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The Effects of Communication Disorders on Social Development

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THE EFFECTS OF COMMUNICATION DISORDERS ON SOCIAL DEVELOPMENT

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Introduction

Human beings are social creatures who generally seek to connect to and create relationships with others. The ability to communicate in some form is vital to achieve such connections and relationships. However, individuals are not all born with this ability, nor do they all acquire the necessary components of communication through development. While working with a Speech Language Pathologist at an elementary school during the spring of 2010, I observed the negative effects of inadequate social communication on a child's social, academic, and personal achievement.

The most striking example I witnessed involved a five-year-old boy, Johnny, and his four-year-old sister, Sarah, who live in a foster home. The previous year they were found wandering the streets of Oxnard in an area which is not known for safety. The children had been abandoned by their parents, had survived in the streets, and had become practically "feral" children. They exhibited wild, animal-like, and aggressive behavior and did not understand or respond appropriately to human communication.

Johnny and Sarah moved into a foster home with foster-parents who worked diligently and persistently to teach the children how to behave in accordance with human conventions. For example, when Johnny and Sarah moved in the concept of a "family dinner" or of even eating at a table did not exist for them. At meal times they violently attacked the food, bringing it under the table and hoarding it as they shoveled it into their mouths. However, after a short time they did begin to respond to communication from their foster parents, and the foster mom proudly announced that they were eating at the table and using forks "like human beings."

Johnny and Sarah's communication responses and initiations improved as they became familiar with their foster parents. They began to speak, though unintelligibly, and in the fall of 2009 Johnny entered kindergarten and Sarah began preschool. I met Johnny half-way through his first year of school. His behavior at school was initially quite challenging because he did not sit still, pay attention, or play appropriately with other children. However, by the time I met Johnny he could attend to a fifteen minute therapy session and played well with friends. His communication attempts were still largely unintelligible, and he felt frustrated when others did not understand him. Although his frustration could have led him to give up, Johnny persisted in his attempts to learn more effective communication skills. The fact that he wanted to communicate, knew he was not communicating successfully, and wanted to improve were good signs.

The Speech Language Pathologist was challenged in planning Johnny's therapy sessions because it was difficult to tell exactly what issues affected his speech and language. It was obvious that he could not be understood, but the problem could be related to three areas of development. The most obvious reason was that he had not experienced normal communication from his parents, and after being abandoned had experienced very minimal communication. A second reason could be that he had communicated in Spanish before being abandoned and now was learning English for the first time. A third possibility that could not be ignored was that Johnny might have a developmental delay or other disorder that affected his speech or language abilities. However, after observing his quick progression from the fall to the spring, his teachers guessed and hoped that his communication difficulties stemmed from a lack of exposure

rather than a congenital disorder and that whatever the source, the problems were correctable.

This experience, along with many others I had while working at the school, confirmed my decision to pursue a career in the field of communication disorders and encouraged me to learn more about the need for communication and the effects of communication disorders on development. While Johnny and Sarah provide an extreme example of the results of inadequate socialization and communication, they demonstrate the importance of communication for expressing one's needs and desires, something they initially could not do without aggressive behavior. In general, children with communication disorders, developmental delays, or behavioral disorders face disadvantages in reaching their potential and goals if they do not receive assistance to improve their communication abilities.

There are many interesting aspects of the field of communication disorders. While communication deficits are sometimes precursors of academic and career failure, it appears that the first area in which a disorder is noticeable is the social development of a child. Without proper socialization it is difficult for a child to even attempt to work toward goals in other areas. Thus, I believe the effect of communication disorders on social development is an extremely important area to understand, and to treat, in order to help people not only improve their communication skills, but also to improve their social skills development which contribute to academic, career, and overall personal success. This paper will explore current literature in this area.

Chapter 1 Background of Communication

As social creatures, human beings want and need to share experiences and intimacy with other people through communication. In fact, some believe that social communication and movement are the skill classes which contribute the most to regulating physical, social, and cognitive needs in order to pursue a good quality of life (Greenwood, Walker, & Utley, 2002). Similarly, many people believe that every human has the innate capacity to share intentions and feelings through communication, as well as the desire to create relationships (Trevarthen, 2008). What about people with communication disorders? They also feel the need for friendship and acceptance, but they often have trouble fulfilling these desires.

Individuals with communication disorders often do not acquire the abilities necessary to be socially successful or to make friends. Whether disorders stem from technical or motivational issues, individuals with communication disorders may feel a divide between their operational abilities and their need for connection and relationships because they cannot effectively communicate their ideas and personalities to others (Glozman, 1987). Examples of technical disorders include minor speech delays such as lisps, severe articulation disorders resulting in unintelligible speech, and aphasia, a disorder in which a person cannot express his or her thoughts (Glozman, 1987). There are also disorders which prevent a person from developing an understanding of the importance of or the motivation to use communication (Glozman, 1987). Motivational disorders include problems related to the autism spectrum, as well as types of mental retardation. Individuals with disorders, whether in the technical or motivational category, require assistance in order to learn how to acquire or express communicative skills.

Communication, normal or impaired, encompasses a broad range of human interactions and has varying definitions. One definition describes communication as a situation in which "one or more individuals [are] involved in an act of sending and receiving messages that are disturbed by noise, occur within a context, have some effect, and provide an opportunity for feedback" (Glozman, 1987, p. 5). This narrow definition relies on the informative nature of communication, stating that people communicate in order to inform others and to react to others' information (Glozman, 1987). Other definitions describe a broader meaning of communication as "a negotiation and exchange of meaning when messages, people, cultures, and reality interact so as to enable the meaning to be produced or understanding to occur" (Glozman, 1987, p. 6). This definition relies more on the facilitative and interactive nature of communication (Glozman, 1987). People communicate to express shared experiences and connect with other members of their social communities.

Communicative acts include social actions, volitional actions, explanations, evaluations, or emotional responses (Glozman, 1987). Communication can be verbal or nonverbal, but it is always intentional (Glozman, 1987). The gestures, expressions, or utterances people produce are meant to be understood by the receiver and are based on socially or culturally determined norms of communicative style and content. Overall, communication is an irreversible and inevitable part of life (Glozman, 1987). However, for people with disorders, communication can be a difficult or misunderstood part of life if they are not capable of effectively sending and receiving information. This is particularly true for verbal communication.

