TOPIC: Because of the link between communication impairments and psychiatric disorders, it is important for nurses and other healthcare professionals to know the warning signs for the need for a communication/speech/language evaluation for children during infancy through early childhood.

PURPOSE: This article presents an overview of the role of speech-language pathologists (SLPs); the expected developmental achievements for youngsters from infancy to age 5 in speech, language, and communication; and the clinically significant warning signs that indicate a need for speech/language assessment.

SOURCES: Sources for this article included published literature on the topic along with the clinical judgment and expertise of the author, a certified SLP.

CONCLUSIONS: Warning signs for referral to an SLP may be subtle and may present in developmental, academic, behavioral, or social–emotional realms. Collaboration between nurses and communication professionals will allow for early identification and intervention. Early detection of speech and language disabilities is key to maximizing the effects of early intervention, resulting in more positive communication outcomes in later life. It has been found that speech and language delays and disorders, with symptoms left untreated, can cause difficulties in learning and socialization that can last into adolescence and beyond. Early identification of children with developmental delay or developmental disabilities may lead to intervention at a young age when chances for improvement may be best.
adolescence and beyond. Particular evidence has been found for the efficacy of speech and language intervention for expressive, phonological, and vocabulary deficits (Abbeduto & Boudreau, 2004; Law, Garrett, & Nye, 2003; U.S. Preventive Services Task Force [USPSTF], 2006).

What Is the Link Between Psychiatric Disorders and Speech and Communication Disorders?

The link between communication impairments and psychiatric disorders is evident to most mental health professionals (Nelson, Benner, & Cheney, 2005). The Diagnostic and Statistical Manual, Fourth Edition–Text Revision of the American Psychiatric Association (2000) described the developmental disabilities that include speech and language deficits as part of the criteria for diagnosis, e.g., mental retardation, pervasive developmental disorder, and autism spectrum disorders. In addition, there are behavioral and/or emotional disabilities where speech and language deficits may be comorbid and often do co-occur (e.g., attention deficit disorder, oppositional defiant disorder, conduct disorder, overanxious disorder, or dysthymia; American Psychiatric Association, 2000; Giddan, 1991).

According to the USPSTF (2006), “speech and language delay affects 5% to 8% of preschool children.” These delays often persist into the school years and may be associated with lowered school performance and psychosocial problems. In a recent epidemiological study, Pinborough-Zimmerman et al. (2007) found a great degree of overlap between speech and language impairments and other psychiatric disabilities. Their results indicated that the prevalence of communication disorders among 8-year-olds in one area of the United States was 6.3% of the population (of 1,000 children). Furthermore, the percentage of communication disorder cases with autistic spectrum disorder was 3.7%, and the overall proportion of communication disorder cases with intellectual disability was 4%. The most frequent emotional/behavioral disorder co-occurring with communication disorders was attention deficit hyperactivity disorder (6.1%) followed by anxiety disorder (2.2%), and conduct disorder (1.1%).

Research indicates that a large proportion of children admitted for psychiatric care have language challenges and that most children with substantial language disabilities have psychosocial difficulties. Unfortunately, these problems worsen for adolescents with language impairment, as the challenges in older children are linked not only to psychiatric disorders but to teenage suicide as well (Baltaxe, 2001; Benner, Nelson, & Epstein, 2002; Fujiki, Brinton, & Clarke, 2002; Toppleberg, Medrano, Pena Morgens, & Nieto-Castanon, 2002; Way, Yelsma, Van Meter, & Black-Pond, 2007).

Evidence-based practice and research in assessment and intervention for language disabilities have led to recent work especially in the areas of autism and specific language impairment (Dale, Price, Bishop, & Plomin, 2003; Tager-Flusberg et al., 2009; Wetherby et al., 2004). However, this article is not meant to be a primer on specific language and speech disorders. For further study, there are scholarly and popular resources that are available, which outline the predictors and risk factors for language growth in children, as well as symptoms of specific speech and language disabilities (Agin, Geng, & Nicholl, 2003; Brinton et al., 2007; Chapman, 2007; Paul, 2007; Weismer, 2007).

What Is the Current Domain of the SLP?

The domain of the SLP was expanded and dramatically revised beyond simply articulation, voice, and stuttering as a result of the “linguistics revolution” in 1957 (Chomsky, 1957). Since then, “SLPs” have developed standardized and non-standardized methods of assessing the essential components of language including form (syntax, morphology, phonology, and suprasegmental features of language, such as intonation, pitch, volume, stress, and juncture), content (semantics), and use (pragmatics), as well as the essential features of speech including articulation, voice, and fluency (Lahey, 1988). It is only in the last decade that the scope of practice for the SLP has broadened to include the domains of reading and writing (American Speech-Language-Hearing Association, 2001; Foster & Miller, 2007).

