Did not actively participate.	Improved understanding of target pragmatic skills. (particularly requesting for clarification).	Group discussion Stylistic variation	10
2	Motivated to attend. Good participation. Provided peer support. Poor attention in 3 sessions.	Improved understanding of target pragmatic skills. Progress noted from fourth session.	Reflection process (initially)	12
3	Motivated to attend. Good participation. Active involvement. Provided peer support.	Improved understanding of target pragmatic skills. Progress noted from second session.	Interaction and discussion with fellow participants (first 8 sessions)	12
4	Poor attention. Poor participation. Reported to be tired during six of the sessions.	Minimal improvement in understanding of target skill noted in session four. Increased understanding of both target skills noted from session eight.	Group discussion Reflection process	11
Control Group				
5	Motivated to attend. Level of participation depended on how relatable the narrative was to her.	Improved understanding of target pragmatic skills. Progress noted from fifth session.	Reflection process Stylistic variation	11
6	Motivated to attend. Poor concentration. Disruptive to session.	Minimal improvement in understanding of target skills.	Reflection process	12

7	Reluctant to attend. Good participation. Difficulty maintaining attention for duration of session.	Improved understanding of target pragmatic skills. Progress noted from fifth session.	Reflection process	12
8	Motivated to attend. Poor attention and concentration. Minimal active participation.	Improved understanding of target pragmatic skills. Progress noted from eighth session.	Reflection process Group discussion Stylistic variation	12

3. Integration and analysis of data

3.1 Experimental group

3.1.1 Individual participant analysis

The figures below (figures 10 and 11) present a comparison of assessment scores of each participant and across participants, on the CELF-4 PP and DCT. Thereafter a written analysis of each participant's performance is presented. This allowed for the documentation of clinically significant findings that may be masked with statistical analysis of combined group scores alone (Adams, 2003). Individual tables presenting assessment scores of each participant can be found in Appendix J.

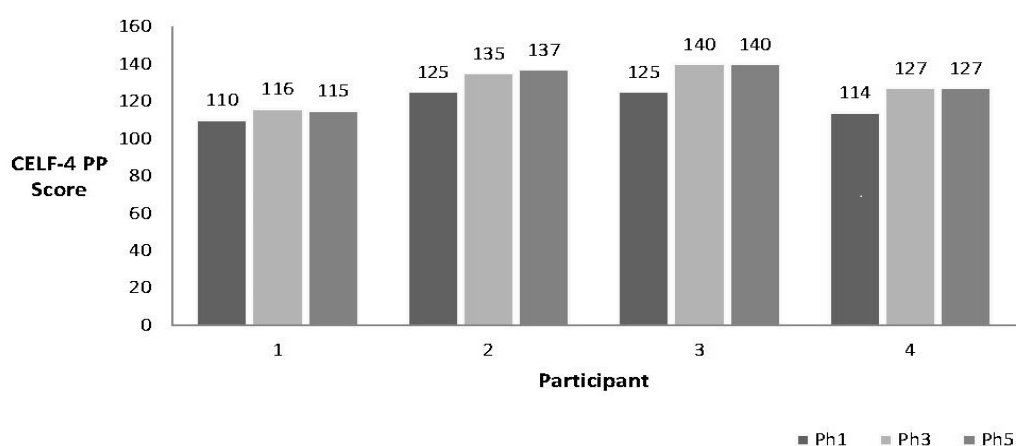


Figure 10. Experimental group CELF-4 PP assessment scores over phases 1, 3 and 5

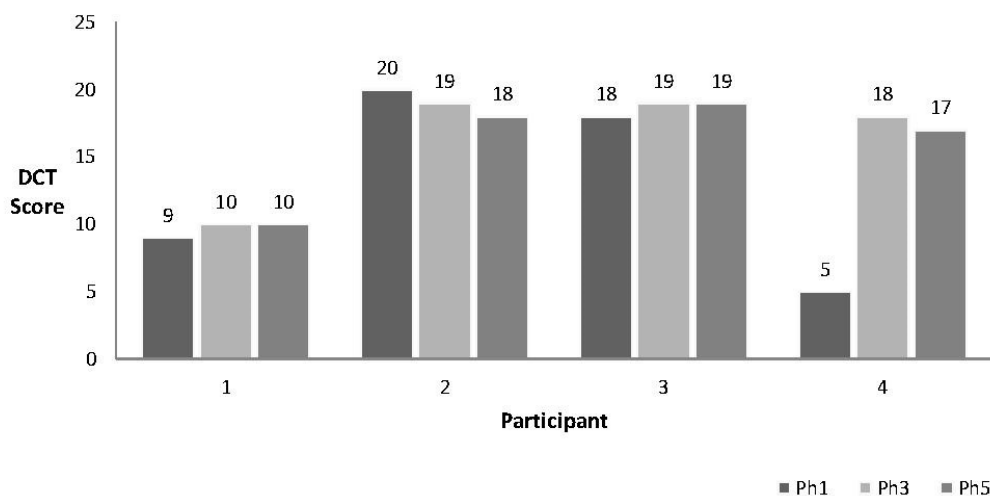


Figure 11. Experimental group DCT assessment scores over phases 1, 3 and 5

Participant 1

Quantitative data indicated that participant 1 made minimal progress from phase 1 to 5 of the study. The raw score for the CELF-4 PP increased from 110, in the initial assessment, to 116 post intervention, and decreased by one point after six weeks of no intervention. There was no change in the age equivalence for the scores obtained post intervention, as both scores fell within the same age range. Qualitative analysis of the pragmatic profile revealed that the highest increase in score post-intervention was in the ‘rituals and conversational skills’ section. This section included stylistic variation and requesting for clarification, the skills targeted in intervention. Session records and results of discourse completion tasks revealed that participant 1 had more difficulty grasping the concept of stylistic variation, as compared to requesting for clarification. She often relied on the facilitator during role-play and group discussion. In terms of progress, it must be noted that assessment results improved (albeit minimally) from phase 1 to phase 3, but not from phase 3 to phase 5.

Participant 2

Participant 2 presented with an improved score in the CELF-4 PP post intervention, which was maintained after six weeks of no intervention. The progress was reflected in an increase in age equivalence, obtained from the pragmatics profile, from 6;0-7;11 in phase 1,

to 10;0 – 10;11 in phase 5. Qualitative analysis of the pragmatic profile revealed that participant 2 showed improvement in all three areas of the profile that is rituals and conversational skills, asking for/ giving/ responding to information, and non-verbal communication skills. Participant 2 began making progress in the therapy context from the fourth session. He initially struggled with, and required support during the reflection process. Forming of friendships within the group appeared to result in more enthusiastic and active participation. This resulted in improved ability to grasp concepts and reflect on what was learnt. It is evident that the largest increase in assessment scores occurred post intervention. This participant's score for the discourse completion tasks dropped by one point in each assessment. However all responses were still considered 'mostly appropriate' in the final assessment.

Participant 3

Participant 3 presented with an improvement in assessment scores post intervention. This improvement was maintained after six weeks without intervention. The age equivalence obtained from the CELF-4 PP in phase 1 increased from 5;0 – 5;5, to 10;0 – 11;11 in phases 3 and 5. Qualitative analysis revealed that an increase in scores occurred across all three sections of the pragmatic profile, that is rituals and conversational skills, asking for/ giving and responding to information and non-verbal communication skills. Pre-and post-intervention discourse completion task scores increased by only one point. Participant 3 began making progress in the therapy context from the second session. She also exhibited improved ability to reflect on the session as the sessions progressed. However, her interactions were primarily directed at the facilitator. Only in the eighth therapy session, did she begin to interact more with the group. This could have been due to increased familiarity with the context, process and participants. Once she began interacting more with the other participants, she also served as support for learners who still required prompting during role-play and discussions.

Participant 4

Participant 4 presented with improved assessment scores post intervention, which were maintained after six weeks without intervention. The age equivalence score on the CELF-4 PP increased from 5;0 – 5;5 in phase 1, to 6;0 – 7;11 in phases 3 and 5. Qualitative analysis of the pragmatic profile revealed that increased scores were achieved in the sections focusing on rituals and conversational skills, and asking for/ giving/ responding to information. He also presented with the largest improvement in score for the discourse completion tasks post intervention. Participant 4 showed minimal signs of progress in the therapy context until the seventh session, and more rapid progress from the eighth session onwards. It was also around the eighth session that the growing friendship between participant 2 and 4 was noticed. This appeared to result in increased enthusiasm and participation of both participants, especially during role-play.

3.1.2 Experimental group analysis

Results from phases 1 and 3 were analysed and presented in table 13 below. The experimental group received intervention during phase 2, with the pre and post intervention assessments occurring in phases 1 and 3.