Many people with communication disorders find nonverbal communication to be more accessible. Even with disabilities people can move their bodies to communicate in ways that other people can understand (Trevarthen, 2008). Body language, expression, and gestures possess intentionality and communicative power (Trevarthen, 2008). Unfortunately many people are not sensitive to this form of communication, and are unable to interpret the meaning. As a result, most people attempt to achieve some level of effective verbal communication.

Development of Verbal Communication

Verbal communication follows stages of development beginning in infancy and continuing throughout life. There are many variations to these stages, but a common version that is currently accepted is Vygotsky's developmental progression of communication (Glozman, 1987). Vygotsky's first stage is a pre-verbal stage, in which an infant cannot speak or understand speech, although the infant most likely perceives non-verbal communication such as expression and tone. The second stage involves a child's evolving speech. This stage covers the child's development of the ability to understand and produce simple utterances. As understood now, this stage continues through the preschool years when children begin to meet the demands for verbal skills, behavioral inhibition, and acknowledgment of others' perspectives (Goldstien & Morgan, 2002). This is also when children begin communicating and playing "together," if only in the form of parallel play.

Vygotsky's third stage is verbal communication, or the effective understanding and production of language, which continues to develop throughout adolescence

(Glozman, 1987). During the early school-age years children develop a stronger need for peer acceptance and feel more concerns about self-presentation. Adolescents engage in personally "safe" negative verbal activity, otherwise known as gossip, to gauge their own status in relation to other groups. At this stage, children with disorders feel a greater disadvantage because their behaviors are not accepted, they lack the communicative and social sophistication to engage in socially accepted communication, and they may be gossiped about (Farmer, Robertson, Kenny, & Siitarinen, 2007).

The goals of communication and social actions vary in accordance with age and developmental stage. For example, preschoolers seek to fulfill self-oriented goals and engage in interactions or play in order to please themselves (Kaczmarek, 2002). Adolescents on the other hand develop other-oriented goals as they seek to interact with and please peers (Kaczmarek, 2002). The ways in which people respond to interactions at all stages of development affect personal growth and development, and contribute to feelings of acceptance and success.

The stages identified above describe the development of typical language progression, but not all children follow typical development. Children with disorders such as the communication disorders already mentioned, as well as disorders such as Down syndrome, cerebral palsy, attention deficit disorder, and language acquisition disorders face many barriers to communication. Some barriers include limits in the capacity to send or receive information effectively, making it difficult to communicate at all; susceptibility to distraction, making it difficult to absorb information in interactions; or a misunderstanding of the appropriate use of communication (Glozman, 1987). These

children require assistance, generally in the form of therapy, which will be discussed later in the paper.

Communication and Personality Development

There are varying viewpoints on personality and how it develops, but many historically influential people agree that communication is an essential contributor to personality development. In the 1800s Karl Marx viewed personality as an object of social evolution (Glozman, 1987). In the early 1900s Lev Vygotsky believed that a person develops an understanding of his or her personality after discerning what it means for others in the social community (Glozman, 1987). In other words, Vygotsky would have most likely agreed with Marx that a personality develops through social interactions as the individual understands how others interpret and value the individual's personality. It is currently accepted that only through communication do we understand ourselves and others, and these interactions encourage personal growth and determine development (Glozman, 1987). Glozman concluded that children are products of their social environments and interactions which contribute to the development of their needs, motivations, and desires for communicating with others.

Communication also fills the need for affirmation of the self (Glozman, 1987). Verbal and nonverbal communication allows people to announce their presence, and hopefully evokes a response from another person that leads to interaction. If a person does not communicate effectively, he or she may not receive a response and will feel rejected. The ultimate goal is to feel that one's presence and personality are affirmed and

people will attempt to develop communication strategies to achieve this goal (Glozman, 1987).

It is understandable that inadequate communication can have detrimental effects on personality development. Poor communication development can have a negative impact on one's adaptation to social environments, education and career opportunities, and overall personal success in any activity (Glozman, 1987). Negative impacts are noticeable in children with communication disorders who have difficulty relating to or connecting with others, and thus making friends. As will be discussed later in the paper, an inability to make friends leads a child to develop low self-esteem and feelings of inadequacy which can stunt development in other areas.

It is important for a child to experience a variety of communicative styles in order to gain the best understanding of how to communicate effectively in different situations, such as friendly conversations, disagreements, and educational or professional settings. Experience in various communication situations helps a child recognize and understand the range of emotional responses that communication can elicit such as anger, humor, or empathy. It also helps children understand how communication can be used to influence one's own development and ideas, as well as that of other people (Glozman, 1987).

A lack of communication does not allow the personality to develop whether or not the individual has a communication disorder. In fact, communication is so important that if a person experiences an extreme lack of communication they may reach a point where human communication can no longer be learned (Glozman, 1987). A well-known example of the result of insufficient socialization and communication development is that of Genie. Genie was discovered in1970 after being locked in a room for the first 13 years

of her life without normal human interaction (Jones, 1995). Researchers began attempting to teach her human communication after the critical period for language development, the first seven years of life, to discover whether it was possible. While living with researchers she learned to speak short utterances with a telegraphic quality and some sign language. She began to use present progressive and some plural markers, but she did not show an interest in expressing long utterances (Jones, 1995). Perhaps Genie lacked motivation more than ability. Regardless of which factor was more important, she was unable to develop effective communication or achieve significant personal growth.

There was dispute about Genie's ability, progression, and success. Some believed that she had semantic ability, but had a very limited use and understanding of the grammatical rules regarding morphology and syntax (Jones, 1995). Others believed that she was developing appropriately in these areas and would have continued doing so if she had been able to remain living in supportive homes with the researchers. However, when the research grants were spent she was placed in foster care. In that less supportive environment she regressed to earlier stages of behavior and communication, and lost the communicative gains and personality development she had accomplished (Jones, 1995).

It is still unclear if Johnny and Sarah, the abandoned children I saw at the elementary school, have permanent communication disorders. However, it is clear that they were lucky to have been young enough to learn some human interactions. They will hopefully continue to improve the necessary communicative skills that will contribute to their communication and personality development.