SLPs also assess and treat speech-related deficits in oromotor functioning, which impact feeding, sucking, or swallowing abilities or dysphagia. It should be noted that feeding abilities are required for the health and development of the younger and are prerequisite to the development of early communication skills (American Speech-Language-Hearing Association, 2008; Kent & Vorperian, 2007).

The social–emotional development of the child is of paramount importance because children with significant attachment and regulatory disorders may display communication delays. For example, for the very young infant, parental concerns may be expressed regarding the baby that is difficult to engage or soothe. Deficits in social–emotional development and/or sensory regulation may be coupled with difficulties initiating or maintaining engagement with others. Similarly, toddlers or preschoolers may be reported or observed to be excessively shy, quiet, anxious, inattentive, or withholding (Geller & Foley, 2009; Gerber & Wankoff, 2010; Greenspan, DeGangi, & Weider, 2001; Guralnick, 2005).

As cognitive abilities are linked to language abilities during a young child’s growth and development, researchers in child language have learned to view play as a window to the cognitive development of a young child (Westby, 2000). While some states require a significant gap between cognition and language for a child to be eligible for speech and language services, research suggests that some children without a discrep-
acancy in their cognitive and language profiles can benefit from speech and language intervention as well (American Speech-Language-Hearing Association, 2008; Carr & Felice, 2000; Cole, Coggins, & Vanderstoep, 1999).

For the toddler, preschooler, or school-aged child, challenges in behavioral regulation may be an indicator for the need for a speech and language evaluation. Similarly, the younger with behavioral noncompliance, inattiveness, or poor frustration tolerance may also have subtle weaknesses in communication and/or language skills that can be identified and treated by competent and well-trained SLPs (Fujiki et al., 2002; Giddan, 1991; Hill & Coufal, 2005; Hyter, Rogers-Adkinson, Self, Simmons, & Jantz, 2001; Nelson et al., 2005).

According to speech and language development research, the specific language and cultural background of a child has a marked impact on the nature and course of the child’s first-and-second-language acquisition if the child is bicultural. This information enables the SLP to distinguish language differences from language disabilities (American Speech-Language-Hearing Association, 2008; National Association for the Education of Young Children, 2005).

Healthcare professionals that come in contact with children and their families must be cognizant of even subtle warning signs that might suggest the need for a licensed SLP to do an in-depth assessment of communication skills. Research in speech and language development has demonstrated that in areas such as social–emotional development, behavioral regulation, and/or literacy skills, although the SLPs might not be the first evaluation that is arranged, the need for further testing and/or intervention by a licensed SLP must be considered (Table 1).

### What Are the Warning Signs During Infancy? (Below 8 Months of Age)

Children with feeding difficulties, medical conditions, motor, or sensory impairments are at greater risk for speech and language difficulties (American Speech-Language-Hearing Association, 2008; Joint Committee on Infant Hearing Year, 2007; Kent & Vorperian, 2007; USPSTF, 2006). Research has shown that the roots of communication, language, and speech appear to reside in the “affective engagement” or “intersubjectivity,” which occur during the early months of life (American Speech-Language-Hearing Association, 2008; Bloom, 1995). Affect display is evident through facial expression and gaze, gesture, and vocalization, as well as turn-taking and nonverbal conversations through the use of sound play, even as early as 2–3 months.

In the social–emotional realm, children who have a limited range of affect display, difficulties with “affective atunement” (i.e., little or no reciprocity either with eye gaze, body gestures, or vocalizations), might be at greater risk for a communication and/or language disability (Greenspan et al., 2001; Zero to Three, 2005).

Children that exhibit little evidence of exploratory play or interest in the environment or minimal sensory exploration through vision, touch, or hearing should also be further assessed by an SLP (Westby, 2000).

