



A longitudinal study of behavioral, emotional and social difficulties in individuals with a history of specific language impairment (SLI)

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ABSTRACT

Children with specific language impairment (SLI) have often been reported to have associated behavioral, emotional and social difficulties. Most previous studies involve observations at a single time point, or cross sectional designs, and longitudinal evidence of the developmental trajectories of particular difficulties is limited. The Strengths and Difficulties Questionnaire was used to measure behavioral (hyperactivity and conduct), emotional and social (peer) problems in a sample of individuals with a history of SLI at four time points from childhood (age 7) to adolescence (age 16). A decrease in behavioral and emotional problems was observed from childhood to adolescence, although emotional problems were still evident in adolescence. In contrast, there was an increase in social problems. Reading skills and expressive language were related only to behavioral problems. Pragmatic abilities were related to behavioral, emotional and social difficulties. As a group, those with a history of SLI have poorer long term social and, to a lesser extent, emotional outcomes. In contrast, behavioral difficulties appear to decrease to normative levels by adolescence. Different aspects of early language abilities and reading skills exert different types and degrees of influence on behavioral, emotional and social difficulties.

Learning outcomes: Readers will be able to: (1) understand the types of behavioral, emotional and social difficulties present in individuals with a history of SLI; (2) be familiar with the developmental trajectory of these difficulties from childhood to adolescence; and (3) understand the relationships between behavioral, emotional and social difficulties and early language and literacy ability.

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1. Introduction

Specific language impairment (SLI)¹ is a developmental disorder involving significant language impairments in the context of normal nonverbal ability, hearing, and neurological status (Bishop, 1997; Leonard, 1998). The prevalence of SLI in young children has been estimated as 7% (Tomblin et al., 1997). It is thought that 40% of children identified with language impairments have persistent language difficulties (Law, Boyle, Harris, Harkness, & Nye, 2000), and some individuals continue to have language difficulties in adulthood (Clegg, Hollis, Mawhood, & Rutter, 2005; Howlin, Mawhood, & Rutter, 2000). It is

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¹ Specific language impairment (SLI); Behavioral, emotional and social difficulties (BESD); Attention Deficit and Hyperactivity Disorder (ADHD); Strengths and Difficulties Questionnaire (SDQ).

important to note, however, that people with SLI demonstrate considerable heterogeneity in their profiles of strengths and difficulties (Conti-Ramsden, 2008). Thus, research in this area includes participant pools that may not meet the traditional, verbal–nonverbal discrepancy definition of SLI. The present longitudinal study is no exception. However, we continue to use the term SLI in order to situate our findings within the research literature in this area with the acknowledgement that these individuals may or may not meet traditional SLI criteria continuously throughout development. For this reason, we refer to the participants in this study as having a history of SLI.

The term behavioral, emotional and social difficulties (BESD) is complex and clusters together a series of constructs related to aspects of young people's development. Each of these domains of functioning is distinct. Nonetheless, the term BESD can be a useful shorthand for providing a balanced coverage of a range of areas of functioning in young people, i.e., behaviors, emotions and relationships. It is widely recognized that children who have specific language impairment experience not only difficulties with language but also BESD. The co-occurrence of language impairments and BESD has been found in children with primary language difficulties (Beitchman, Hood, Rochon, & Peterson, 1989; Cantwell, Baker, & Mattison, 1981; Lindsay, Dockrell, & Strand, 2007) and also in children with primary psychiatric difficulties (Cohen et al., 1998; Gualtieri, Koriath, Van Bourgondien, & Saleeby, 1983). Less is known, however, about the developmental trajectories of these difficulties. This study examines the longitudinal development of BESD in children with a history of SLI over a nine year time period and investigates how language and reading abilities relate to the developmental course of other difficulties.