Issues of Diagnosis

The difficulties of diagnosis range across all disorders, including communicative, physical, and developmental. Unfortunately, children who have one disorder often have problems in other areas because a deficit in one part of the brain may negatively impact the development of other parts of the brain (Dyck & Piek, 2009). This makes diagnosing difficult because it is often unclear whether the child has multiple disorders, or rather one disorder which results in pervasive low development (Dyck & Piek, 2009). For example, a child with a developmental disorder, which generally includes a communication disorder, usually does not perform at an average accepted level in any task (Dyck & Piek, 2009). Disorders can interfere with daily life, academic achievement, or communication skills in a way that is often unrelated to the child's intelligence level (Dyck & Piek, 2009).

Another issue which interferes with diagnosis is that many children reach low levels of achievement due to other factors affecting their lives. Underachievement is sometimes confused for discrepant achievement, which signals a disorder. Underachievement is often related to child-parent relationships or social and behavioral problems (Dyck & Piek, 2009). This does not necessarily mean a child has a disorder, but a lack of communication with parents or understanding of appropriate behavior often translates to under-developed communication skills. Clinicians must be extremely careful about labeling children, because underachievement as a result of a disorder and underachievement as a result of outside influences are unrelated problems which require different methods of therapy or training.

It is dangerous for a child to be labeled incorrectly as having any disorder, including a communicative disorder, because after receiving a diagnosis the child may be treated differently by adults and peers. The child may be expected to underachieve by teachers or parents, and may be ignored by peers. This may create a self-fulfilling prophecy for the child, resulting in actual failure to reach his or her communicative, social, or academic potential (Windsor, 1995).

Dyck and Piek (2009) performed a study to determine the difference between disordered communication or motor development and normal low achievement. The children in the study included a group with Mixed Receptive Expressive Language Disorder (RELD), a group with Developmental Coordination Disorder (DCD), and comparison groups of children with no diagnosed disorders, but with poor motor or communication skills. The researchers assessed the social cognition, verbal comprehension, emotional recognition and understanding, receptive and expressive language, fine and gross motor coordination, response inhibition, perceptual organization, working memory, and visual inspection time in comparison to the IQ, motor skills, and language abilities of each child.

The results revealed that the RELD group scored lower in verbal comprehension, emotional understanding, working memory, and response inhibition than the comparison group scored (Dyck & Piek, 2009). These results demonstrate that communication disorders have negative impacts not only on language, but also on memory, behavior, and emotion. The DCD group scored lower in perceptual organization, verbal comprehension, receptive and expressive language, and visual inspection time than the comparison group scored. The researchers concluded that children with developmental

communication or motor disorders experience more pervasive underdevelopment than the children who simply had poor motor skills, because the children with disorders expressed deficits in areas not included in the diagnosis of a language or motor disorder.

This study demonstrates the importance of accurately differentiating between a communication disorder and simply low communication skills. In everyday activities it can be difficult to tell whether a child has a communication or learning disorder or simply slower development (Dyck & Piek, 2009). Extensive testing and observation is required to determine the nature of a child's development. An inaccurate diagnosis of a communication, motor, or any other disorder can place a child in additional services that the child does not actually need, rather than providing the child with the services he or she does need. If a child is placed in a lower achievement level than that of which he or she is capable, the child may be prevented from fully developing and succeeding. Additional services should be reserved for children with clearly defined disorders who will not reach their full potential without assistance.

Chapter 2 Social-Communication

In order to reach social goals a child must develop an effective understanding of social-communication. Social-communication is a combination of linguistic and social competence which results in appropriate communicative and social actions (Kaczmarek, 2002). Linguistic competence requires that an individual understand the morphological, syntactic, and phonetic aspects of language (Kaczmarek, 2002). Linguistic competence allows verbal communicative actions to be considered appropriate if they meet the communicative intents of the sender. Additionally, social competence requires the ability to make relationships in varying situations and appropriately react to social tasks or problems (Kaczmarek, 2002). Social-communicative actions may be considered appropriate if they meet an individual's intent to establish and maintain relationships with others or achieve other interpersonal goals.

Social-communicative appropriateness is affected by partner characteristics, the physical environment, and the speaker's or receiver's culture (Kaczmarek, 2002). As children mature they learn to alter their communication style depending on their communicative partner, and gain a better understanding of what is considered appropriate in different environments (Kaczmarek, 2002). For example, young children may develop communication styles with their friends that differ from that which they use with their parents. Similarly, children may learn that rough-housing is acceptable on the playground, but not in the classroom. However, the role of culture overrules the other aspects of social-communication. Culture dictates the norms of accepted values, social behavior, and communication style in a society (Kaczmarek, 2002). The important role

of culture in social-communication development will be discussed in more depth later in the paper.

Social-communication is a difficult area for children with communication disorders to master. There has been ample research concerning the relationship between communication disorders and social skills. Windsor (1995) gives several possible cause-effect relationships between a lack of social skills and communication disorders. The first is that there may be no causal relationship (Windsor, 1995). For example, perhaps the child is simply shy and does not initiate social interaction, but the child also happens to have an articulation problem with the letter "r." A second and more probable possibility is that the communication disorder causes the social impairment (Windsor, 1995). A frequently observed adverse effect of communication disorders in children is that they avoid interactions and thus do not gain social acceptance. A third possibility is that a social impairment causes language impairment (Windsor, 1995). This explanation has received less support, but it explains that antisocial behavior or emotional difficulties may lead to peer rejection and failure to develop appropriate communication skills. Finally, a fourth possibility is that a third variable may cause both forms of impairment (Windsor, 1995). For example, a difficult home life without nurturing parents could prevent a child from developing appropriate linguistic, communicative, or social skills.

Regardless of the origin of social-communication issues, there are social consequences. Conversations require a high skill level because they are spontaneous and involve sophisticated use of timing, self-regulation, and verbal and non-verbal behaviors (Turkstra, Ciccia, & Seaton, 2003). Conversations are of primary importance in peer acceptance, but children with language impairments or developmental disabilities alter

their approaches to spoken communication in an attempt to avoid their own difficulties (Abbeduti & Short-Meyerson, 2002). For example, a child with language impairment may consistently use short utterances, or children with physical disabilities may position themselves to avoid difficult head or eye movement during communication (Abbeduti & Short-Meyerson, 2002). Children with communication difficulties are often more willing to address adults because adults are more capable of interpreting unintelligible speech and better understand other physical differences (Abbeduti & Short-Meyerson, 2002). An unfortunate consequence of frequent communication with adults is the reduction in a child's opportunities to have successful interactions with peers. It is important that adults support a child's communication attempts with the adult, but also encourage peer interactions.

