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Adaptation of the Oral Narrative Intervention Protocol (ONIP) into Persian and Its Feasibility for Persian-Speaking Children Aged 4.5-6 Years with Developmental Language Disorder: An Action Research Study

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Original Article

Abstract

Introduction: Developmental Language Disorder (DLD) is associated with difficulties in language acquisition and use and can affect children's narrative abilities. Despite the importance of narrative skills for linguistic, academic, and social development, structured narrative interventions for Persian-speaking children with DLD in Iran remain scarce. This study aimed to translate, adapt, and pilot the Oral Narrative Intervention Program (ONIP) for Persian-speaking children aged 4.5 to 6 years with DLD.

Materials and Methods: Following a review of existing oral storytelling intervention protocols and obtaining permission, the ONIP protocol was translated into Persian and adapted based on expert feedback. Three speech-language pathologists assessed its content validity with at least 3 years of clinical experience with DLD. A Delphi questionnaire was used to assess the clarity and suitability of protocol components. Feasibility was also examined with two children aged 4.5 to 6 years with DLD. Each child participated in 18 half-hour intervention sessions.

Results: Translated and adapted instructions were 86.66% clear and 73.33% suitable, respectively. For the sequence of instructions, clarity was 100%, and suitability was 93.33%. The clarity of the procedures for presenting instructions and the content and timing table was 93.33%, while suitability was 86.66%. The clarity of using The Very Hungry Caterpillar was 100%, and its suitability was 73.33%. Implementation showed that icons and visual supports facilitated children's identification and recall of story macrostructure elements. However, the children still required the therapist's guidance on some elements, particularly actions, solutions, and outcomes.

Conclusion: The Persian version of ONIP demonstrated content validity and feasibility for use with Persian-speaking children with DLD. The protocol may provide a basis for further clinical studies, including single-case studies, group studies, and clinical trials, to examine its effectiveness.

Keywords: Developmental language disorder; Oral narrative; Narrative intervention; Adaptation; Feasibility; Persian

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Introduction

Developmental Language Disorder (DLD) is a common childhood disorder characterized by persistent difficulties in language acquisition and use, not explained by a primary biomedical condition such as autism spectrum disorder. DLD can affect various aspects of a child's communication, academic, and social functioning (1-3). In addition to expressive and receptive language problems at the word and sentence level, children with DLD also have difficulty with more complex language skills, such as oral storytelling (4). Storytelling requires coordinating lexical, syntactic, cognitive, and social knowledge, and the child must organize events in an appropriate temporal and logical order and make the relationships between them understandable to the listener (5).

Oral storytelling matters not only as a manifestation of a child's linguistic ability but also as a predictor of literacy development and future academic performance (6, 7). Oral narrative is considered a bridge between spoken and written language (8). A child's ability to organize and tell a story can provide valuable information about his or her level of language development (9, 10). In addition, narrating everyday events and expressing experiences are important for effective communication with parents, teachers, and peers (11). Therefore, difficulties with storytelling can affect a child's social interactions and linguistic outcomes (12-14).

Oral storytelling can be considered at two main levels: microstructure and macrostructure. Microstructure includes features such as vocabulary, syntax, and how linguistic connections link events, while macrostructure concerns the story's overall organization (15, 16). The macrostructures considered in the protocol targeted in this study include story settings, characters, initiating events or problems, character responses or feelings, plans, actions, solutions, outcomes, and endings (17).

Storytelling develops gradually in children. Young children can initially relate only a limited number of related events, and as they grow older, they use more macrostructural elements and connect them more systematically. By about age five, children can usually relate events sequentially, but their narratives may lack complete closure and problem-solving. By about age six, story organization and systematic connection between events become more advanced (12).

Children with DLD produce simpler, shorter, and less complex stories than their typically developing peers and may use fewer macrostructural elements in their narratives (9, 18). Language and cognitive difficulties in these children may interfere with their ability to sequence events, maintain narrative coherence, and understand cause-and-effect relationships (19).

In recent years, researchers have focused increasingly on oral storytelling interventions for children with a range of language impairments. One intervention examined the effectiveness of a narrative-based language intervention (NBLI) in 36 Persian-speaking children with cochlear implants (20). Children were divided into three groups: group intervention, individual intervention, and usual speech therapy. Both NBLI groups performed better than the control group in expressing story microstructures after treatment and two months later, and all three approaches were effective in improving narrative macrostructures (20). In a study of eight monolingual Spanish-speaking children with Williams syndrome, explicit instruction in story structure and the use of discourse markers were examined. After four intervention sessions, story retelling and story macrostructure and microstructure improved, with microstructure improving more, whereas sequential structures showed no significant change (21).