1.1. *SLI and BESD*

Early work in this field focused on the prevalence of psychiatric disorders in children with SLI, in particular, behavioral difficulties (Baker & Cantwell, 1982; Beitchman et al., 1989). The general findings indicated that behavioral difficulties of the attention deficit and hyperactivity disorder (ADHD) type can co-occur with language difficulties. This has been supported by more recent findings of general attentional difficulties in individuals with SLI (Lum, Conti-Ramsden, & Lindell, 2007) as well as a higher prevalence of hyperactivity/attention behavioral difficulties among children with SLI when compared to children with typical language development (Benasich, Curtiss, & Tallal, 1993; Snowling, Bishop, Stothard, Chipchase, & Kaplan, 2006). In terms of behavioral difficulties of the conduct type, recent studies have provided mixed evidence. Some investigations suggest higher levels of externalizing difficulties in childhood in individuals with SLI (Tomblin, Zhang, Buckwalter, & Catts, 2000; van Daal, Verhoeven, & van Balkom, 2004) whilst others do not (Lindsay et al., 2007; Redmond & Rice, 1998, 2002). For emotional problems, the research is scant and the available results are also not consistent. Some studies have found higher levels of internalizing difficulties in childhood (Coster, Goorhuis-Brouwer, Nakken, & Lutje Spelberg, 1999; Redmond & Rice, 1998, 2002) as well as in adolescence, in particular anxiety and depression (Conti-Ramsden & Botting, 2008). However, a number of studies have found little evidence of specific emotional problems in children with SLI (Snowling et al., 2006; Tomblin et al., 2000) or have found evidence when using particular methodologies, e.g., teacher report but not parental report (Redmond & Rice, 1998, 2002).

A large body of literature points to the presence of social difficulties in children and adolescents with SLI (Benasich et al., 1993; Conti-Ramsden & Botting, 2004; Lindsay et al., 2007). Research suggests difficulties with social withdrawal. Children with SLI are more likely to play alone and exhibit symptoms of shyness (Fujiki, Brinton, Isaacson, & Summers, 2001). Some studies have reported shyness only for girls with SLI (Benasich et al., 1993; Tallal, Dukette, & Curtiss, 1989). There is more consistent evidence, however, of difficulties in peer relations (Fujiki, Brinton, Morgan, & Hart, 1999; Gertner, Rice, & Hadley, 1994), poorer quality friendships (Durkin & Conti-Ramsden, 2007) and risk of victimization (Knox & Conti-Ramsden, 2007).

In sum, trends in the literature suggest that ADHD is likely to co-occur in individuals with SLI, at least in childhood. The evidence regarding conduct and emotional difficulties is less consistent. In respect of peer relations, children and adolescents with SLI appear to be disadvantaged. However, although a growing literature enriches our knowledge of BESD in SLI, different studies have examined different age groups and have included different measures, making comparisons across datasets difficult. Questions about the course of development are still to be addressed.

Longitudinal research has been limited, both in terms of scope and breadth of BESD measures used. Redmond and Rice (2002) found a decrease in emotional problems in children with SLI from 5 to 7 years of age, but also observed more stable patterns of attentional and social problems across this time period. Benasich and colleagues (1993) reported no developmental change from 4 to 8 years of age in an overall measure of behavior problems in children with SLI. Examining older children with SLI from 7 to 11 years of age, Silva, Williams and McGee (1987) found a decrease in an overall measure of BESD, as did Lindsay and colleagues (2007) for 8 to 12-year-olds with SLI. These data suggest that there may be a decrease in BESD in children with SLI from early to later childhood. In this sense, individuals with SLI may be similar to individuals with reading disabilities. Maughan and colleagues (1996) found decreasing attention and conduct problems from childhood to adolescence in their sample of reading disabled young people. The above data also raise the possibility that specific aspects of behavioral, emotional and social functioning may differ in their developmental trajectories.

1.2. *BESD and its relation to language and reading impairments*

In the existing literature, the account of the association between language impairments and BESD is somewhat limited and mixed, depending on the area of functioning being examined and the types of measures being used. Benasich et al. (1993) and Hart, Fujiki, Brinton, and Hart (2004) found no discernable relationship between language abilities and

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