### What Are the Warning Signs at 8–12 Months?

While 8–12-month-old babies are not expected to be conversing at this age, nonverbal communication must be carefully scrutinized. The child who typically does not produce a plethora of communicative acts (e.g., joint attention or gestural communication) can be a candidate for the SLP to assess. In particular, the child who rarely uses facial expression and gesture, as well as the child who rarely requests attention, requests actions, or requests objects, or who rarely protests may be at greater risk for communication, language, and speech disturbances (American Speech-Language-Hearing Association, 2008; Crais, Douglas, & Campbell, 2004; Crais, Watson, & Baranek, 2009; Paul, Chawarska, Klin, & Volkmar, 2007; Tomasetto, Carpenter, & Liszkowski, 2007; Weismer, 2007; Westby, 2000; Wetherby et al., 2004). Finally, the child who does not typically utilize more than one consonant or syllable in babbling might benefit from the evaluation that a licensed SLP can provide (Mitchell, 1997).

### What Are the Warning Signs at 12–18 Months?

Twelve- to 18-month-old children who lack vocal, verbal, or gestural reciprocity or turn-taking, or who are deficient in the comprehension of simple words, concepts, or one-step directions should be referred for a speech and language evaluation.

There are also more subtle warning signs for the need for an evaluation by an SLP. For the 12–18-month-old child who is not yet searching for objects, demonstrating an awareness of object function, or not yet combining objects in play, there may be a higher risk for a speech and language disability to develop (Kennedy, Sheridan, Radlinski, & Beeghly, 1991; Lyttinen, Poikkeus, Laakso, Eklund, & Lyttinen, 2001; Wetherby, Allen, Cleary, Kublin, & Goldstein, 2002; Wetherby, Cain, Yonclas, & Walker, 2008). Children who do not express a range of meanings (e.g., use of “more,” “up,” and “bird”) or a range of pragmatic intentions (e.g., requests, comments, and greetings), or who produce fewer than two communicative acts per minute might also be at greater risk for a language disability later on (American Speech-Language-Hearing Association, 2008; Calandrella & Wilcox, 2000; Crais et al.,...
### Table 1. Checklist for Language and Communication Warning Signs in Children

<table>
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<th>Age range</th>
<th>Communication language and speech warning signs</th>
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| **Birth to 8 months of age** | 1. Notable feeding difficulties.  
2. Notable medical, motor, or sensory impairments (e.g., visual and hearing).  
3. Little exploratory play.  
4. Limited range of affect display or affective engagement.  
5. Limited vocalizations. |
| **8–12 months**   | 1. Little to no joint attention or gestural communication.  
2. Little to no affect display.  
3. Little or no responsivity to others.  
4. Rarely produces communicative acts (e.g., requests and protests).  
5. Babbling is restricted to not more than one consonant-vowel combination. |
| **12–18 months**  | 1. Lack of vocal, verbal, or gestural reciprocity.  
2. Lack of comprehension of simple words, concepts, or one-step directions.  
3. Limited object search and object play and lack of demonstrating an awareness of object function.  
4. Restricted range of meanings expressed (e.g., more, up, and bird) and/or restricted range of communicative functions expressed (e.g., requests, comments, greetings, etc.).  
5. Very low frequency of communicative acts produced per minute (e.g., fewer than two per minute). |
| **18–24 months**  | 1. Does not combine objects in play or produce symbolic play (e.g., pretend play) schemas.  
2. Meager and slow growing vocabulary.  
3. Virtually no multiword utterances.  
4. Lack of reciprocal communication or “circles of communication.”  
5. Rarely initiates but typically imitates or echoes the language heard. |
| **2–3 year olds** | 1. Lack of elaborate play schemas; prefers to play alone; does not enjoy symbolic play; and does not take pleasure in peer interactions.  
2. Lack of grammatical complexity (e.g., relatively few sentences with more than one verb).  
3. Does not express a range of meanings (e.g., “more juice,” “no cookie,” and “pretty baby”) or a range of pragmatic intentions (e.g., requesting objects, requesting action, protesting, and greeting).  
4. Rarely initiates but typically imitates or echoes the language heard.  
5. Is not typically producing a substantial number of contingent or topic-related utterances and at least five communicative acts per minute.  
6. Poor intelligibility for family members, as well as strangers.  
7. Persistent dysfluencies (e.g., hesitations, repetitions, prolongations, and interjections).  
8. Typically noncompliant (i.e., does not follow instructions but rather “follows their own agenda”). |
| **3–4 year olds** | 1. Typically not intelligible to strangers.  
2. Little or no conversational competence, i.e., lack of topic initiation, maintenance, or change; little turn-taking.  
3. Little or no vocabulary growth.  
4. Minimal use of grammatical markers for tense, person, and number.  
5. Does not discuss non-present events; has not begun to tell narratives.  
6. Apparent noncompliance, inattentiveness, anxiety, or oppositionality, which can be comorbid with language comprehension deficits. |
| **Kindergarten children** | 1. Very poor intelligibility.  
2. Poor expressive language.  
3. Deficient listening comprehension.  
4. Resistance to learning concepts about print, phonological awareness games (e.g., sound games), or letter-sound correspondence.  
5. Numbers 2–6 above. |
| **First and second graders** | 1. Difficulty learning to read.  
2. Poor expressive language skills (e.g., weaknesses in vocabulary, word retrieval, making inferences or ambiguity detection, and conversational skills).  
3. Challenges in listening comprehension skills for conversation, television shows, movies, or jokes.  
4. Apparent noncompliance, inattentiveness, anxiety, or oppositionality, which can be comorbid with language comprehension deficits. |
| **Third and fourth graders** | 1. Poor expressive language (i.e., difficulty answering questions or formulating verbal messages or managing conversations).  
2. Deficits in listening and/or reading comprehension.  
3. Challenges in decoding unfamiliar words.  
4. Apparent noncompliance, inattentiveness, anxiety, or oppositionality, which can be comorbid with language comprehension deficits. |
What Are the Warning Signs at 18–24 Months?