Table 13

Experimental group: Statistical analysis of assessment scores (Phases 1 and 3)

Assessment measure	Phase1		Phase 3		Gain score (%)
	Mean	Standard Deviation	Mean	Standard Deviation	
CELF-4 PP	118.50	7.681	129.50	10.472	11 (9%)
DCT	13	7.165	16.50	4.359	3.5 (26%)

Assessment scores were analysed using descriptive statistics by calculating and comparing the mean, standard deviation and gain in scores pre (phase 1) and post intervention (phase 3). This has been presented in table 13 above. The mean for the CELF-4 PP (Semel, Wiig & Secord, 2003) increased from 118.50 in phase 1 to 129.50 in phase 3. This reflects a gain in score of 11, indicating that scores increased by an average of 11 points (9% increase) post

intervention. The mean for the DCT increased from 13 in phase 1 to 16.50 in phase 3. The groups gain in scores was calculated at 3.5, indicating an average increase of 3.5 points (26% increase) post intervention. All the participants in the experimental group presented with an improved score on the CELF-4 PP post role-play intervention (Table 11). With regards to discourse completion task scores, only one of the four participants in the experimental group did not produce an improved score post intervention (participant 2). DCT scores of two of participants only increased by one point, however, it should be taken into account that these two participants presented with high DCT scores in phase 1, leaving little room for an increase in scores. Results revealed that three out of four participants in the experimental group presented with improvements in both assessment measures post intervention (table 11). All participants improved in at least one measure. This correlated with qualitative data, which revealed that all the participants in the experimental group presented with improved understanding of the target pragmatic skills during the sessions (table 12).

3.2 Control group

3.2.1 Individual participant analysis

The figures below (figure 12 and 13) present a comparison of assessment scores of each participant, and across participants. Thereafter a written analysis of each participant's performance is presented. Individual tables presenting assessment scores of each participant can be found in Appendix J.

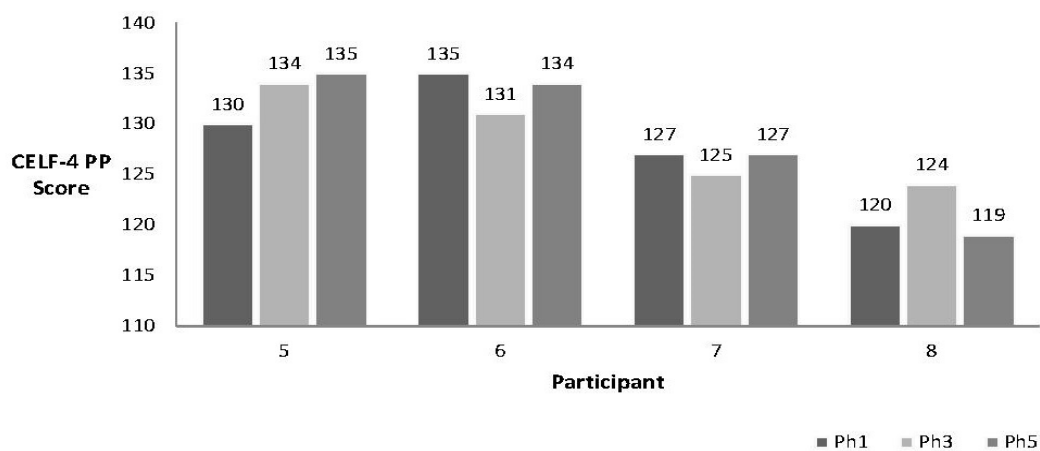


Figure 12. Control group CELF-4 PP assessment scores over phases 1, 3 and 5

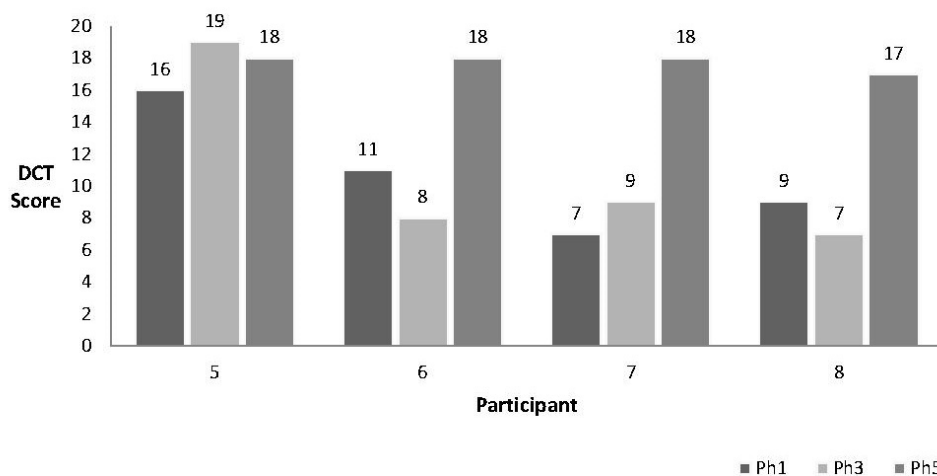


Figure 13. Control group DCT assessment scores over phases 1, 3 and 5

Participant 5

Participant 5 presented with limited changes in assessment scores across phases. The age range on the CELF-4 PP increased from 6;0 – 6;11 in phase 1, to 8;0 – 9;11 in phases 3 and 5. However, the change in age range resulted from an increase in the raw score of only four to five points. A change in age range was therefore dependant on how close or far the previous assessment score was from the next age range. Participant 5 achieved a score of 130 in phase 1, which was just four points away from the next age range. The score achieved on the discourse completion tasks also increased in phases 3 and 5. Responses on discourse completion tasks improved for both requesting for clarification and stylistic variation. Participant 5 began exhibiting observable progress in the therapy environment from the fifth session. She was able to grasp the concept of requesting for clarification more easily than stylistic variation. Even though she was displaying progress in her understanding, she still experienced difficulty reflecting on the session and applying what was learnt to herself. It is likely that participant 5 was beginning to grasp the target skills. This was reflected in the minimal improvements in both assessment measures and in progress notes documented in session records (table 12). However, generalization of the skills had not taken place, resulting in very minimal changes in assessment scores pre and post intervention.

Participant 6

Participant 6 presented with minimal changes in scores on the CELF-4 PP across phases. However, he did display an increase in his discourse completion task score post intervention. Improved scores were achieved for discourse completion tasks targeting both requesting for clarification and stylistic variation. Analysis of session records indicated minimal progress by the end of the twelve group sessions. The participant's talkativeness and difficulty with topic maintenance made it difficult to ascertain if he was grasping concepts and making progress in the sessions. The participant had significant difficulty during the reflection process throughout the twelve group sessions. His DCT score decreased from phase 1 to 3, and then increased post intervention (phase 5). Even though progress was made in the therapy context, generalization to other contexts did not seem to occur. This would explain the increase in the discourse completion task score with no effect noticed in the CELF-4 PP assessment, which is conducted through observation in the child's natural contexts.

Participant 7

Participant 7 presented with minimal changes in CELF-4 PP scores across phases. By contrast, his discourse completion task score reflected a slight increase from phase 1 to 3, and thereafter a more significant increase in phase 5. In phase 5, there was an improvement in scores for discourse completion tasks targeting both requesting for clarification and stylistic variation. Analysis of session records revealed that participant 7 began showing signs of progress in the therapy context from the sixth session. He appeared to grasp concepts and was able to identify the pragmatically appropriate and inappropriate behaviours. However, during most of the sessions he lost focus at the end, and engaged minimally during the reflection process. Results reflect that progress in the therapy context was achieved. However, the minimal change in score on the CELF-4 PP indicates that generalization to other contexts did not occur.

Participant 8

Participant 8 presented with minimal changes in the CELF-4 PP scores across phases. However, his discourse completion task score reflected a slight decrease from phase 1 to 3,

and thereafter a large increase in phase 5. In phase 5, there was an improvement in scores for discourse completion tasks targeting both requesting for clarification and stylistic variation. Analysis of session records revealed that participant 8 only began showing signs of progress in the therapy context from the ninth session. His difficulty concentrating appeared to impact on his auditory comprehension and hence his ability to be actively involved in discussions.

3.2.2 Control group analysis

Results from phases 1 and 3 were analysed first (Table 14), and thereafter results from phases 3 and 5 were analysed (Table 15). The control group received no intervention during phase 2, and received intervention excluding the role-play component in phase 4.