A communication disorder not only makes it difficult to interact with peers, but it makes peers view the child with a disorder as incompetent in other areas as well. Studies show that children with communication disorders are rated as less popular, pretty, and smart by their typically developing peers (Windsor, 1995). In fact, those with communication disorders are rated as more insecure, weird, lonely, boring, ashamed, and unpleasant (Windsor, 1995). These findings are consistent with those on children with social impairment, physical disabilities, or developmental delays (Windsor, 1995). Children who speak English as a second language experience similar disadvantages in communication and negative judgments from their peers because of their inadequate understanding of social conventions and language use (Windsor, 1995). During adolescence any form of language difference, such as a disability or bilingualism, may cause increased social difficulties.

As discussed in the previous chapter, it has been determined that children with one disorder are at a higher than normal risk for other problems. Children with communication disorders have an increased risk for emotional, behavioral, or motor disorders (Horowitz, Jansson, Ljungberg, & Hedenbro, 2005). These disorders, separately or combined, can negatively impact social-communicative competence. This evidence suggests the need to target language impairment and other behavioral disorders simultaneously (Horowitz et al., 2005). In other words, combining communication skills and social skills is an effective form of therapy, which will be discussed in more detail later in the paper. This form of therapy can be effective for teaching children how to interact in positive situations, as well as how to appropriately respond to negative situations, as will be discussed in the following section.

Social-Communication Skills and Conflict Management

Children with communication disorders often do not develop properly in the area of conflict management. Conflict management skills are very important to a child's success because these skills allow children to have successful interactions with peers. Competence in this area also predicts future behavior and acceptance. For example, children who frequently cause conflict are more likely to be rejected by their peers (McElwain, Olson, & Volling, 2002). Similarly, children who respond aggressively to conflict are more likely to develop disruptive behaviors in the future (McElwain et al., 2002). Children with communication disorders may not develop an understanding of the importance of conflict resolution strategies, such as cooperation and negotiation among peers, as well as apologizing for mistakes or causing harm (Horowitz et al., 2005).

As early as preschool, typically developing children use strategies to appease each other after conflict. A preschooler might offer a desired object or role to an upset peer, apologize, spontaneously give hugs, or initiate new play (Horowitz et al., 2005). Resolution strategies evolve and become more sophisticated as children develop and encounter a wider variation of conflict. The benefits of such strategies are a decrease in stress-related behavior, an increase in tolerance for an opponent, facilitation of positive social behavior, and a reduction of redirected aggression (Horowitz et al., 2005). These strategies help maintain relationships and successful interactions with peers.

Children with communication disorders may not understand the benefits of these strategies, or they may not know how to use these strategies in order to gain the potential benefits (Horowitz et al., 2005). Inappropriate methods of dealing with conflict, such as using aggression or avoidance, can also increase rejection from peers (McElwain et al., 2002). Using inappropriate tactics prevents a child from benefiting from the opportunity to learn other ways of dealing with conflict. As children get older most strategies require verbal communication and it is especially important that children with communication disorders learn and practice these strategies. Inadequate communicative, social, or cognitive development leads children with communication disorders to behave in manners which typically developing children oppose or misunderstand (Horowitz et al., 2005). Rather than resolving a situation, abnormal behaviors can escalate tensions between children and increase rejection from peers.

In a study comparing the conflict resolution strategies and initiations of preschool age boys with language impairment (LI) to typically developing boys, Horowitz et al. (2005) found variations in the type of conflicts each group reacted to, and the way in

which they attempted to resolve issues. The group of boys with LI reacted strongly to physical harm, activity competition, and aberrant behaviors, such as the child being prevented from taking his turn. In contrast, the typically developing boys reacted strongly to psychological harm, object competition, and abstract competition, such as disputes over rules or roles. The categories to which the boys with language impairment reacted generally did not require complicated verbal explanation for their discontent. In contrast, the typically developing boys reacted strongly to categories in which they could explain themselves verbally and which required more complicated verbal exchanges to solve the problem.

Reconciliation attempts also varied across the two groups. Overall, the group with LI made fewer reconciliation attempts than did the typically developing group (Horowitz et al., 2005). When the boys with LI did attempt to reconcile a dispute they used less cognitively demanding and less verbal strategies than those used by the typically developing boys. The boys with LI had difficulty reconciling aberrant conflict and were more likely to seek adult intervention in these situations, demonstrating that it is especially difficult for them to deal with an issue that is out of the ordinary. However, both groups had a similar percentage rate of accepting reconciliatory behaviors. The boys with LI may not have the ability to initiate reconciliation, but they were able to react appropriately and favorably to initiations by others. Horowitz et al. (2005) concluded that children who lack speech and language skills cannot compensate for those inabilities fully through other communicative means, such as facial expression or body language, to help them achieve social success. Thus, conflict resolution is more difficult because they cannot effectively use verbal or nonverbal reconciliation tactics. As will be seen in the

next section, friendship is important for developing communication skills, and understanding how to resolve conflict helps children create and maintain friendships.

Friendship and Social-Communication Skills

An important goal of social-communication is friendship. Through social interaction people receive input from others in the form of companionship, acceptance, intimacy, or friendship which makes them happy and psychologically healthy (Goldstein & Morgan, 2002). Friendship and communication difficulties become a circular issue for children with poor communication, because friendship in general helps a child master social competency, and social competency enables a child to make friends (Goldstein & Morgan, 2002).

In preschool children begin to develop friendships. Even though they are often short-lived, these friendships are important for social, communicative, and affective development in children (Goldstein & Morgan, 2002). During primary school and increasing in adolescence, the need for acceptance and positive self-presentation increases. Adolescents have a strong desire to be widely accepted by peers, and close friendships begin to be defined by commitment, trust, and similar values rather than similar play interests (Goldstein & Morgan, 2002). Friends rely on communication, mainly conversation, to help each other solve problems (Goldstein & Morgan, 2002). Appropriate conversational skills promote social success, peer acceptance, social participation, receiving positive judgments, dating, and making friends (Turkstra et al., 2003).