Most children at the age of 18–24 months will develop a single word vocabulary of at least 50 words and then will begin to produce multiword utterances with a greater range of meanings and a greater range of pragmatic functions than at the previous time frame (Gerber, 2003; Lahey, 1988). Nevertheless, there are 10–15% of children who do not have the 50 words at 24 months but will perform up to par on standardized measures when they are 3 or 4 years of age. The 50-word criterion at 24 months of age can be used as a red flag for screening more broadly and for monitoring the child’s speech and language development more closely over time. Children who are late talkers and who have very slow vocabulary growth between 24 and 36 months are likely to have poorer grammatical outcomes at age 3 (American Speech-Language-Hearing Association, 2008; Kennedy et al., 1991; Lyytinen et al., 2001). Thus, they might be at higher risk for speech and language challenges. Other typical warning signs for the need for a communication language and speech assessment for children in the 18–24-month range may include a meager vocabulary at 24 months, very slow vocabulary growth beyond 24 months (American Speech-Language-Hearing Association, 2008; Rescorla et al., 2000), virtually no multiword utterances produced, and/or a lack of reciprocal communication or circles of communication (Greenspan et al., 2001; Zero to Three, 2005).

Typical warning signs displayed by children of this age group, which indicate the need for an evaluation by an SLP, are the following: These youngsters do not yet combine objects in play or typically produce symbolic play schemas (e.g., pretending an object is something other than the object itself) (American Speech-Language-Hearing Association, 2008; Kennedy et al., 1991; Lyytinen et al., 2001). Thus, they might be at higher risk for speech and language challenges. Other typical warning signs for the need for a communication language and speech assessment for children in the 18–24-month range may include a meager vocabulary at 24 months, very slow vocabulary growth beyond 24 months (American Speech-Language-Hearing Association, 2008; Rescorla et al., 2000), virtually no multiword utterances produced, and/or a lack of reciprocal communication or circles of communication (Greenspan et al., 2001; Zero to Three, 2005).

If a child rarely initiates language but, rather, typically imitates or echoes the language that he or she hears, healthcare professionals must be vigilant in recommending a speech and language evaluation (Gerber, 2003).

Deficits in the social–emotional realm may be less discrete and obvious than the typical speech and language warning signs. Research has indicated that social–emotional difficulties in children are often comorbid with communication and/or language disabilities (Bates, O’Connell, & Shore, 1987). Social–emotional development involves a growing sense of efficacy on the part of the child during interactive exchanges as children develop self-esteem as communicators and develop secure and rewarding relationships with caregivers (Hummel & Prizant, 1993; Prizant et al., 1990; Prizant & Meyer, 1993). Thus, babies who are difficult to soothe and who rarely take pleasure from human interactions, children who are excessively shy and quiet, and children who are relatively passive and nonresponsive require monitoring in the areas of speech, language, and communication and/or language comprehension or production via a speech/language and communication assessment.

Play will evolve from simple exploratory play to acting out knowledge of the function of objects, as well as knowledge of the relationships among people, objects, and events. At 2 years of age, the child can pretend that one object represents something else, e.g., a cloth as a quilt or blanket (American Speech-Language-Hearing Association, 2008; Kennedy et al., 1991; Lyytinen et al., 2001).

What Are the Warning Signs for 2–3-Year-Olds?

The 2–3-year-old child with typical speech and language skills is typically capable of engaging in mini conversations and syntactically complex language (a good indicator of beginning syntactic complexity is the presence of more than one verb).