Table 14

Control group: Statistical analysis of assessment scores (Phases 1 and 3)

Assessment measure	Phase1		Phase 3		Gain score (%)
	Mean	Standard Deviation	Mean	Standard Deviation	
CELF-4 PP	128	6.272	128.50	4.796	0.5 (0.39%)
DCT	10.75	3.862	10.75	5.560	0 (0%)

Assessment scores were analysed using descriptive statistics by calculating and comparing the mean, standard deviation and gain in scores. The mean for the CELF-4 PP (Semel, Wiig and Secord, 2003) increased from 128 in phase 1 to 128.50 in phase three. This indicates an average gain of only 0.5 (0.39% increase). The mean score for the DCT remained at 10.75 from phase 1 to 3 (Table 14). Assessment results from phase 1 and 3 revealed that two of the four participants in the control group presented with minimal improvements in scores on the CELF-4 pragmatic profile (Table 11). Similar results were found during analysis of the control groups DCT scores: Two of the four participants presented with increased scores. Only one of these participants, participant 5, is the same learner who presented with an increase in score on the pragmatic profile. Since two participants presented with an increase in DCT scores and two presented with a decrease in scores, the scores cancelled each other out and resulted in the group presenting with

a 0% increase. The minimal increase in scores without intervention could be attributed to maturation and/ or test familiarity.

Table 15

Control group: Statistical analysis of assessment scores (Phases 3 and 5)

Assessment measure	Phase3		Phase 5		Gain Score (%)
	Mean	Standard Deviation	Mean	Standard Deviation	
CELF-4 PP	128.50	4.796	128.75	7.411	0.25 (0.19%)
DCT	10.75	5.560	17.75	0.500	7 (65%)

Assessment scores were analysed using descriptive statistics by calculating and comparing the mean, standard deviation and gain in scores. The mean for the CELF-4 PP (Semel, Wiig & Secord, 2003) increased from 128.5 in phase 3 to 128.75 in phase 5, indicating a minor gain of only 0.25 (Table 15). The mean for the DCT increased from 10.75 to 17.75, indicating a gain of at 7. This was the highest gain in DCT scores noted in the study. Analysis of assessment results from phase 3 and 5 revealed that three out of the four participants in the control group presented with minimal improvements in scores on the CELF-4 PP post intervention (Table 11). These increases were minimal, ranging from one to three points. Analysis of DCT scores revealed that three of the four participants in the control group presented with increased scores post intervention. The participants whose DCT scores increased all presented with low pre-intervention scores, therefore there was more opportunity for improvement. All participants in the control group improved in at least one assessment measure post the intervention excluding role-play. This correlated with qualitative data, which revealed that all participants in the control group presented with some improvement in understanding of the target skills during the sessions. It was also noted that all the participants experienced difficulty in the reflection process of intervention.

3.3 Comparison of experimental and control group

3.3.1 Phases 1 to 3: Comparison of experimental and control group

Phases 1 to 3 of the study involved a pre-test of all of the participants, intervention with the experimental group, and no intervention with the control group, and finally a post-test of all the participants. The purpose of including the control group was to support the notion that any gains in the experimental group's post-test scores (dependent variable) were as a result of the intervention (independent variable), and not due to confounding variables.

Results from phases 1 and 3 revealed that the average increase in the mean of the experimental group for both assessment measures was greater than that of the control group. The CELF-4 PP and DCT scores of the experimental group increased by an average of 11 and 3.5 respectively (Table 13), while the control group CELF-4 PP and DCT scores increased by an average of 0.5 and 0 respectively (Table 14). Improvements in the experimental group post intervention were further supported by participant specific data from session records.

3.3.2 Phases 3 to 5: Comparison with intervention excluding role play

Phase 3 to 5 of the study involved the control group receiving intervention, while the experimental group received no intervention. However, the control group received the intervention without the role-play component. The purpose of this was to allow the researcher to compare the effects of the intervention with and without the role-play component, thus establishing if it is in fact the use of role-play that is effective.

As discussed in the section above, the experimental group (received intervention with the role-play component) presented with improvements post intervention, as indicated by quantitative and qualitative data. The experimental group presented with a higher average increase in scores on the CELF-4 PP post intervention (mean increase: 11), as compared to the control group (mean increase: 0.25). However, the control group presented with a higher average increase in score on the DCT assessment compared to the experimental group. The low increase in DCT scores of the experimental group appears to be as a result of two of the participants already achieving a high score on the DCT assessment pre intervention. Analysis of session

records revealed that the control group did make progress in therapy without the role-play component. This progress appears to have reflected in their post intervention DCT assessment. The progress; however, did not reflect in the post intervention pragmatic profile assessment. The reason for this could be that progress was made in the therapy context, but did not generalize, and was therefore not observed when completing the profile during classroom and break-time observation.

CHAPTER 5

DISCUSSION

“Research is creating new knowledge.”

– Neil Armstrong

1. Introduction

The aim of this experimental study was to determine the effectiveness of role-play as a therapy approach targeting stylistic variation and requesting for clarification in learners with language learning disability (LLD). The need for research into effective approaches to target pragmatic skills in this population is apparent, and has been discussed in the rationale and review of literature (chapters 1 and 2). In previous studies role-play has been used in combination with other methods to target pragmatic skills (Adams, 2003; Adams et al., 2006; Evan & Stefanou, 2009). Its implementation and effectiveness for this purpose has therefore not been documented and established. This study can be considered a pilot into investigating the effectiveness of role-play, and the method of its implementation. Principles of role-play as a learning strategy and principles of its implementation were drawn from education literature and applied to speech-language pathology intervention to target stylistic variation and requesting for clarification in learners with LLD. The results of this study have been presented in chapter 4; effectiveness and limitations of the approach are presented and discussed in this chapter. The implementation of the role-play intervention has also been evaluated, as it would directly impact the objectives of the study, as well as clinical and research implications. Lastly, relevant insight into candidates for role-play intervention that was gained from this study is discussed.

2. The effectiveness of role-play as a therapy approach targeting stylistic variation and requesting for clarification in learners with LLD

Results from both quantitative and qualitative data revealed that improvements in pragmatic skills were observed post role-play intervention, indicating that in this study role-play was an effective approach to target pragmatic skills in learners with LLD. It was found that improvements were noted post intervention for both requesting for clarification and stylistic variation. Requesting for clarification was targeted for the first six group sessions and stylistic variation was targeted during the second six group sessions. Improvements in both these skills were more apparent in performance on the DCT, which assessed them directly during phases 1, 3 and 5. This was expected, as the purpose of the inclusion of the DCT was to provide a measure of the specific skills being targeted. It was found that participants were able to grasp and apply

the concept of requesting for clarification more easily than stylistic variation. Even though participants were already familiar with the facilitator and the components of the session, they took longer to independently identify pragmatically appropriate and inappropriate behaviour with regards to stylistic variation. This may be because stylistic variation is context specific, and is therefore more cognitively and linguistically demanding. Nevertheless, in this study role-play was found to be an effective approach to target requesting for clarification and stylistic variation, in children with LLD. It was also found that generalization occurred to untrained skills as well, which was more apparent in participants who were actively involved in group sessions (participants 2 and 3).

These findings were supported by the fact that changes in the control group scores were minimal when no intervention was received. Other factors that support the effectiveness of the approach are that participants displayed increased interest and involvement when role-play was used, role-play allowed for peer learning to take place, quicker progress was noted using the role-play intervention, and skills learnt appeared to generalize to outside the therapy context and were maintained after a period of six weeks of no intervention. These factors are presented in more detail below.

2.1 Increases learner involvement

The findings of the study are consistent with the literature, indicating that the use of role-play as a teaching method results in increased involvement and interest of the child (Clarke & Wales, 2005; Bhattacharjee & Ghosh, 2013; Killen, 2006). Participants reported to enjoy the ‘acting’, and would enthusiastically decide who should play which role when it came to the role-play component of the session. However, it did take a few sessions for the participants to become familiar with the process of role-play before they began showing their interest and excitement.

The study also allowed the researcher to take note of the difference in participant interest when intervention with and without the role-play component was implemented. It has been reported that children find role-play fun and enjoyable, and are therefore more motivated to participate (Clarke, & Wales 2005; Van Ments, 1999). Learners maintained involvement and concentration throughout the session when role-play was used. During implementation of the

session without the role-play component, even learners who participated well began to lose interest and concentration before the end of the session. This is significant because there appeared to be a direct link between learner involvement in therapy and progress made, as measured by changes in assessment results. Research shows that if learners are not actively involved in the process of knowledge acquisition, they are less likely to make the necessary connections that make learning meaningful (Cuthrell & Yates, 2007).