In an Australian experimental study, the Oral Narrative Intervention Program (ONIP) was implemented with children aged 5 years and 11 months to 5 years and 11 months with storytelling difficulties. The intervention was carried out in small groups of 3 to 4 children, and substantial increases, with medium-to-large effect sizes, were observed in the number of story macrostructure elements and in the use of conjunctions and adverbs (17). These findings supported the effectiveness of oral storytelling intervention in small groups. A systematic review of 24 studies published between 1993 and 2018 found that single-case studies were of high quality, and macrostructure interventions showed medium effect sizes. This systematic review found that successful interventions commonly used icons and symbols, pictures, clinical modeling, macrostructure labeling, and sufficient time to tell a complete story (22).

The ONIP protocol was designed in response to research findings and emphasizes explicit teaching of story macrostructures, visual aids, repeated practice, and a regular, organized structure, which can facilitate implementation for therapists, and it is also free to access. Considering these features and the fact that in Iran, structured and evidence-based programs for storytelling treatment of Persian-speaking children with DLD are very limited or are under development, it was decided to translate and adapt the content of the ONIP guidelines into Persian, determine its content validity from the perspective of experts, and investigate the feasibility of its implementation for

Persian-speaking children aged 4.5 to 6 years with DLD.

Materials and Methods

This study was a cultural adaptation and feasibility study aimed at adapting the ONIP guidelines for use in Persian and testing their feasibility with Persian-speaking children aged 4.5 to 6 years with DLD. The study began with a review of existing oral storytelling intervention programs for children with Developmental Language Disorder (DLD), based on which the Oral Narrative Intervention Program (ONIP) was selected as the intervention protocol for its documented efficacy and suitability for the target population. One of the features considered in selecting this program was its free access. After receiving permission from the research team who developed the protocol, the program content was translated into Persian and adapted to the linguistic characteristics of Persian and the age range of the study population. The corresponding author checked the translation against the original text twice before the expert panel prepared it for review.

The first step was to demonstrate that the program's content was valid for the Persian language and context, i.e., the content validation phase. In this phase, three speech-language pathologists (SLPs) with at least 3 years of clinical experience in language intervention for children with DLD participated. A researcher-made Delphi form was used to determine content validity. The form included five questions answered on five-point Likert scales and two qualitative questions, and it examined issues such as the clarity and appropriateness of the translated instructions, the order of instructions, how activities were presented, and the protocol content. The Story Profile System (SPS) form was used to select storybooks. This form determines the storybook's level of difficulty and the high-level vocabulary and skills required for the child's reading; its Persian version has been previously translated and is available on the main author's website (https://trinaspencer.com).

During the feasibility assessment phase, the practical applicability of the process was evaluated in the context of speech therapy for Persian-speaking children with DLD.

In this phase, two Persian-speaking children aged 4.5 to 6 years who had been diagnosed with DLD by an SLP were included in the study. Inclusion criteria included being within the specified age range (4.5 to 6 years), having Persian as the child's and family's language, receiving a DLD diagnosis from a speech therapist, and having an average utterance length of at least 4 words. Children’s participation was voluntary. Before implementing the intervention, parents received explanations of the research purpose and session procedures, and their informed consent was obtained. They could withdraw from the study at any stage. It is worth noting that the ethics committee of Isfahan University of Medical Sciences approved this study.

The feasibility study consisted of 18 half-hour therapy sessions. The sessions followed the protocol's order and goals and were recorded to document how the instructions were delivered, how the children responded, and to assess fidelity. The program emphasized gradually teaching the story's macrostructural elements, including character, place, time, problem, feeling, plan, actions, solution, outcome, and ending. For some more difficult elements, training and practice were repeated multiple times to provide spaced, frequent learning opportunities. In the sessions, storybooks and visual aids such as icons related to macrostructures, a "Being all ears" diagram for visual representation of the human body during listening behavior, and a story map were used (the icons and story map in the fully translated program will be uploaded to the developer team's website at https://languageandliteracyinyoungpeople.com).
Using these tools, children identified, categorized, and recorded story elements in the story map, then retold the story. When necessary, the therapist used modeling, verbal clues, images, and direct participation. The books "The Very Hungry Caterpillar" and "The Very Bad-tempered Bear" were used during implementation.

Data analysis in the feasibility phase was conducted qualitatively, based on observations of children's language production and behaviors during protocol implementation.