Warning signs for the need for a communication, language, and speech assessment for 2–3-year-olds may be manifested in the communication, language, or speech skills (or lack thereof) within any of the components of language or any of the parameters of speech. Despite the fact that children continue to make errors of over-regularization (such as “goed” for “went”) and overgeneralization of morphophonological rules (such as “sheeps” for “sheep”), children will be increasingly proficient in using a variety of inflections and morphophonological markers including markers for tense, person, and number (Lahey, 1988; Paul, 2007; Westby, 2000).

A warning sign may even include a lack of elaborate play schemas on the part of the child (American Speech-Language-Hearing Association, 2008; Paul, 2007; Westby, 2000). The child whose language is characterized by a lack of grammatical complexity (e.g., relatively few sentences with more than one verb) and, as in the prior stage, language that typically does not express a range of meanings (e.g., “more juice,” “no cookie,” and “pretty baby”) or a range of pragmatic intentions (e.g., requesting objects, requesting action, testing, and greeting) needs further screening or evaluation by an SLP (Gerber, 2003; Lahey, 1988). The child who rarely initiates language but rather typically imitates or echoes the language that he or she hears must be referred for a communication language and speech evaluation (Paul, 2007). Also, a
2–3-year-old who is not typically producing a substantial number of contingent or topic-related utterances and at least five communicative acts per minute would also benefit from a referral to an SLP (Crais et al., 2009; Wetherby et al., 1988). For the 2–3-year-old whose intelligibility is poor for family members, as well as strangers, or whose speech is characterized by persistent dysfluencies (e.g., hesitations, repetitions, prolongations, and interjections), a communication, language, and speech evaluation is in order (American Speech-Language-Hearing Association, 2008; Paul, 2007).

Less obvious warning signs might be found in the behavioral or socio–emotional realm. Preschoolers who are typically minimally verbal, who prefer to play alone or not at all, and who do not exhibit symbolic play may be camouflaging deficits in communication, language, or speech. Similarly, preschoolers who are typically noncompliant, who do not appear to take pleasure from peer interactions, and who do not follow instructions but rather “follow their own agenda” may be camouflaging relative weaknesses in communication or in the comprehension or production of language.

**What Are the Warning Signs for 3–4-Year-Olds?**

Typically, developing children in this age category become even more linguistically capable especially with peers. These children have begun to use grammatical markers in their expressive speech (Brown, 1973; Hadley, 2006). If there has been exposure to mainstream narratives in the culture of the child, the ability to tell a story sequentially will also begin to appear (Owens, 2008; Paul, 2007). Intelligibility is sufficient so that people outside of the family will usually understand his speech.

The need for a communication, language, and speech assessment is reflected by little or no conversational competence including a lack of topic initiation, topic maintenance, topic change, and little turn-taking in conversations (Gerber, 2003; Lahey, 1988). Again, if there has been little or no vocabulary growth, a referral to an SLP is in order (Rescorla et al., 2000). Three to 4-year-olds who have minimal use of grammatical markers for tense, person, and number are also in need of a communication, language, and speech evaluation (Hadley, 2006).

Less obvious signs include the 3–4-year-old who is not following instructions, not typically engaging in meaningful conversation on a variety of topics, not discussing non-present events, i.e., past or future events, and not beginning to tell narratives. Furthermore, for the child who is typically not intelligible to strangers, a communication speech and language evaluation is recommended (Lahey, 1988; Owens, 2008; Paul, 2007). Subtle warning signs may be construed as evidence of noncompliance, inattentiveness, anxiety, or oppositionality, which can be and frequently are comorbid with language comprehension deficits.

**What Are the Warning Signs for Kindergarten Children?**

For this age group, children are expected to develop “emergent literacy” skills or concepts about print. These crucial precursory skills for reading and writing include the following: how to hold a book, how to turn the pages of a book, a familiarity with logos, and a beginning awareness of “metalinguistic skills” (i.e., an awareness of words, syllables, sounds, and letters) (Justice & Kaderavek, 2004). A critical metalinguistic skill that appears toward the end of kindergarten is “phonological awareness.” Phonological awareness skills, such as word recognition, syllable segmentation, sound isolation, and categorization, indicate a readiness for the awesome task of learning to read.