2.2 Generalization and maintenance of skills

Results revealed that generalization of skills occurred to natural contexts post-intervention: Qualitative analysis of the CELF-4 PP (Semel, Wiig & Secord, 2003) pre and post intervention revealed that generalization occurred to untrained skills as well as target skills. Generalisation to outside the therapy context occurred only after intervention with the role-play component, and was not found to occur after intervention without the role-play component. Role-play creates a 'real-life' type context for the learner (Killen, 2006; Van Ments, 1999), and practicing a skill in realistic contexts increases the likelihood of generalization of the target skill (Stewart, Carr & LeBlanc, 2007). Maintenance after six weeks of no intervention was achieved with role-play intervention. This however cannot be compared to the intervention without role-play, as an assessment six weeks post intervention was only conducted for the experimental group and not the control group. A conclusive comment on whether it is the role-play that improves maintenance can therefore not be made. Generalisation of target skills, as well as maintenance of skills over a period of time, are positive indications of role-play as an effective method for targeting pragmatic skills in learners with LLD. Parent and teacher input during the pre and post assessment process, in the form of questionnaires or rating scales, is recommended to validate findings in future studies (see Gerber et al., 2012).

2.3 Provides a natural learning context

2.3.1 Multiple aims

It was found that group therapy and role-play provided a context and dynamic that does not exist in individual therapy sessions. Interaction between participants and simulation of real-life scenarios resulted in the creation of many learning opportunities, as well as opportunities for practice of target skills. This rich learning context can allow for many secondary aims to be

achieved, if the facilitator makes use of every opportunity for learning (Sheridan, 2012). Even though a single pragmatic skill was targeted per session in this study, it was noted that the role-play context created the potential for multiple pragmatic skills to be identified, discussed and practiced in a single scenario. The flexibility of role-play allows for many areas of difficulty to be addressed per session (Ladousse, 2004). Learners with LLD generally have difficulty in more than one aspect of language (Long, 2004), therefore targeting a variety of language aims in a single session may enhance the therapy effect. It would be beneficial for research to be conducted to establish the effectiveness of role-play to target other aspects of language.

2.3.2 Natural consequences

During the role-play component of the intervention the participants portrayed what they believed to be the ‘wrong’ behaviour/ response, and the ‘right’ behaviour/ response to the scenario presented in the narrative. This allowed them to experience the natural consequences of pragmatically inappropriate behaviour, and compare it to the consequences of the pragmatically appropriate behaviour. Thus, the role-play placed the learners in a scenario that presented with the same type of pressures and motivations that exist in real life (Van Ments, 1999). Experiencing the natural consequences of a behaviour helped them realize why a particular behaviour is inappropriate. Closing the gap between training and real life situations made knowledge more relevant for the participants (Bhattacharjee & Ghosh, 2013; Killen, 2006).

2.4 Promotes peer support and friendships

Peer mediated learning has been well documented, and found to be effective in social communication intervention for children with autism spectrum disorder and other developmental disabilities (Cordier, Munro, Gillan & Docking, 2013; Goldstein, Schneider & Thiemann, 2007). However, peer mediated learning as described in literature generally refers to appropriate behaviour being modeled or prompted by a typically developing peer (Neitzel, 2008). The researcher’s observation of the participants during the intervention process brought to light the opportunity that role-play and group therapy creates for peer interaction and learning (Ladousse, 2004). In this study it was found that stronger participants supported weaker participants, by offering prompts, modeling, and giving examples and suggestions. This was noted during the role-play and reflection components of the group session. Participants responded well to support

from their fellow learners, and generally responded to the prompt or suggestion. Prompting from fellow participants allowed the facilitator to step back and allow the learners more freedom during their role-play interactions. It was observed that participants who formed friendships with each other began discussing the role-play and narratives outside of the therapy context. Monitoring each other's performance in the therapy environment could result in monitoring outside of the therapy environment, and thus facilitate carry over and generalization of skills. It is important to document that the group sessions resulted in bonds of friendship forming between the participants. This is beneficial for learners with LLD, as social communication difficulties often result in peer rejection and difficulty forming friendships (Cordier et al., 2013.)

2.5 Effective method for group therapy

Literature suggests that a group setting may be the most appropriate way of addressing pragmatic difficulties in intervention (Duncan & Klinger, 2010). When targeting the social use of language it only makes sense that learners are given the opportunity to practice the target skills in a social setting with fellow learners (Duncan & Klinger, 2010). This study identified role-play as being an effective approach to group therapy, to target pragmatic skills in learners with LLD. Group therapy and role-play allowed for the creation of a natural context for language learning, which was moulded and supported by the facilitator. Group therapy assists therapists in dealing with large caseloads and therefore increases service delivery. There is also a drive for more classroom based group therapy in the school context. In the South African context speech-language therapists based at schools for learners with special education needs make extensive use of a group therapy model. This is often due to understaffing and large caseloads. Therefore, therapists must identify effective approaches that can be used in group therapy, to ensure best practice. Role-play as an approach to target pragmatic skills in group therapy may contribute to these efforts.

2.6 Progress observed in early stages as compared to progress observed when using only a narrative as an intervention strategy

Comparison of session records for participants who received intervention with and without the role-play component revealed that role-play intervention resulted in progress being apparent after fewer sessions. However, caution should be taken when generalizing this statement, as the

study consisted a small sample size. A possible link between role-play, reflection and generalization of skills was noted, which may provide an explanation for quicker progress using role-play intervention. Firstly, it was found that participants who received the role-play intervention had less difficulty with the reflection process, and had greater success applying the lessons learnt to themselves. Upon further investigation it was noted that participants who were more successful during the reflection process showed increased generalization of skills during the post intervention assessment. This implies that role-play facilitates reflection, and in turn reflection facilitates generalisation. This correlation would need to be further investigated in future research studies, in order to validate findings and maximize on the potential benefits that role-play offers.

3. Limitations of use of role-play as a therapy approach targeting stylistic variation and requesting for clarification in learners with LLD

Role-play as a therapy approach targeting stylistic variation and requesting for clarification in learners with LLD produced favourable outcomes. However, there were also a number of limitations of the approach that were identified. These included that its implementation requires a skilled facilitator, it is time consuming to plan and implement, it relies on learner cooperation, and learners need to have sufficient communicative skill. These limitations may inform future planning and implementation of role-play as a therapy approach.

3.1 Requires a skilled facilitator

One of the advantages of role-play cited in literature is that it allows for active learning to take place (Brady, 2004). During role-play intervention it was found that the responsibility of creating an environment that supports active learning relies on the facilitator. In the implementation of role-play intervention, the facilitator often found herself having to decide between supporting active learning (child-centred) and teacher-centred learning. This was the case particularly during the initial sessions, when the participants were unfamiliar with the process. Active learning does not occur when information is presented to the learner to take in, but rather when the learner is supported so that they access the information themselves (Oliver et al., 2002). This was further

exacerbated by the fact that the participants coped differently with the tasks, resulting in the facilitator having to vary the support offered for each participant according to their performance in the particular session. Therefore, the facilitator needs to maintain a role that is supporting and flexible (Killen, 2006; McDaniel, 2000), while ensuring support is graded according to the needs of each participant. It can be concluded that facilitators should have a good understanding of active learning, as well as experience in working with groups of learners with varying strengths and weaknesses.

3.2 Time consuming to plan and implement

One of the common disadvantages of role-play is that it is time consuming to plan and implement sessions (Brady, 2004; Clarke, 2005; Killen, 2006). This was found to be true for the purpose that role-play served in this study. All the session plans and narratives were written and prepared by the researcher. Narratives were written on a weekly basis so as to take into consideration relatable current events at schools. For example, the week that the school had a market day, the narrative presented a scenario that might occur at a market day. Even though the use of generic narratives may be less time consuming, the advantages of using functional and relatable narratives, as identified in this study, should not be ignored. A possible solution may be to draw from a bank of generic narratives, but still tailor it to the specific learners it is to be used for. Implementation of the intervention was also found to be time-consuming, as participants require time to explore and become comfortable in their role. Also, every participant was given an opportunity to take the role of the main character, so that they could reflect how they would respond in the given scenario. This would take more time with larger group sizes. However, one should perhaps value quality over quantity. Even though role-play might be timeous to implement, the outcomes may be worth the time spent.

3.3 Relies on learner participation

Role-play is a child-centred teaching strategy; its effectiveness was therefore found to be dependent on the interest and involvement of the participants (Killen, 2006; Lin, 2009; Van Ments, 1999). This was evident in the data collected pertaining to each participant. Participant 4 presented with poor participation, and involvement that relied heavily on prompting from the

facilitator. Session records revealed that participant 4 only began showing progress in the therapy context once participation improved. Participant 6, on the other hand, was very talkative and eager to be involved. However, his poor topic maintenance became very disruptive to the sessions. This illustrated that poor participation from even one learner can impact the implementation of the session (Killen, 2006). Participants 2 and 3 actively participated in the sessions. According to assessment results they presented with the highest increase in scores on the CELF-4 pragmatic profile post intervention. Therefore, the level of learner participation could have a direct impact on the amount of progress made, and thus the effectiveness of the intervention.

