



Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioral functioning[☆]



Gina Conti-Ramsden^{a,*}, Pearl L.H. Mok^a, Andrew Pickles^b, Kevin Durkin^c

^a School of Psychological Sciences, Communication and Deafness, The University of Manchester, Oxford Road, Manchester M13 9PL, UK

^b Institute of Psychiatry, King's College London, 16 De Crespigny Park, London SE5 8AF, UK

^c School of Psychological Sciences and Health, University of Strathclyde, 40 George Street, Glasgow G1 1QE, UK

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ABSTRACT

Adolescents with specific language impairment (SLI) are at a greater risk of emotional and behavioral problems compared to their typically developing (TD) peers, but little is known about their self-perceived strengths and difficulties. In this study, the self-reported social, emotional and behavioral functioning of 139 adolescents with a history of SLI and 124 TD individuals at age 16 was examined. The self-report version of the Strengths and Difficulties Questionnaire (SDQ) was used to assess their prosocial behavior and levels of peer, emotional and behavioral difficulties. Associations of these areas of functioning with gender, verbal and non-verbal skills were also investigated. Adolescents with a history of SLI were more likely than their TD peers to report higher levels of peer problems, emotional symptoms, hyperactivity and conduct problems. The majority of adolescents in both groups (87% SLI and 96% TD), however, reported prosocial behavior within the typical range. Difficulty with peer relations was the strongest differentiator between the groups, with the odds of reporting borderline or abnormally high levels of peer problems being 12 times higher for individuals with a history of SLI. Adolescents with poorer receptive language skills were also more likely to report higher levels of emotional and behavioral difficulties. The findings of this study identify likely traits that may lead to referral to services.

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1. Introduction

Adolescence is a challenging developmental period. Up to half of all adult difficulties with mental health have their onset in adolescence (Belfer, 2008). Some groups of individuals appear to be more vulnerable, particularly those with developmental disorders, such as autism spectrum disorders (ASD) and specific language impairment (SLI) (Clegg, Hollis, Mawhood, & Rutter, 2005; Simonoff et al., 2013; Snowling, Bishop, Stothard, Chipchase, & Kaplan, 2006). SLI is a common disorder affecting 5 to 7% of the population (Tomblin et al., 1997). Children with a history of SLI have difficulties learning to

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Abbreviations: CAMHS, Child and Adolescent Mental Health Services; PIQ, performance IQ; SDQ, Strengths and Difficulties Questionnaire; SLI, specific language impairment; TD, typically developing.

* Corresponding author. Tel.: +44 0 161 275 3514.

E-mail addresses: gina.conti-ramsdend@manchester.ac.uk (G. Conti-Ramsden), pearl.mok@manchester.ac.uk (Pearl L.H. Mok), andrew.pickles@kcl.ac.uk (A. Pickles), kevin.durkin@strath.ac.uk (K. Durkin).

talk despite adequate hearing, nonverbal cognitive skills and no obvious signs of neurobiological problems. Although usually detected in early childhood, there is considerable evidence to suggest that individuals with SLI have persistent language difficulties in adolescence and into adulthood (Conti-Ramsden, St Clair, Pickles, & Durkin, 2012).

Language skills could be expected to be related to socioemotional functioning and behavioral adjustment for a number of reasons. Language supports emotional self-regulation (Cole, Armstrong, & Pemberton, 2010) and social-cognitive competence is associated with language ability (Im-Bolter, Cohen, & Farnia, 2013). Experiencing difficulties in communication makes it more difficult to relate to others (Brinton & Fujiki, 1993). Difficulties in expressing one's needs and feelings and/or understanding messages from others may incur frustration and chronic distress (Brinton & Fujiki, 2010). Consistent with these assumptions, adolescents with a history of SLI are at a greater risk of emotional and behavioral difficulties (Durkin & Conti-Ramsden, 2010; Im-Bolter & Cohen, 2007; Toppleberg & Shapiro, 2000). A recent meta-analysis indicates that young people with SLI are two times more likely to exhibit abnormal levels of emotional and behavioral difficulties than their typically developing (TD) peers (Goh & O'Kearney, 2012). They are also more likely to experience social difficulties in peer relations (St Clair, Pickles, Durkin, & Conti-Ramsden, 2011) and the development of friendships (Durkin & Conti-Ramsden, 2007).