Children with communication disorders have poorly developed conversational skills and have a difficult time making friends because they cannot interact as "normally" or effectively through conversations as other children can. They are also at risk for social problems in other areas (Greenwood et al., 2002). Children need social-communication skills to gather information from their experiences, to achieve cognitive competencies, and to interact appropriately with others and the environment (Greenwood et al., 2002). As explained in the previous chapter, adolescence is an especially difficult stage for children with communication or other disorders because they face the largest disadvantages for gaining peer acceptance and making friends, which are important indicators of later socio-emotional health (Farmer et al., 2007).

Farmer et al. (2007) conducted a study to compare the effects of disorders on children, with Asperger's syndrome (ASP) to those with Specific Language Impairment (SLI). The children had an average age of 13 years. Specific Language Impairment, or Primary Language Impairment, is significant language impairment without another development difficulty. One goal of the study was to gain a better understanding of how these children view friendship and other peer relationships. The researchers found that the majority of the children with ASP (88%) and with SLI (70%) knew that they should be nice in order to keep friends, but neither group understood why it is so important or how to do it. Similarly, a majority of the ASP group (55%) knew that a sense of humor is important to be popular, but again did not understand why and frequently misused humor with the opposite effect. More children in the study with SLI than with ASP mentioned difficulties with friendship and frequently feeling alone or bullied. The fact that the

children with ASP did not seem to notice or did not care about their social difficulties is consistent with the solitary nature of most children on the autism spectrum.

Another result consistent with the characteristics of ASP showed that the ASP group talked more about psychological aspects of themselves, such as emotional state, cognitive capabilities, beliefs, preferences, and wishes, than the SLI or control groups (Farmer et al., 2007). This demonstrates the over-emphasis on one's own emotions, preferences, and cognitive competencies often displayed by children with disorders on the autism spectrum. This unfortunately can lead to unsuccessful social interactions and difficulties making friends.

The SLI and ASP groups mentioned more academic difficulties than were mentioned by the control group (Farmer et al. 2007). This indicates that academics are an important part of self-concept and that the children might recognize that academic difficulties and their communication disorders are related. About half of each group, 55% of ASP and 50% of SLI, mentioned dissatisfaction with themselves, as well as failure in completing tasks and experiencing rudeness, fighting, regret, and lack of self-control and confidence. The difficulties they face diminish their ability to develop an understanding of the interpersonal relationships between the self and others. Farmer et al. (2007) concluded that children with SLI or ASP experience immature and imbalanced development of their self-concepts which thwarts their social-communication development.

Social-Communication Skills and Academic Achievement

Communication is not only important for making friends, but also for academic achievement (Windsor, 1995). A child's social-communicative skills and academic development are influenced by experiences at home as well as at school. A supportive home environment with frequent verbal interaction with parents, parental participation at school, and encouragement from parents in social and intellectual skills contributes to a child's ability to develop appropriate skills (Greenwood et al., 2002). The school environment, characterized by the frequency of positive and negative interactions with peers and teachers and by the child's academic performance, has a strong influence on social-communicative development and academic achievement (Greenwood et al., 2002). An unhealthy school environment or inadequate support from parents will likely constrain a child's social-communicative and cognitive competency by not providing optimal opportunities for success.

Literature on communication and learning supports the idea that sharing and communicating information with peers or adults increases the potential for learning and retaining information (Glozman, 1987). Sharing notes or ideas in study groups or discussions is often considered more effective than simply studying or learning individually. Communicating information in order to learn requires the use of appropriate social-communication skills to express one's ideas and absorb those of others (Greenwood et al., 2002). Children with communication disorders and weak social-communication skills are again at a disadvantage to benefit from sharing and communicating educational information.

Not only are group situations difficult, but children with disorders face difficulties with academic success due to their interpretations of their own abilities. Students with social-communication impairments are likely to have low self-concepts and less motivation to achieve because of past failure (Windsor, 1995). They demonstrate poor self-concepts by attributing success to the ease of a task, help from others, or luck, and by attributing failure to their own inabilities. These issues combine to produce low academic achievement, which can often be a precursor of problems in other areas, such as dropping out of school and failure in career pursuits (Windsor, 1995). The resulting failure can also be an indicator of future delinquency (Greenwood et al., 2002). It is important to master social-communication skills early in life and to use them to gain communicative, emotional, cognitive, and social competence in order to feel successful and increase the likelihood of becoming capable and responsible adults (Greenwood et al., 2002).

Chapter 3 Cultural Influences on Social-Communication Development

Biological and socio-cultural factors combine to influence a child's language socialization. Language socialization is how children acquire communicative competency to be successful social members of their cultures (Crago, 1992). The biological factors are the individual's inherited capacities and interests. The socio-cultural aspects include influence from parents, siblings, peers, and society on a child's language-socialization and experiences with social interactions (Greenwood et al., 2002). Language socialization occurs through social interactions in which a child learns appropriate behaviors, thought processes, and norms that fit a specific culture (Kayser, 1995).

A child's language socialization and acquisition are greatly influenced by what the relevant culture defines as appropriate communicative partners, body language, and times to communicate. Children learn these differences in a variety of social interactions beginning early in life. Early parent-child interactions teach a child cultural norms and can influence how a child interacts with other members of society (Battle, 1993). For example, Anglo-American mothers have physical contact with their children more often than do Japanese-American mothers, and they interact verbally with their children more often than do Mexican-American mothers (Battle, 1993). Thus children from an Anglo-American cultural background will most likely be more comfortable later in life with having physical contact than will Japanese-American children. Similarly, Anglo-American children will most likely be more comfortable speaking with adults than will Mexican-American children.

Interactions with other members of society provide a context for learning social relationships and the specific skills necessary in varying social situations (Greenwood et

al., 2002). For example, young children often use tantrums as a way of dealing with conflict at home because many parents respond by complying with the child's demands. When they go to school they may continue to use this tactic for a while, but most children quickly learn that there are more acceptable ways of handling conflict in public settings. Observing others use successful and culturally appropriate strategies can encourage children to act similarly, and can decrease the culturally unaccepted behavior of throwing tantrums. Interactions such as these help shape a child's understanding of social-communication and how to appropriately use it within different situations in a culture.

Many children experience several communication styles at school and home which can confuse their use of some aspects of language in varying cultural situations. Cultural differences in communication style can have negative social impacts similar to those of communication disorders because the variations may be misunderstood by conversational partners who are not familiar with that particular communication style (Windsor, 1995). A difference in cultural norms may lead to difficulties in gaining acceptance from peers or understanding from teachers which can lead a child to withdraw from social situations, and to experience other negative effects such as diminished academic achievement, self-worth, and competency (Windsor, 1995).