3.4 Learners need to have sufficient communicative skill

Role-play placed a high level of demand on the learners' receptive and expressive language abilities. This is viewed as a limitation of the therapy method, as it can only be used with a very specific population. Learners with LLD typically present with difficulties in other areas of language as well, such as auditory comprehension, semantics and grammar (Hallahan & Kauffman, 2003; Long, 2004). Even though the purpose of the intervention was to enhance communication skills, learners required a certain level of communicative skill to engage in role-play and group discussion/ reflection. Specifications with regard to the level of communicative competence required was not identified in this study. Specific parameters required for candidacy for role-play intervention, identified in this study, have been discussed in section 4 below.

4. Evaluation of the role-play session plan

The session plan used to implement the group intervention was designed based on role-play literature (Brady & Scully, 2005; Cherif, Verma & Somervill, 1998; Clarke & Wales, 2005; Killen, 2006; Ladousse, 2004; McDaniel, 2000; Milroy, 1982; Yehuda, 2006). The design consisted of five components: introduction, narrative, discussion of the narrative, role-play, and reflection. The purpose, relevance, and contents of each component has been discussed in chapter 3, section 10.1.2. The use of such a design to target pragmatic skills of children with a language learning disability is novel. It is therefore necessary to evaluate the design in order to inform future research and practice in the area. The effectiveness of the role-play component,

being the essence of the study, has been demonstrated in the analysis of results and discussion of findings. The effectiveness of the inclusion of the other components will now be discussed, based on information documented by the researcher (session record form) after each session.

The introduction portion of the session was found to be crucial in ensuring the comfort of the participants, especially in initial sessions. Literature suggests this initial preparatory step (Cherif, Verma & Somervill, 1998; Killen, 2006; Milroy, 1982), but does not indicate specifically what it should or should not include. The participants appeared more at ease, and some expressed enthusiasm, once they were briefed on what the session was going to involve. A common goal during intervention is to establish a positive therapeutic alliance with the client, as this facilitates the therapy process (MacEwan, 2008). The 'Introduction' component provided the opportunity for this by allowing the researcher time to orientate and interact with the participants prior to commencing the session. This was particularly relevant for the initial sessions. In later sessions, it provided an opportunity for the participants to share news with the facilitator. Allowing this during the introduction reduced disruptions during the rest of the session. It was also found that general discussion with the participants helped the facilitator identify relatable current events on which to base narratives for future sessions.

The second two components of the session involved the facilitator reading the narrative to the participants, followed by group discussion. Firstly, many of the participants responded better to narratives that they could directly relate to, especially if it involved a recent event. They showed improved comprehension of the narrative and improved ability to reflect on the lesson and apply it to their lives. Participants should be familiar with the scenario presented so that it is more relatable and functional (McDaniel, 2000). Most of the narratives were therefore based on classroom and school scenarios, as this was common ground for all the participants. Secondly it was found that participants with weaker language skills had difficulty comprehending the narrative, even if it presented a familiar scenario. The facilitator responded to this by reading the narrative twice, and providing a simple summary. It is suggested that the use of picture stimuli with the narrative be evaluated. Language is the participants' weak modality, and requiring them to learn purely through oral language is therefore placing them at a disadvantage. Research both supports and rejects the effectiveness of visual cues to facilitate auditory comprehension

(Thiemann & Goldstein, 2001). However, the effects may differ across populations, and should therefore be investigated.

The last component of the session plan was the reflection process. It was found that all the participants initially had difficulty with this process and relied heavily on the facilitator. Thereafter, many of the participants became more familiar with the process, and only required prompts by the facilitator to reflect on and apply the lessons learnt. Participants 4, 6 and 8 had particular difficulty reflecting throughout all the group sessions. The link found between reflection and generalization has been discussed in section 2.2 above. This link provides motivation for the necessity of including this component in the session plan. Research into methods of facilitating the reflection process would be useful to enhance the effectiveness of intervention.

Therefore it can be concluded that all of the components in the session plan were found to be necessary and beneficial for effective implementation of the intervention. However, further research is needed to fine-tune each component, in order to achieve the best outcomes. The recommendations for the implementation of role-play as a therapy approach derived from this study has been consolidated and presented in figure 14 below. The figure presents the steps recommended in planning and implementation of a session, as well as the facilitator's role in the process.

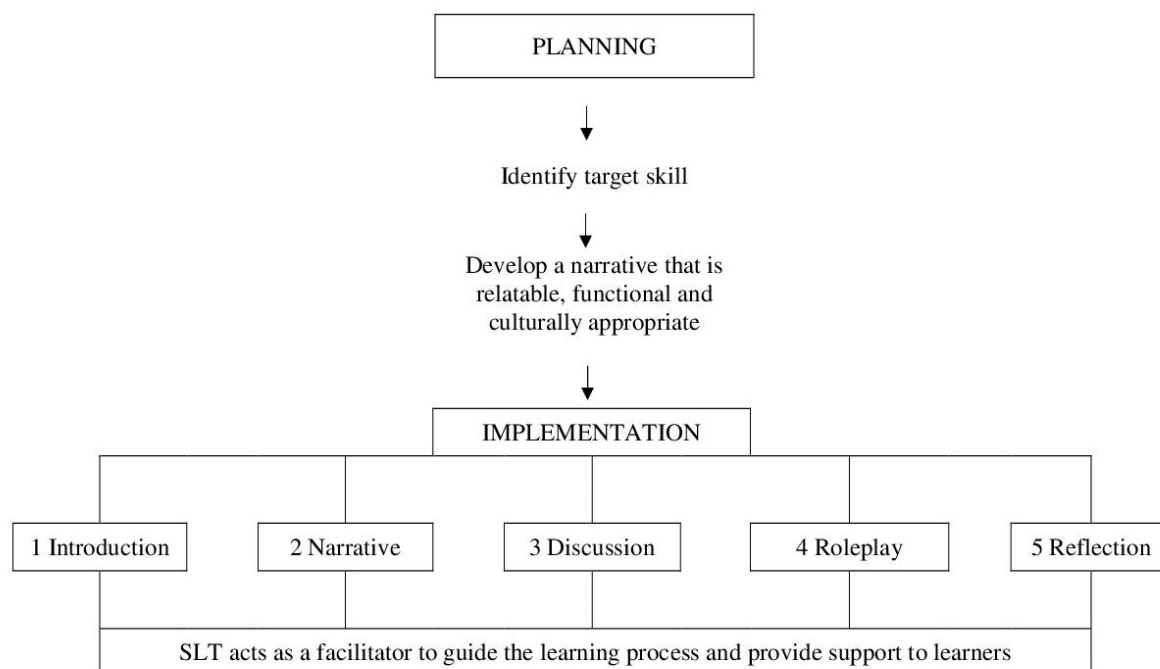


Figure 14. Recommendations for implementing role-play as a therapy approach

5. Candidates for role-play intervention

Identifying the target population for role-play intervention was not a primary objective of the study. However, a few points that surfaced during the study deserve to be mentioned for the purpose of future research and practice.

- Results of the study revealed that role-play as an approach to target pragmatic skills in learners with LLD was effective with the study participants. Generalisation to other populations cannot be made.
- IQ levels of participants ranged from mild intellectual disability, to average intelligence. It was found that the IQ level of the participant did not have a direct impact on how they responded to the intervention, however, due to the small sample size a definite statement in this regard cannot be made.
- The experimental group comprised of two male participants and two female participants. Gender did not appear to have a direct effect on the participants' performance in this

study, however, due to the small sample size a definite statement in this regard cannot be made.

- Participants with poorer attention and concentration, auditory comprehension and semantic abilities, had more difficulty being actively involved in the group sessions. The researcher's view is that learners with significant difficulties with other aspects of language, and poor attention, should not be excluded as candidates for role-play intervention; rather, strategies to support the learner in the session should be investigated.

CHAPTER 6

CONCLUSION, LIMITATIONS AND IMPLICATIONS

“I never teach my pupils. I only attempt to provide the conditions in which they can learn”

– Albert Einstein

1. Conclusion

This study aimed to determine the effectiveness of role-play as a therapy approach to target stylistic variation and requesting for clarification in learners with language learning disability. It was found that there is limited research into effective methods of addressing pragmatic difficulties of learners with LLD. The need for such research is evident in the fact that learners with LLD typically present with difficulties in social communication (Funderburk, Schwartz & Nye, 2009; Hallahan & Kauffman, 2003), which impact negatively on their social relationships, inclusion and quality of life (Diken, 2014). The use of role-play has been investigated and practiced in the fields of psychology, education, medical training and speech-language pathology (Purvis, 2008). A review of literature showed that much of the research conducted on role-play as a learning strategy comes from the field of education. This literature was therefore used to inform the researcher's implementation of role-play as a therapy approach.

