

**Critical Review:**

Do children and adolescents with emotional/behavioural difficulties have associated deficits in language?

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This critical review examines children and adolescents with emotional/behavioural difficulties and discusses associated language deficits in six studies. Study designs included: systematic review, meta-

### Selection Criteria

Studies that were selected for inclusion in this critical evaluation were required to investigate children and adolescents with emotional/behavioural disorder and their language outcomes. The children/adolescents in the studies had to be diagnosed or referred for emotional/behavioural disorders, with no associated language deficits diagnosed. Outcome measures were limited only by their ability to measure skills associated with expressive, receptive and pragmatic language.

### Data Collection

Results of the literature search based on the selection criteria yielded the following types of articles: meta-analyses and systematic reviews, mixed group study, case control study and randomized cross-sectional studies.

## *Results*

### Meta-analysis

**Hollo, Wehby, and Oliver (2014)** conducted random effects meta-analyses of 22

### Mixed Group Study (Within and Between Study)

**Im-Bolter, Cohen, and Farnia (2013)** investigated the association of structural and figurative language with social cognitive skills in 138 adolescents who present for mental health services and 186 nonreferred adolescents aged 12-17. The participants were administered standardized measures of structural and figurative language, working memory, behavioural and emotional problems and social cognitive problem solving.

Results of appropriate statistical analysis revealed lower scores for the clinic group in structural language, figurative language and working memory compared to the nonclinic group, suggesting an association between language deficits and difficulties with social problem solving. A significantly higher percentage of youth in the clinic group (7.25%) met criteria for structural LI compared with youth in the nonclinic group (1.08%). Further correlation analysis showed figurative language to be a significant predictor of social cognitive maturity in the clinic group only.

Strengths of the study include the use of a large sample size and exclusion criteria for participants (e.g., excluded referred youth who had a previously identified language impairment or were receiving services for language/learning related problems). In addition, the authors used well-known standardized measures that had good test-retest reliability and internal consistency. The authors used appropriate statistical analysis when examining the data. A limitation of the study is that it failed to discuss specific types of figurative language that may be more problematic for the referred group (e.g., idioms, irony, metaphors, etc.); therefore it may not generalize to all types of figurative language. The authors also stated that in general, the participants were referred for mental health services for having symptoms associated with depression, hyperactivity, oppositional defiant disorder and conduct disorder. It is not stated