Results

The translation and adaptation phase results showed that, according to the project supervisor and the development team, the protocol text was suitable for Persian-speaking therapists after translation and alignment with the original text. In the adaptation process, some complex vocabulary was simplified to make the instructions more suitable for Persian and the target age group. Based on the expert survey results, the protocol was assessed as suitable for implementation in Persian in terms of content. In the Delphi assessment, experts rated the translated and adapted instructions as 86.66% clear and 73.33% relevant. The order of instructions presented to the child was 100% clear and 93.33% relevant. The method of presenting the instructions and procedures

in the content and timing table was also assessed at 93.33% for clarity and 86.66% for relevance. The book "The Very Hungry Caterpillar" was assessed at 100% for clarity and 73.33% for relevance. The experts also rated the program for the 4-6 age group at 86.66% for clarity and 66.66% for relevance.

In the feasibility phase, the first author was responsible for implementing the intervention. Two children, a five-year-old girl and a five-year-old and nine-month-old boy, participated in 18 half-hour sessions. The first author obtained an average of 4 utterances from the first child and 5 from the second child while they told the Persian traditional children's story *Shangool and Mangool*. Both children had a history of speech therapy interventions. In the second child, poor working memory and attention deficit were also reported.

The first child showed remarkable progress in identifying the story's macrostructures, including character, place, time, problem, feeling, plan, solution, outcome, and ending. She had never used the components in two sessions at the start of the study. Icons and the "Being all ears" diagram supported her engagement. However, separating actions from solutions and following the sequence of actions was difficult for her in some sessions, and sometimes she needed guidance from the therapist. These difficulties were reduced with further practice and guidance.

The second child also successfully identified most macrostructures and independently identified the icons for character, place, time, problem, feeling, plan, outcome, and ending. Retelling the story using the book's pictures was easier for him, but he needed more help from the therapist in some structures, especially actions and solutions. Attention and working memory problems were more prominent in this child. In the early sessions, he forgot parts of the story and showed reduced participation; with increased practice and therapist support, he improved in retelling and identifying macrostructures. He maintained these outcomes until the end of the treatment period.

During implementation, visual aids clearly played an important role in children's participation. At first, the very large icons were distracting, and by the third session, their size was reduced to about 3 by 3 centimeters. After this change, icons became more usable for children. Both children also showed greater interest and participation in activities such as recognizing places, matching pictures, and organizing events.

Discussion

The findings of this study showed that the adapted ONIP protocol in Persian, based on the experts' assessment, has culturally appropriate content and is suitable for use in the studied age group. In the Delphi phase, experts assessed the clarity and appropriateness of the instructions, the order of activity presentation, and the program's suitability for children aged 4 to 6 years. The results showed that the adapted instructions have potential for use in clinical practice. This finding is consistent with the study's main aim: to provide a structured oral storytelling program for Persian-speaking children with DLD.

One important point in interpreting the findings is the role of the protocol's regular structure. Children with DLD may have difficulty organizing events, making connections between parts of the story, and maintaining the sequence of events. In such situations, presenting activities as specific steps can reduce the task's organizational burden and help the child focus on a particular element of the story (17). In the present protocol, training began with a general introduction to the story elements, after which the different elements were gradually addressed.

Icons and the story planner were among the protocol's most important implementation features. During the sessions, children identified the icon associated with each macrostructure element and placed it on the story planner. This process gave children a visual representation of the story structure. The study found that this method helped children identify story structures and increased their active participation. The analysis of the original Australian study also emphasized that the use of icons and the “Being all ears" diagram helped children remember the story more effectively (17).

However, the results showed that not all macrostructure elements were equally easy for children. Actions and solutions were more difficult than the elements, especially when the child had to distinguish between them without relying on images. The first child sometimes did not follow the sequence in describing actions, and the second child needed more pictures or therapist clues to describe actions and solutions. This pattern suggests that teaching the story's macrostructure does not necessarily mean mastering all components simultaneously, and that some elements may require more practice, modeling, and longer use of visual supports, which was consistent with the ONIP’s original study (17).

Another notable finding was the importance of pictures in storytelling. Both children described the actions and told the story more effectively when provided with pictures from the book. In one session, both children used four pictures to sequence events and tell the story. This finding aligns with the protocol's

theoretical foundations and previously mentioned studies, which emphasize the role of pictures, icons, modeling, and repeated opportunities to tell the story (21, 23, 24). At the same time, the results showed that visual aids should be tailored to the child's characteristics. In the first sessions, the very large icons distracted the children. For this reason, the icons were reduced in size, and smaller icons were used later. This experience shows that although visual aids are an important part of the protocol, their presentation must be adapted to the child's level of attention and individual characteristics.