The combined use of positivist and interpretivist paradigms allowed the researcher to logically analyze the research data, while still considering the holistic view through observation and interpretation (Coolican, 2004; Weaver & Olsen, 2006). This was achieved through the use of an embedded mixed methods design. Qualitative data was used to support quantitative data, in order to view a complete picture and achieve data triangulation. Results from both quantitative and qualitative data revealed that improvements in stylistic variation and requesting for clarification were observed post role-play intervention, with minimal changes in the control group. Role-play as a therapy approach targeting pragmatic skills (stylistic variation and requesting for clarification) in learners with LLD was found to have a number of benefits that supported its effectiveness. These included that participants displayed increased interest and involvement when role-play was used, role-play allowed for peer learning to take place, and skills learnt appeared to generalize to outside the therapy context and were maintained after a period of six weeks of no intervention. Limitations of the approach were also identified. These included that implementation of the approach requires a skilled facilitator, it is time consuming to plan and implement, and it relies on learner cooperation.

Role-play is an active learning strategy that closely mimics natural interactions, and therefore results in improved generalization of skills (Killen, 2006). The method of implementing role-play intervention was sourced from education literature, and was found to be effective in its use as an intervention approach in speech-language pathology. It can be concluded that in this study role-play was found to be an effective approach to target stylistic variation and requesting for clarification in learners with LLD. Role-play as an approach to intervention may therefore be the way forward in ensuring generalization of pragmatic skills. However, results of the study should be interpreted with the limitations in mind (listed below). The results of this study have also indicated further areas of research regarding the use of role-play as a therapy approach, and provided therapists with guidelines to inform their clinical practice (discussed below).

This research was an initial step in building the theoretical background and guidance for the implementation of role-play in clinical practice. The results of this study has therefore laid the foundation for future research and implementation of role-play as a therapy approach in speech-language pathology. Investigation into approaches that utilize active learning strategies and allow practice in realistic contexts, are essential to improving generalization of therapy aims and thus improving the effectiveness of intervention.

1. Limitations

- The small sample size (eight participants) in this study limits the extent to which results can be generalized.
- All the participants were from the same school.
- Assessments of pragmatic skills pre and post intervention was conducted only in relation to the school context. There was no measure of assessing carryover to the home context.
- Data collection was conducted over a period of two and a half months. Participant maturation could therefore exist as a possible confounding variable.
- The study was conducted with participants whose dominant language is English. There was therefore no investigation into the effects of the intervention on English second

language learners. This is necessary in our context, where there is a large number of English second language learners attending English medium schools.

- Researcher bias: a portion of the assessments of pragmatic skills was conducted by the researcher.

2. Implications

3.1 Research implications

Future research in the area of role-play as a therapy approach should investigate the following:

- The effectiveness of role-play as a therapy approach targeting pragmatic skills in learners with LLD, using a larger sample size.
- The effectiveness of role-play as a therapy approach targeting pragmatic skills in learners with LLD who are English second language learners.
- The development of standardized guidelines and principles for planning and implementation of role-play intervention.
- The effectiveness of the use of role-play as a therapy approach to target other pragmatic skills and other areas of language.
- The use of role-play as a therapy approach with learners with other developmental disorders, such as autism spectrum disorder.
- The profile of clients who are suitable candidates for role-play intervention.
- Strategies to support learners with receptive and expressive language difficulties, during role-play intervention.
- Inclusion and implementation of the reflection process in role-play intervention.
- The link between role-play, reflection and generalization of target skills.

3.2 Clinical implications

- Speech-Language Therapists should seek evidence based methods for addressing the pragmatic difficulties of learners with LLD.

- Speech-Language Therapists should ensure that they are familiar with role-play literature and the process of active learning when making use of role-play as a therapy approach.
- When implementing role-play intervention, therapists should be aware of and implement all the components of a role-play session.
- Narratives used for role-play intervention should be relatable, functional, and culturally appropriate.
- Strategies to support and ensure the participation of weaker learners should be implemented during role-play intervention.

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APPENDIX A: Letter of consent: School

**DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY
SCHOOL OF HEALTH SCIENCES**

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



Principal

(Name of school)

Date:

REQUEST TO CONDUCT POSTGRADUATE RESEARCH STUDY

Sir/Madam

I am a speech-language therapist currently working towards a Masters degree in Communication Pathology (Speech-Language Pathology), at the University of KwaZulu-Natal.

I am conducting a research study titled '*The effectiveness of role-play as a therapy approach targeting pragmatic skills in learners with language learning disability.*' This necessitates that learners attending special educational needs schools act as the participants in the study. Permission from the Department of Education has been obtained.

This study aims to evaluate the effectiveness of role-play as a therapy approach to improve the pragmatic skills of children with language learning disability. Pragmatic skills refers to the skills one requires to use language for social interaction. Children with language learning disability often have social difficulties, which is of concern as these difficulties have the potential to negatively impact the social and academic achievement of the learner. This study will therefore identify role-play as a potential method of improving the social skills that children with learning

disability typically struggle with. It will provide educators and therapists with an effective method for facilitating learning of these skills, and will provide a method through which the child can successfully learn specific social skills.

Should you consent for participants to be selected from your school, potential participants will be identified with the aid of the class teachers, and consent letters and information documents forwarded to their parent/ caregiver. Only those participants whose parents/ caregivers have granted consent, and who have granted consent themselves, will be included in the study. Participants may also choose to withdraw from the study at any time, without any repercussions. Participation will involve selection of twelve learners who meet the criteria to participate in the study. All participants will receive assessments and intervention over a period of approximately four months. The name of the school as well as participants will remain confidential. All information gathered during the study will be stored in secure electronic files, to which only the researcher and supervisors will have access. The use of the school premises is preferable as the participants will feel most comfortable in a familiar environment and will not have to be transported elsewhere. Participation in the study will as far as possible cause minimal disturbance to teaching and learning.

Criteria for learners to participate in the study is as follows:

1. Participants must be learners at a school for learners with special educational needs who have a diagnosis of language learning disability.
2. Participants must be first language English speakers.
3. Participants must be between ten and twelve years old.
4. Participants must be on a similar level with regards to communicative abilities.
5. Participants must all present with difficulty with the following two social skills: stylistic variation and requests for clarification.

It would therefore be highly appreciated if you grant permission for me to undertake this research task at your school and allow the learners to participate in the study. You are welcome to contact me for further details. Please forward your reply via fax or e-mail.

Fax: 031 562 9249

Email: fareeaa786@gmail.com

Researcher, Fareeaa Abdoola – 0824470056

School of Health Science Research office, Miss Phindile Nene – 031 260 8280

Humanities and Social Sciences Research Ethics Committee, Mr Premlall Mohun –
031 260 4557

Thanking you most sincerely

Yours faithfully

F. Abdoola
Researcher

S. Karrim
Supervisor

Dr P. Flack
Co- supervisor

DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY
SCHOOL OF HEALTH SCIENCES

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



CONSENT FORM

I, _____, principal of
_____ (name of school) give consent for the study
entitled ‘*The effectiveness of role-play as a therapy approach targeting pragmatic skills in
learners with language learning disability*’ to be conducted at the above mentioned school.

I understand the purpose and procedures of the study.

Principal

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (insert date)

APPENDIX B: Discourse completion task
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DISCOURSE COMPLETION TASK

Participant:

Date:

Pragmatic skill 1: Requesting for clarification

TASK:

Your teacher asks you to bring the blue chair from outside into the classroom. You do not know what she means because there are no blue chairs outside, there are only red ones. What will you do?

RESPONSE:

SCORE:

TASK:

Your teacher tells you to please eliminate all the extra lines from your drawing. You do not know what eliminate means. What will you do?

RESPONSE:

SCORE:

Pragmatic skill 2: Stylistic variation

TASK: <i>You answered the phone and thought it was your friend. You said “Hey, what’s up?” You then realized that it is the aunty that lives next door. What will you say?</i>
RESPONSE:
SCORE:

TASK: <i>Your teacher sends you to the principal’s office to ask him if he is coming with on the bird park excursion. What will you say to the principal?</i>
RESPONSE:
SCORE:

TOTAL SCORE:

LIKERT SCALE

SCORE	MEANING
1	Inappropriate response
2	Mostly inappropriate
3	Some appropriate
4	Mostly appropriate
5	Appropriate response

APPENDIX C: Framework of session plan

SESSION PLAN

Number of participants:

Time:

Facilitator: Fareeaa Abdoola (Researcher)

INTRODUCTION	Time: 10 minutes
<ul style="list-style-type: none">- The facilitator will introduce herself and each of the participants will be asked to introduce themselves.- A short 'ice-breaker' activity will be conducted.- The facilitator will explain that we will first be reading and talking about a short story, we will then do some acting, and then talk about everything we did and learnt at the end.- Participants will be asked if they have any questions.	
NARRATIVE	Time: 10 minutes
<ul style="list-style-type: none">- The facilitator will introduce the title of the story and the characters.- The facilitator will read the story out aloud to all the participants.- The narrative will be read for a second time, and the main points highlighted.	