Nevertheless, young people with SLI are sociable and have a desire to engage in social interactions with peers (Hart, Fujiki, Brinton, & Hart, 2004; Wadman, Durkin, & Conti-Ramsden, 2008). Less is known about prosocial behaviors in adolescents with SLI. Prosocial behaviors are those intended to benefit others, such as helping and sharing. There is some evidence that, in childhood, individuals with SLI may be less likely than their TD peers to exhibit skilled prosocial behavior (Brinton, Fujiki, Montague, & Hanton, 2000; Fujiki, Brinton, Morgan, & Hart, 1999). Evidence from TD youths indicates that adolescents who perceive themselves as prosocial tend to be more socially confident and to spend more time in constructive peer activities (Jacobs, Vernon, & Eccles, 2004). The extent to which those with SLI regard themselves as prosocial remains in need of investigation.

Epidemiological studies have shown gender differences in the types of difficulties experienced by adolescents. Females are more likely to experience internalizing problems, for example, emotional difficulties, whilst males are more likely to exhibit externalizing disorders, such as conduct problems and hyperactivity (Rescorla et al., 2007). Research examining gender differences in adolescents with SLI is scant. There is some preliminary evidence that being a male adolescent with SLI is associated with conduct problems (Brownlie et al., 2004; Goh & O'Kearney, 2012). The typical female bias for emotional symptoms has not been observed in adolescents with SLI but evidence to date is based on a very small number of studies that include a small number of females (Conti-Ramsden & Botting, 2008; Wadman, Botting, Durkin, & Conti-Ramsden, 2011).

There is recognition in clinical and research work with young people with and without disabilities that the perceptions and views of individuals themselves are an important component of diagnosis, functioning and developmental prospects. In a longitudinal study of typical youth, Hoyt, Chase-Lansdale, McDade, and Adam (2012) reported that self-reported perceptions of wellbeing in adolescence, on measures such as feeling socially accepted, feeling loved, feeling just as good as others and enjoying life, predicted better perceived general health in young adulthood. Caldwell, Rudolph, Troop-Gordon, and Kim (2004) showed that negative self-views about relations with peers (e.g., "It's a waste of other kids' time to be friends with me") predicted social disengagement and stress, which in turn predicted subsequent social withdrawal and still more negative self-views. Thus, what young people perceive about their own social experiences and adjustment has the potential to fuel patterns of behavior and inferences that can become reciprocally self-perpetuating.

Currently, relatively little is known about the self-perceived problems of adolescents with SLI across a range of areas of their mental health. There is a need to determine how the young people see themselves and how they identify their own strengths and difficulties. In this investigation, we examine the social, emotional and behavioral functioning of 16-year-old adolescents with a history of SLI who are part of the Manchester Language Study. This study builds on the work carried out with this sample whose educational, cognitive and psychosocial functioning has been well documented (Botting & Conti-Ramsden, 2008; Conti-Ramsden, Durkin, Simkin, & Knox, 2009; Conti-Ramsden et al., 2012; St Clair et al., 2011).

In this investigation, we focus on adolescent self-reports for three key reasons. First, we wanted to determine the subjective perceptions of adolescents in respect of their strengths and difficulties. Second, while of interest in their own right as indicators of adjustment, subjective perceptions may also relate to variabilities in individual behavior and mental health (Walters, Stewart-Brown, & Fitzpatrick, 2003); for example, Litwack, Aikins, and Cillessen (2012) showed that adolescents' perceptions of poor peer relations predicted depressive affect and lower self esteem, and Skaalvik (1997) found that adolescents who held negative self-perceptions tended to have higher levels of anxiety and poorer achievement orientation. Third, adolescents' self-reported problems are strongly associated with mental health service need and utilization (Zwaanswijk, Van der Ende, Verhaak, Bensing, & Verhulst, 2003); furthermore, a high proportion of adolescents referred to clinical services have language impairments (Cohen, Farnia, & Im-Bolter, 2013). Thus, such self-reported data can provide clinically relevant information.

Our overall goals were twofold: first, we aimed to compare the two groups (those with a history of SLI versus TD adolescents) in respect of their perceptions of their social, emotional and behavioral functioning at age 16. Second, we wished to determine which factors predicted borderline or abnormal levels of strengths and difficulties. In respect of the first goal, previous evidence of greater difficulty in children with SLI led to the expectation that adolescents with a history of SLI would report more difficulties in emotional and behavioral functioning than do TD peers. In the social domain, we anticipated finding particular problems in peer relations but the research basis for the predictions for other aspects of social functioning – for example, prosocial behavior – was less clear. In respect of the second goal, we anticipated that gender would be associated with abnormal levels of difficulties (greater difficulties are frequently obtained among male samples,

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