The difference in performance between the two children is also important. The first child was more consistently engaged in most tasks and showed greater progress in identifying macrostructures. In contrast, the second child, who was reported to have poor attention and working memory, was less engaged during the initial sessions and needed more support to recall certain story details. However, as the sessions continued and the therapist supported him, his performance in identifying and retelling story structures improved. These differences indicate that implementing a structured protocol does not mean applying it the same way to all children. In fact, the protocol's fixed framework can include implementation adjustments. For example, if a child has difficulty retaining information, using more pictures, repeating questions, or providing clues can help maintain participation. The findings also emphasize the need to consider individual differences and cognitive difficulties, such as attention and working memory, when implementing storytelling interventions.

The findings also showed that the protocol's repetitive nature is practical. In this program, the child does not necessarily need to fully master an element to pass a stage, because difficult elements are practiced again in subsequent sessions (17, 24). Such a structure provides multiple opportunities to learn and apply story elements. This feature is especially important for children whose learning speed or attention span varies.

These findings also align with previous studies. A review of research on storytelling interventions has shown that successful interventions have included the use of symbols and icons, images, clinical modeling, and labeling of macrostructures, as well as providing sufficient time to tell a complete story. Therefore, the observed improvement in the identification of story structures in the present study is consistent with the general direction of prior evidence (17, 21). However, due to the preliminary nature of this pilot work, definitive conclusions about treatment effectiveness cannot be drawn from these findings.

One important strength of the present study is that, in addition to examining the translation, the feasibility of implementing the protocol was also considered. As a result, some implementation barriers and necessary modifications were identified during the program's practical use. Children's interest in books and images and their tendency to stick with the fun, engaging nature of the hands-on activities were among the factors that facilitated the intervention process. In contrast, some activities, such as creating a new story with fixed settings and changing difficulty and program, were difficult for children and rated above their ability level. Overall, the findings of this study provide initial evidence regarding the translatability, adaptation, and implementation of ONIP in Persian, rather than demonstrating its ultimate effectiveness. Both children improved at identifying and using many story macrostructures over the 18 sessions, but their independence across different elements varied. Therefore, the findings support the feasibility of using this framework in future clinical studies, but larger-sample, controlled studies with quantitative measurement methods are needed to determine the true effectiveness of the protocol in Persian-speaking children with DLD. The original researchers also suggested conducting single-subject, case-control, or clinical trial studies in the future.

Limitations

The most important limitation was the very small sample size at the feasibility stage because of time constraints in implementing the project. Because the study's main purpose was not to assess the intervention's effectiveness, readers should note that the findings cannot be generalized to all Persian-speaking children with DLD. In addition, individual differences between the two children, including the second child's attention and working memory problems, could have affected their responses to the intervention.

The study also faced some implementation difficulties. Obtaining the expert panel's opinions and reaching consensus among them were very time-consuming. It was also difficult to find children who both met the inclusion criteria and were willing to participate in 18 treatment sessions. Coordinating session times with parents and clinic schedules at the sampling sites was also difficult due to the workload and weather conditions.

Recommendations

Given the results of this study, it is recommended that future studies examine the effectiveness of the ONIP protocol in a larger sample using case-control designs.

Case studies and clinical trials can also provide more precise evidence of the protocol's effect on the storytelling skills of Persian-speaking children. Future studies can also include follow-up to assess whether intervention gains are maintained over time. Future studies should also consider the feasibility of using this protocol for children with other developmental disorders who have difficulty with oral storytelling.

Conclusion

The present study aimed to translate, adapt, and assess the feasibility of implementing the ONIP oral storytelling intervention protocol for Persian-speaking children aged 4 to 6 years with developmental language disorders. The expert evaluation indicated that the Persian instructions were clear, well-ordered, and appropriate for the age group studied, and that the Persian implementation of the protocol demonstrated appropriate overall content validity.

In the feasibility phase, implementing an 18-session protocol for two children showed that using a regular structure, icons, a story planner, images, modeling, and repeated exercises can help children participate and identify the story's macrostructures. Both children identified many story elements during the sessions and used them to retell the story. However, they still needed varying degrees of therapist support for some elements, such as actions, solutions, and outcomes.

At the same time, the limited number of participants means the findings should be considered preliminary evidence of feasibility and compliance, not definitive proof of treatment effectiveness. Based on these results, ONIP can serve as a structured framework for examining and intervening in oral storytelling among Persian-speaking children with DLD, pending further clinical studies.

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Conflict of Interest

The authors did not have a conflict of interest.

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