DISCUSSION	Time: 10 minutes
<ul style="list-style-type: none"> - The facilitator will discuss the story with the participants, with the focus being on the main event of the story that will contain the pragmatic lesson. - Questions posed by the facilitator will start of general, and then become more specific. - The facilitator will make statements to generate a discussion points among the participants, if necessary. 	

ROLE-PLAY	Time: 20 minutes
<ul style="list-style-type: none"> - The participants will be asked to act out the scenario that occurred in the story in pairs - The participants will then be instructed to act out the scenario again, but reflect how they would respond. - The facilitator will lead a discussion to help the participants decide what the right and wrong responses are. - These different responses will be role-played and discussed. 	

REFLECTION	Time: 10 minutes
<ul style="list-style-type: none"> - A group discussion will be facilitated, in which every participant will be required to take part. - The PARS (Processing: Activity, Relationships, Self) model (Glass & Benshoff, 1999) of reflection will be implemented. <p>Activity: 1. Reflect 2. Understand 3. Apply</p> <p>Relationship: 1. Reflect 2. Understand 3. Apply</p> <p>Self: 1. Reflect 2. Understand 3. Apply</p> <ul style="list-style-type: none"> - Questions will be posed to the participants to facilitate the reflection process. <ol style="list-style-type: none"> 1. <i>What did we do today?</i> 2. <i>What did you learn from it?</i> <ul style="list-style-type: none"> - Conclusion: The facilitator will reinforce what was learnt in the session by drawing the learners' attention to the pragmatic skill that was targeted and what the appropriate responses would be. - The facilitator will conclude the session and thank the learners for their participation. 	

APPENDIX D: Narratives designed for intervention

NARRATIVE 1**Pragmatic skill targeted:** *Request for clarification***Title:** Kevin learns to ask

Kevin and Joseph are friends at school. Kevin and Joseph were eating their lunch on field at break time. Joseph asked Kevin to keep his lunch box safe while he goes to the toilet. Kevin could not hear Joseph properly because the children playing soccer on the field were making a big noise. Joseph went to the toilet and Kevin went to watch the other children play soccer. When Joseph came back from the toilet he saw that the monkeys had taken his lunch box and were eating his last sandwich. Joseph was very angry with Kevin for not watching his lunch box. Kevin learnt that if he does not hear what someone said, he should ask.

NARRATIVE 2**Pragmatic skills targeted:** *Request for clarification***Title:** Kim learns to ask

Kim is a ten year old girl who goes to Kings primary school. Kim's class was helping the teacher clean the classroom. The teacher told Kim to dust the table cloth. Kim could not hear the teacher properly because the class was making a noise. The teacher was angry at Kim because she did not listen and dust the tablecloth. Kim learnt that if she does not hear what someone said, she should ask.

NARRATIVE 3**Pragmatic skill targeted:** *Request for clarification***Title:** Kevin and Joseph learn to ask

Kevin and Joseph are friends at school. They were playing in Joseph's garden. They decided to go inside and watch TV, because it was very hot outside. Joseph's granny told them to wash their hands and feet before coming into the house. Granny has a very soft voice and she was standing far away so Kevin and Joseph could not hear her properly. They went inside and watched TV. Granny was very angry because they messed the carpet with their dirty feet. She didn't allow

them to watch TV for the rest of the day. Kevin and Joseph learnt that they must ask if they do not hear.

NARRATIVE 4

Pragmatic skill targeted: *Request for clarification*

Title: Kim learns to ask when she does not hear properly

Kim is ten years old and goes to Kings Primary school. Kim was sitting in class and doing her work. The teacher said “Don’t forget to turn the page over and answer the questions on the back of the page.” Kim did not hear everything the teacher said because she was watching the monkeys outside the window. Kim didn’t know what the teacher said, but did not ask. The teacher looked at Kim’s work and scolded her for not finishing her work. Kim did not turn the page answer the question on the back. Kim was sad because she was in trouble. She learnt that she must ask if she does not hear properly.

NARRATIVE 5

Pragmatic skill targeted: *Request for clarification*

Title: Kim learns that she must ask if she does not understand

Kim and Jane are friends. They were having a market day at school and there were lots of yummy things to buy. Jane was feeling tired, so she asked Kim to go and buy her a cupcake from the market day. Jane said, “Please buy a cheese cupcake for me.” Kim did not know what a cheese cupcake is, so she bought a strawberry cupcake. When she came back Jane said “Thank you, but I asked for a chocolate cupcake not a strawberry one. I am allergic to strawberry, I can’t eat it.” Jane did not have more money to buy another cupcake. Jane made a mistake when she said cheese instead of chocolate. Kim learnt that if she does not understand she should ask.

NARRATIVE 6

Pragmatic skill targeted: *Request for clarification*

Title: Carmen learns to ask when she does not know

Carmen lives with her mom and dad in Reservoir Hills. Carmen's mum gave her a parcel to take to Auntie Kelly's house. Carmen did not tell her mum that she could not remember where Auntie Kelly's house is, and she got lost. She was scared and it was getting dark. Her mum and dad were worried that she was taking so long and came to look for her. Carmen's mum scolded her for not saying that she did not know where to go. Carmen learnt that if she does not know something she must ask.

NARRATIVE 7

Pragmatic skill targeted: *Stylistic variation*

Title: Lucky learns how to talk to the principal

Lucky is a ten year old boy who goes to Kings Primary School. At school the children were having a show for Mother's day. Lucky's teacher asked him to call the principal for show. Lucky went to the principal and shouted, "Keenan, stop what you doing and come to the show now." Keenan Sir was angry with Lucky for speaking to him like that. Lucky had to sit in the classroom at break time as punishment. Lucky learnt that how he spoke to Keenan Sir was not good.

NARRATIVE 8

Pragmatic skill targeted: *Stylistic variation*

Title: Kirsty learns not talk to older people the same way she talks to her friends.

Kirsty is a ten year old girl who lives with her mum and dad. Kirsty was doing grocery shopping at Checkers with her mum. Kirsty saw Hayley, her friend from school. Kirsty said, "Hey Hayley, what's up?" While they were at the till paying, they saw Mrs. Molly, the granny who lives next door. Kirsty said, "Hey Molly, what's up?" Kirsty's mum was very angry with her because of how she spoke to Mrs. Molly. Kirsty learnt that she cannot talk to older people the same way she talks to her friends.

NARRATIVE 9

Pragmatic skill targeted: *Stylistic variation*

Title: Kevin learns how to talk to people older than him

Kevin is a ten year old boy who lives with his mum and dad. Kevin was alone at home while his mum and dad were out shopping. While he was at home Aunty Molly phoned to talk to his mum. Kevin said, “Hey Molly? What’s happening?” When Kevin’s mum came home, she was angry with him. Aunty Molly told her how Kevin spoke on the phone. Kevin was sad that he was in trouble. He learnt that it is not respectful to talk to older people like that.

NARRATIVE 10

Pragmatic skill targeted: *Stylistic variation*

Title: Jack learnt that he can shout on the soccer field, but not in the house

Jack is a twelve year old boy who loves soccer. Jack was outside playing soccer with his friends. They were all shouting and screaming, and having a lot of fun on the soccer field. Jack then went to visit his granny. Jack shouted at his granny, “Let’s put the TV on and watch the soccer! My favorite team is playing!” Jack’s granny did not like how Jack was speaking. She said, “Jack, you cannot talk like that in the house. You cannot watch the soccer match on TV till you speak nicely.” Jack learnt that he can shout on the soccer field, but not in the house with his granny.

NARRATIVE 11

Pragmatic skill targeted: *Stylistic variation*

Title: Sarah learnt that she can talk loudly on the playground, but not in the classroom

Sarah is an eleven year old girl, who goes to Kings Primary School. Sarah loves going to school and playing with her friends. Sarah and her friends were playing outside at break time. They were all running around, and screaming, and having lots of fun. After break time everyone went back to the classroom. Sarah shouted, “Ma’am let’s do some coloring now! I love coloring!” Her Ma’am was cross and said, “Sarah, you cannot shout like that in the classroom.” Sarah learnt that

she can talk loudly on the playground at break time, but must not talk like that to her ma'am (teacher) in the classroom.

NARRATIVE 12

Pragmatic skill targeted: *Stylistic variation*

Title: Kevin and Joseph learn that they cannot talk the same way on the cricket field and in the temple

Kevin and Joseph are brothers. They play cricket outside with their friends every day after school. After having fun playing cricket, Kevin and Joseph went to the temple with their mum and dad to do prayers. While they were at the temple Kevin and Joseph were talking about the cricket match. Kevin shouted, "Did you see how I caught the ball!" Joseph replied, "Yeah, and did you see how hard I hit the ball!" Their dad was very angry with them for talking loudly about cricket in the temple. He said they were not allowed to play with their friends the next day. Kevin and Joseph learnt that they cannot talk the same way in the temple and on the cricket field.