Differences in communication style vary across all aspects of communication. For example, there are cultural variations in how people respond to authority figures. In the American culture it is acceptable for a person to admit to an authority figure that he or she does not understand something and to request further explanation. In contrast, in many Hispanic cultures it is not acceptable to show misunderstanding to an authority figure. Rather than ask more questions, people from Hispanic cultures will often tell the

authority figure that they understand even if they do not. Andrea, an SLP I shadowed, works in a largely uneducated area of the community in which many of the parents speak Spanish as a first language. She explained to me that cultural differences are apparent in therapy sessions as well as in Individualized Education Plan (IEP) meetings. During IEP meetings the parents rarely ask questions, nod their heads to anything suggested, and are very respectful. For example, if Andrea asks what the parents think about the child's goals, the parents agree without asking for clarification or suggesting anything else. She explained that Hispanic parents in more educated areas ask a few more questions, but not as many questions as Caucasian parents ask. Caucasian parents ask many questions during every meeting, and are often less respectful than Hispanic parents.

Andrea also observes cultural differences in how children deal with conflicts with peers. For example, school age children of different cultures react differently to physical conflict. Andrea has learned that Hispanic parents often tell their children that if someone hits them, they should hit back to defend themselves. In contrast, Caucasian parents usually tell their children to seek the assistance of a teacher to deal with the conflict verbally, rather than hitting back. This is possibly due to the cultural differences regarding appropriate communication when defending one's self and one's pride.

The wide variation of cultural communication styles and lack of recognition of and understanding of the varying styles makes it difficult to rate the appropriateness of social-communication styles or skills of different behaviors (Kaczmarek, 2002). Therefore, it is important that during clinician-child interactions the clinician acknowledges the cultural influences on the child's communicative style (Kayser, 1995). An incorrect understanding of cultural differences in communicative style and content

can lead a clinician to false conclusions about the child's competency, potential, and intervention progress. The varying cultural meanings of body language, eye gaze, gestures, and posture often can lead a person who is unfamiliar with a culture to make incorrect conclusions about a child's communication ability or intents (Battle, 1993). A child who is not used to frequent direct communication with adults may be misunderstood as rude, uncooperative, or incompetent if he or she has difficulty interacting directly with a teacher or clinician. In Hispanic cultures direct eye gaze is considered disrespectful, whereas for Anglo cultures it is considered a sign of honesty, interest, and respect (Crago, 1992). Thus a Hispanic child who does not look directly at an Anglo teacher may be misunderstood to be lying or disrespectful. Children attempting to adapt to a new culture may feel misunderstood and confused when their actions or communication intents elicit unfamiliar responses from their communicative partners.

Acknowledging a child's culture can elicit positive responses and participation from the child (Kayser, 1995). A child is more likely to trust a SLP if the child feels that the SLP truly understands and cares about the child's life and progress. Building trust with the child through cultural sensitivity will help the SLP teach the child interaction styles considered appropriate in the mainstream culture, while still acknowledging the child's home culture and first language (Kayser, 1995). The child's primary culture and language are important in the child's home and community, and SLPs should act with care so as not to interrupt the child's socialization and relationships that develop at home (Crago, 1992).

An SLP can gain the child's trust by learning something about the child's culture and asking the child to explain it in a therapy session. For example, the SLP I worked

with knew that one of the children had recently moved from Mexico. Before Spring Break she asked the child to describe how his family celebrated Easter in Mexico. After Spring Break she again asked him to describe how celebrating Easter was different in Mexico and the United States. Sharing his personal experiences with the SLP and her acknowledgment of his different cultural background helped the child feel more comfortable with her and helped him benefit more from the therapy sessions because he was willing to participate more in the sessions.

Issues of Bilingualism and Dialect

Clinicians must also be sensitive to bilingual children who are attempting to learn or perfect a second language. When providing therapy for bilingual children with a communication disorder it is extremely important to be culturally sensitive to child-rearing practices, beliefs, and communication styles (Thordardottir, 2010). The general goal for treating communication disorders is to achieve normal life participation in multiple social realms (Faroqi-Shah, Fymark, Mullen, & Wang, 2010). The goal of therapy for bilingual children is for them to participate normally in the socio-cultural contexts of both their first and their second languages.

Unilingual treatment is sometimes thought to be the most effective treatment because it decreases the frequency of code-switching mistakes between languages, and can lead to significant improvements in one language (Faroqi-Shah et al., 2010). However, this treatment requires the suppression of one language, usually the first language, which decreases a child's ability to communicate with family and other members of that cultural or language community. Although unilingual treatment does

have support, many clinicians now believe that bilingual treatment is more effective (Thordardottir, 2010). Bilingual treatment is effective because the child is already comfortable using both languages, and it allows the child to increase his or her ability to speak and understand both languages. It allows children to use and improve all communication strategies available to them at once (Faroqi-Shah et al., 2010). It is important to maintain all communication strategies so that the child can have normal social interactions in various cultural settings. For example, it is important for the child to be comfortable communicating in English at school with peers, as well as in Chinese, Spanish, or whatever is the primary language at home with family members.

I believe that bilingual treatment is more effective, because while shadowing an SLP who worked with preschoolers I observed how bilingual children reacted to her depending on the language that she spoke. The preschoolers were shy and did not respond to the SLP until they learned that she spoke limited Spanish. After that the children were more willing to express a few utterances in Spanish, and even attempted a several utterances in English. I also believe that it is wrong to try to suppress one language, because by doing so the culture that accompanies that language is also suppressed. It is important for children to be able to connect with the culture of the broader society, but also to share their family's culture and language.

A significant issue for children who have communication differences as a result of bilingualism, dialect, or culture is the risk of being misdiagnosed as having disordered communication development. This is partially due to the fact that most schools and clinics adopt a mainstream approach to teaching and treatment, but many children in the schools or clinics are not raised in the mainstream culture or language (Crago, 1992).

When children enter school they must quickly replace their first cultural language use patterns with those of the mainstream language and cultural norms (Crago, 1992). As previously described, children must quickly learn the norms regarding physical contact, direct communication with adults, and responding to authority figures, as well as the norms regarding many other areas of communication.