The child who will be successful in learning to read will develop an array of important metalinguistic skills that enable the child to be analytical about language within any of the components of language. Thus, with regard to the sounds of the native language, the child may begin to demonstrate a rhyming ability. Metalinguistic skills also include the ability to make judgments about grammaticality or detect linguistic ambiguity (multiple meanings). Recent research has documented the link between metalinguistic ability and reading skills (Cairns, Waltzman, & Schlisselberg, 2004; Wankoff & Cairns, 2009).

Notable deficits in speech intelligibility, language production, or communication would constitute significant warning signs for the need for a referral. More subtle signs for kindergarteners include deficits in listening or language comprehension and little interest in learning concepts about print. Poor metalinguistic skills (e.g., word identification, syllable segmentation, or phoneme awareness, e.g., the ability to isolate, categorize, or segment sounds), as well as little interest in or knowledge about the links between sounds and letters (i.e., phoneme/grapheme correspondences), would indicate that a referral to an SLP would be advisable in order to rule out any concomitant speech and language challenges (Catts, Adolph, Hogan, & Weismer, 2005; Hogan, Catts, & Little, 2005; Puolakanaho et al., 2008).

**What Are the Warning Signs for First and Second Graders?**

By the middle of first grade, if the child continues to have great difficulty learning to read, a speech and language evaluation might be warranted. Sometimes there can be subtle language weaknesses that will sabotage the child’s attempts at moving forward with literacy skills. These weaknesses can be
manifested as difficulties with oral language in specific areas, e.g., vocabulary, making inferences, and/or problems with ambiguity detection (van Kleek, VanderWoude, & Hammett, 2006; Specce, Roth, Cooper, & Paz, 1999; Wankoff & Cairns, 2009). Thus, language weaknesses that are either obvious or subtle can wreak havoc on developing literacy skills. Particular problems with writing may also indicate underlying language weaknesses (Larsen & Nippold, 2007; Moats, 2000; Moats & Smith, 1992; Nippold, 2007).

Challenges that would indicate the need for a communication, language, and speech assessment for first and second graders include auditory language comprehension issues for conversations, television, stories, or jokes (Slaughte & McConnell, 2003). Again, challenges in letter–sound knowledge, blending abilities (e.g., the child’s ability to read novel consonant-vowel-consonant sequences with short vowels) constitute more subtle warning signs at this stage as well.

**What Are the Warning Signs for Third and Fourth Graders?**

At this age range, reading aloud is characterized by automaticity. Children will typically read fluently and decode unfamiliar words. By the third grade, good comprehension requires not only access to vocabulary but also the ability to make inferences while reading. At this level, children will typically be able to make predictions, draw conclusions, and be reflective about the stories they read (Laing & Kamhi, 2003). Productivity, complexity, and accuracy in written language are also expected at this time (Puranik, Lombardino, & Altmann, 2008).

Warning signs for the need for a communication, language, and speech assessment for third and fourth graders will typically be in the areas of expressive language, i.e., the production of language or speech. Less obvious signs include deficits in listening comprehension or subtle pragmatic deficits in topic control or conversational skills. Subtle signs also include challenges in decoding of unfamiliar words while reading. The child who does not consistently read with comprehension can be evaluated and treated by an SLP (Kamhi, 2003; Laing & Kamhi, 2003; Lyytinen et al., 2001). Finally, if the child’s written language lacks productivity, accuracy, and/or complexity, a referral to an SLP can be helpful (Green, 2009; Mackie & Dockrell, 2004; Scott, 2005).

**Implications**

One of the most important goals for children with communication, language, and speech challenges is to help them foster a sense of self—a sense of their own agency as intentional, interactive individuals. Reed (2005) reviewed the literature in the area of language impairment and associated psychosocial challenges. In discussing the overlapping populations and the “chicken-and-egg” phenomenon, Reed (2005) suggested that while “Communicative failures may result in psychosocial difficulties, psychosocial difficulties may be part of the syndrome of specific language impairment” (p. 116). As the child with a speech and language disability is likely to have fewer meaningful peer relationships than the typically developing child, language intervention with the speech and language-impaired youngster targets not only speech and language issues but also issues of self-esteem and challenges in forming relationships with others (Baker & Cantwell, 1982; Gualtieri, Koriath, Van Bourgondien, & Saleeby, 1983; Prizant et al., 1990).

Early detection and intervention of communication, language, and speech disabilities is critical as it is an important prognostic indicator for most speech and language disabilities. Thus, the information discussed in this article is invaluable, and collaboration among health professionals and consultants is imperative if nonspeech professionals are to be cognizant of the warning signs in speech and language development, as well as the possible social–emotional, behavioral, and academic challenges that may disguise underlying communication deficits.

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