APPENDIX E: Session record form

SESSION RECORD FORM

Date:

Time:

Venue:

Group therapy session no.:

Pragmatic skill targeted:

Description of therapy environment:

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Researcher's personal reflection:

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Researcher's assessment of session

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Recommendations for next session

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PARTICIPANT _____

1. General conduct:

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2. Motivation and participation in session:

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3. Performance in session:

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4. Progress noted (if applicable):

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APPENDIX F: Letter of consent: Parent

DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY

SCHOOL OF HEALTH SCIENCES

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



PARTICIPANT CONSENT FORM

Dear Sir/ Madam,

REQUEST FOR PARTICIPATION IN A RESEARCH STUDY

I am a speech-language therapist currently working towards a Masters degree in Communication Pathology (Speech-Language Pathology), at the University of KwaZulu- Natal.

I am conducting a research study called '*The effectiveness of role-play as a therapy approach targeting pragmatic skills in learners with language learning disability.*' Your child (____ name _____) has been selected to be part of the study. I would like to ask your permission for your child to take part in this study. He/ she will also be asked if they agree to take part. Taking part in the study will mean that your child will receive therapy to help improve their social skills. Please look through the information given, as it explains what the study is about, and what will be required if you agree for your child to participate. Attached is also a consent letter. If you decide to grant permission, please complete the form and send it back to school.

Please feel free to contact me should you have any further queries.

Contact details:

School of Health Science Research office, Miss Phindile Nene – 031 260 8280

Humanities and Social Sciences Research Ethics Committee, Mr Premlall Mohun –
031 260 4557

Researcher, Fareeaa Abdoola – 0824470056

Thanking you most sincerely

Yours faithfully

F. Abdoola
Researcher

S. Karrim
Supervisor

Dr P. Flack
Co- supervisor

DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY
SCHOOL OF HEALTH SCIENCES

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

CONSENT FORM

I, _____ parent/ legal guardian of
_____ (name of learner) give my consent for him/her
to participate in the study entitled ‘*The effectiveness of role-play as a therapy approach
targeting pragmatic skills in learners with language learning disability*’. I understand the
purpose and procedures of the study. I declare that mine, and my child’s consent is entirely
voluntary and that he/ she may withdraw at any time without any consequences or
penalties.

Parent/ legal guardian of participant

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (insert date)

Witness

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (insert date)

APPENDIX G: Parent information document

**DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY
SCHOOL OF HEALTH SCIENCES**

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



Dear parent/ caregiver

My name is Fareeaa Abdoola, I am speech-language therapist currently working towards a Masters degree in Communication Pathology (Speech-Language Pathology) degree, at the University of KwaZulu-Natal. I am conducting a research study that requires the participation of children with special educational needs. I have received ethical clearance and permission from the Department of Education, and your child's school to conduct this study. Your child has been selected to take part in this study. Please look through the information below.

Title of the study

The effectiveness of role-play as a therapy approach for teaching pragmatic (social) skills to learners with language learning disability.

What is the research about?

Role-play has been found to be a good way of teaching children new things. This study is looking at the effectiveness of using role-play to teach learners social skills that they struggle with. In order to do this the children will be assessed to see how they respond. They will then be part of group therapy teaching certain social skills; and lastly they will be reassessed to see if there is any improvement.

What will participation in the research involve?

Participation will involve your child receiving assessments and therapy over a period of approximately four months. The group therapy will involve helping your child learn social skills that they struggle with. The therapy will be conducted on the school premises.

Important points

- It is entirely your and your child's decision as to whether he/ she will take part in the study or not.
- Participation in the study will cause no harm to your child.
- Participation in the study will as far as possible cause minimal disturbances to your child's school day.
- Your child's name and the name of the school remain confidential
- Your child will be free to withdraw from the study at any point in time, without any repercussions.

Thank you for taking time to read this information.

Contact details:

School of Health Science Research office, Miss Phindile Nene – 031 260 8280

Humanities and Social Sciences Research Ethics Committee, Mr Premlall Mohun –
031 260 4557

Researcher, Fareeaa Abdoola – 0824470056

Kind regards,

Miss F.Abdoola

Researcher

APPENDIX H: Informed consent: Participant

**DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY
SCHOOL OF HEALTH SCIENCES**

Tel: 031 260 2375

Fax: 031 260 7622

Email: manuelm@ukzn.ac.za



INFORMED CONSENT – PARTICIPANT

The following information is to be presented verbally to each potential participant by the researcher, using language that the learner understands.

- They have been chosen to be part of this research/ therapy
- It is completely their choice as to whether they participate or not
- Their parents/ caregiver has given permission for them to participate
- If they do choose to take part but later on decide they do not want to, that will be okay. There will be no consequences to this.
- Participating will involve three assessments and twelve group therapy sessions. Assessment means that the researcher will watch them in the classroom for a while as well as ask them a few questions on their own. The group therapy will be twice a week for six weeks and will be with five other learners from the same school. During the therapy they will be taught how to better their social skills using role-play (The researcher must demonstrate what role-play is by acting out a small scenario for the learner). The group therapy sessions will be video recorded.
- Only the researcher will know what the learner's scores are from the assessment. The learner's names will be changed when others see the scores.
- Learning to use social skills better will help them interact and have better relationships with their friends and teachers.

APPENDIX I: Learner assent form

DISCIPLINE OF SPEECH LANGUAGE PATHOLOGY

SCHOOL OF HEALTH SCIENCES

Tel: 031 260 2375

Fax: 031 260 7622

Email: khumalot8@ukzn.ac.za



**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

LEARNER ASSENT FORM

I, _____ (full name) declare that
_____ (name of learner) has provided verbal consent
to participate in the study entitled ‘*The effectiveness of role-play as a therapy approach
targeting pragmatic skills in learners with language learning disability*’, and that he or she
has been provided with all the necessary information to make an informed decision. I
declare that the child’s consent is entirely voluntary and that he/ she may withdraw at any
time without any consequences or penalties.

Researcher

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (insert date)

Witness

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (insert date)

APPENDIX J: Individual participant scores (tables)

Table 1

Participant 1: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	110	5;0 – 5;5	9
3	116	5;0 – 5;5	10
5	115	5;0 – 5;5	10

Table 2

Participant 2: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	125	6;0 – 7;11	20
3	135	8;0 – 9;11	19
5	137	10;0 – 10;11	18

Table 3

Participant 3: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	125	5;0 – 5;5	18
3	140	10;0 – 11;11	19
5	140	10;0 – 10;11	19

Table 4

Participant 4: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	114	5;0 – 5;5	5
3	127	6;0 – 7;11	18
5	127	6;0 – 7;11	17

Table 5

Participant 5: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	130	6;0 – 6;11	16
3	134	8;0 – 9;11	19
5	135	8;0 – 9;11	18

Table 6

Participant 6: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	135	8;0 – 9;11	11
3	131	6;0 – 7;11	8
5	134	8;0 – 9;11	18

Table 7

Participant 7: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	127	6;0 – 7;11	7
3	125	6;0 – 7;11	9
5	127	6;0 – 7;11	18

Table 8

Participant 8: Assessment results

Phase	CELF – 4 PP		DCT
	Raw Score	AR	
1	120	5;0 – 5;0	9
3	124	5;6 – 5;11	7
5	119	5;0 – 5;5	17

APPENDIX K: Letter of ethical clearance



09 September 2014

Ms Fareea Abdoola (209501911)
School of Health Sciences – Speech-Language Pathology
Westville Campus

Protocol reference number: HSS/0334/014M

Project title: The effectiveness of role-play as a therapy approach targeting pragmatic skills in learners with language learning disability

Dear Ms Abdoola,

Full Approval – Expedited Application

In response to your application received on 25 April 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

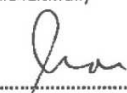
Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shenuka Singh (Chair)
/ms

Cc Supervisor: Ms Saira Karrim
Cc Academic Leader Research: Professor HJ van Heerden
Cc School Administrator: Ms Phindile Nene

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohung@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

APPENDIX L: Letter of permission from the Department of Education



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/221

Miss F Abdoola
P O Box 1310
Tongaat
4400

Dear Miss Abdoola

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"The effectiveness of role play as therapy approach targeting pragmatic skills in learners with Language learning disability"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 August 2014 to 30 June 2015.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education. (See list attached)

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 15 August 2014

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004
EMAIL ADDRESS: kehlogile.connie@kzndoe.gov.za; CALL CENTRE: 0860 596 363;
WEBSITE: www.kzneducation.gov.za

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