Children from non-mainstream cultural backgrounds are challenged to understand the different communication styles of teachers and peers. They are also challenged by the format bias common in standardized tests. Standardized tests of language or academic ability are formatted to fit the mainstream culture and dialect and do not accurately reflect children's language abilities who were raised in different cultures or dialects (Crago, 1992).

McCabe and Champion (2010) recently completed a study assessing the format bias of tests for different dialects of English. The study was conducted on African American children of low socio-economic status in elementary schools in the southeastern United States. This study used three measures: the Diagnostic Evaluation of Language Variation Screening Test (DELV) to determine whether the children spoke Mainstream American English (MAE) or African American English (AAE), the Expressive Vocabulary Test (EVT) to assess the children's expressive language abilities, and the Peabody Picture Vocabulary Test-III (PPVT) to assess the children's receptive vocabulary and verbal usage abilities in MAE. The DELV results showed that 50.9% of the children in the study displayed strong variations from MAE, 20.8% displayed some variation, and only 26.4% spoke pure MAE (McCabe & Champion, 2010). The results from the PPVT and the EVT determined that the more MAE a child spoke, the better the

child preformed on these standardized tests. If these tests had been conducted as actual assessments to determine a child's language abilities, more children who spoke AAE would have been considered for language therapy or additional aid because of the dialect differences rather than the presence of an actual communication disorder.

Using Piaget's method of error examination, McCabe and Champion (2010) conducted an extensive error examination of the results to determine what kind of errors the children who spoke AAE made. A total of 758 errors were made, 188 of which were non-responses, 16 were idiosyncratic responses, and only 204, or 26% of the responses scored as errors, were true errors (McCabe & Champion, 2010). The other 74% of the errors were related to cultural or dialectical variations and interpretations of the words or situations in the tests (McCabe & Champion, 2010). In other words, many children had incorrect responses when judged in MAE, but when judged in AAE the responses were correct. These results demonstrate that the children who scored poorly on the tests did not necessarily have a communication disorder, but rather they understood the words differently based on the cultural variations of their dialect.

The researchers concluded that neither the EVT nor the PPVT is culturally fair for children who speak the AAE dialect (McCabe & Champion, 2010). These results demonstrate that no matter how clearly instructions are written, children of diverse cultures or dialects may interpret them differently. Since a child's performance on standardized tests may be heavily influenced by his or her cultural membership, socio-economic status, or dialect, standardized tests must be used with caution to avoid incorrect judgments about a child's ability. As previously discussed, incorrectly labeling

children as having a disorder may result in placing them in lower levels of educational opportunity which may prevent them from reaching their developmental potential.

In conclusion, it is sometimes difficult to differentiate between disordered communication development and differences caused by culture, dialect, or bilingualism. It is important to be aware of this difficulty and of how cultural differences in communication affect a child's language socialization and acquisition. If a child does have a true communication disorder, it is extremely important to be culturally aware and sensitive to the different communication styles the child experiences at home and at school. Generally accepted techniques of intervention for all children will be discussed in the next chapter.

Chapter 4 Effective Intervention

Children with impairments require assistance to overcome the barriers to the development of their communicative abilities and to develop an understanding of social-communication. Achieving appropriate social-communication and giving a child the opportunity to succeed at making friends in multiple social situations are important goals of therapy (Goldstein & Morgan, 2002). However, achieving these goals is impossible if a child cannot generalize what he or she learns in therapy. Generalization, the ability to use techniques learned in the therapy room in other settings, is a very difficult goal to accomplish (Fey, Catts, & Larivee, 1995). The use and understanding of accepted social conventions or behaviors is a great accomplishment for a child, but if the child does not understand how to use these concepts outside of the therapy room, the knowledge is useless.

A child must learn how to effectively communicate with a variety of conversational partners on the playground, in the classroom, and at home. Therefore, Speech Language Pathologists (SLP) should use techniques which provide the child the opportunity to learn appropriate forms of behavior and communication, as well as how to use them in various social situations. SLPs often observe children in multiple settings throughout the day to determine in which settings the child needs more practice generalizing what he or she learned in therapy. It can also be helpful for the SLP to occasionally work with the child in the classroom or at home so that the child learns to use new information in those venues.

Intervention for communication disorders and social impairment varies widely depending on the SLP, the culture, and the child. However, there are some characteristics

of effective intervention which appear to be consistent regardless of other differences. One characteristic is that intervention should be straightforward and should initially focus on teaching the basic communication and social skills that the child lacks (Windsor, 1995). Direct teaching of social-communication skills is an effective way to quickly help a child learn such skills as asking questions, sharing, cooperating with peers, and appropriately initiating and responding to social behavior (Windsor, 1995). One example of an effective tactic is script training (Windsor, 1995). In these situations a child or a group of children are given a scenario from everyday life to act out. I observed and used this tactic while working in the elementary school, as well as at the Claremont Autism Center at CMC. While observing children attempting to act out scenes at a grocery store or gas station the SLP can determine what challenges the child in everyday activities. The SLP can then teach the child appropriate behaviors in those situations.

A second characteristic that seems universally consistent is that intervention should be accessible and understandable to all of the individuals involved in the intervention. This requires that teachers, SLPs, parents, school psychologists, outside clinicians, and secondary caregivers understand the child's communication goals and work together to support and increase the child's abilities to achieve normal, or semi-normal, communication (Trevarthen, 2008). The adults can also learn more effective methods of helping the child by observing one another work with the child. For example, an SLP may learn effective ways of communicating with a child by watching how a parent successfully communicates with the child. This can occur from natural observation, in which the SLP observes the parent and child together in a natural and comfortable environment (Fey et al., 1995). The SLP may learn from observing cultural

variations in the family's communication style or individual differences in the child's communication style. The SLP I worked with made home visits to try to learn how to work more effectively with children who had especially difficult disorders. She observed the parents' techniques of interaction, and attempted to imitate them in the therapy room to better communicate with the child.

Similarly, parents can learn new techniques of communicating with their children by observing a therapy session with the SLP. A parent may learn new ways of responding to difficult behaviors the child exhibits, as well as new techniques for encouraging a child to practice his or her difficult areas of communication. Parents may also benefit from direct aid from SLPs. The SLP I worked with frequently gave parents cheat sheets which she encouraged them to use every day to help the child practice his or her social-communicative goals.

Although the SLPs and parents must do the bulk of the organizing to ensure efficient and effective therapy sessions, it is critical to remember to include the child in this process (Windsor, 1995). Children who do not feel involved in the decisions regarding their treatment may be less willing to cooperate. A simple way of involving the child which I observed is to give the child choices in individual therapy sessions. For example, when a child arrived the SLP asked the child to choose between several tasks or games. Even though the goal was to get through all of the predetermined tasks, the opportunity to choose the order of completing the tasks gave the child a feeling of control over and involvement in the therapy session. Similarly, the SLP always encouraged communication initiations by the child, even if they were not directly related to the task, to show the child that his or her opinions were important.

A third characteristic of intervention that appears to be universally effective is using a combination of therapy techniques (Fey et al., 1995). This provides a child with multiple opportunities for learning and practice. This may include a combination of therapy locations, such as the speech room, the classroom, and home, as well as a combination of methods, such as individual and group sessions which will be discussed in more detail in the next section. Similarly, this may include a combination of therapy goals. Many clinicians and researchers believe that language and social development are intrinsically linked (Windsor, 1995). Thus, therapy often targets both communicative and social goals.

Children with communication disorders may not develop typically accepted strategies to meet social goals (Kaczmarek, 2002). In the place of socially accepted strategies, children with disorders may use inappropriate behaviors, such as echolalia, aggression, or tantrums, to gain objects, stop demands, or receive attention (Kaczmarek, 2002). These forms of communication are very effective for gaining attention; however, they result in negative attention and do not provide a child with the opportunity to learn appropriate forms of communication. When appropriate forms of communication are mastered the challenging behaviors generally decrease, and the child becomes more competent at social-communication (Windsor, 1995). This method of using social skills development to improve communication skills can help the child gain social acceptance.

While working at the elementary school I witnessed the effectiveness of this strategy in several kindergarten boys. One of the boys had a severe articulation disorder and frequently threw tantrums when people did not comply with his requests because they could not understand his speech. As he learned other ways of dealing with this

frustration, such as slowing down his speech or acting out his requests, the frequency of his tantrums decreased. Another little boy who had ADD used inappropriate language to get attention from other children or adults. After he learned other ways of getting attention, such as asking another child to play or raising his hand in class, his use of inappropriate language decreased. In both cases the boys' gained social acceptance, and their relationships with teachers and other adults improved.

Another effective therapy strategy to help a child practice communicative goals is Vygotsky's technique of scaffolding (Glozman, 1987). With regard to communication this requires that the adult offers the child help in specific areas, such as in how to appropriately greet people, by providing examples and advice. The adult slowly withdraws this aid at appropriate levels to allow the child to continue learning and improving. This technique provides children with initial aid to learn how to use appropriate social-communication, and then slowly gives them the opportunity to use what they learn on their own. However, in cases of severe communication disorders adults must remain actively involved in social and communication skills therapy long-term in order to help the child meet goals of communication and social interaction.

Therapy for Severe Communication Disorders

Children with severe communication disorders face different challenges to social-communication development than those which children with mild disorders face. Severe impairment can result in an inability to verbally communicate, and children can sometimes benefit from the use of Augmentative and Alternative Communication systems (AAC) which is any system that imitates oral communication such as

communication by pictures or electronic devices (Clarke, McConachie, Price, & Wood, 2001). AAC systems can also benefit a child's motor skills through the physical use of the system, linguistic skills by furthering the child's understanding of language, and social skills through the increased opportunity for social interactions (Clarke et al., 2001).

A frequently used method of therapy involves simultaneously targeting a communication disorder and the social difficulties of a child. While some Speech Language Pathologists who work with children who have mild communication disorders favor treating the disorder and then introducing social skills training, a majority of SLPs who work with children using AAC systems prefer treating social skills development before linguistic development (Clarke et al., 2001). SLPs who work with children who have severe disorders and use AAC recognize that the ability to socially interact as appropriately and normally as possible is extremely important for a child's feelings of acceptance and normalcy. Although an AAC system helps a child imitate communication, it does not give them the ability to use "normal" verbal communication. It is therefore important to help children feel as normal and accepted as possible in social situations by improving their social skills, because positive feelings contribute to and encourage the development of other communicative areas (Clarke et al., 2001).

Therapy sessions for children using AAC vary widely depending on the SLP. One method is individual sessions between the SLP and the child; another is group sessions with other children using AAC, and sometimes with typically developing children (Clarke et al., 2001). Individual sessions are extremely important because they allow the SLP and the child to create a relationship in which the child trusts the SLP,

feels cared for, and feels important (Clarke et al., 2001). They are also important for helping children progress through their communication goals.

Alternatively, group sessions are an effective way of providing social opportunities in which children can practice using AAC. Sessions with other children with disabilities help the children create supportive relationships with peers who experience similar difficulties and understand one another (Clarke et al., 2001). Sessions with typically developing children provide the children with disorders the opportunity to experience a wider variety of interactions and create more social relationships. I experienced this intervention tactic while working in the elementary school in the spring. The class for the children with severe disorders held weekly group arts and crafts sessions with typically developing children. One obvious goal of these interactions is to give the children with disorders more social opportunities. Another equally important goal is aimed at the typically developing children. Clinicians and teachers hope that interacting closely with peers with disorders will improve the typically developing children's perceptions of and attitudes toward the children with disorders (Windsor, 1995). Positive attitudes may increase the frequency and quality of unprompted interactions between the groups, and will hopefully increase acceptance by other typically developing children as well (Windsor, 1995).

With appropriate training and therapy a child should be able to achieve some level of social-communication through the use of AAC systems. However, the effectiveness of the AAC systems also depends on the child's opinions about AAC, motivation to communicate, and feelings about his or her own identity and success. AAC systems can have a range of effects on self-concept and identity. Some children appreciate using

AAC because it provides them with the ability to interact with others, as well as with feelings of ownership and an identity or "voice" (Clarke et al., 2001). Some children unfortunately cannot benefit as much from AAC, because they feel that the identity it provides is un-cool or embarrassing and are thus unwilling to learn how to use the device to support their communication abilities (Clarke et al., 2001).

Ultimately, the potential benefits of AAC systems for social-communication depend on the child's motivation and willingness to learn how to use the system to develop social-communication skills. As previously mentioned, SLPs often focus on social skills development first in therapy in an attempt to help a child gain peer acceptance. It would appear that with communication and social skills development, SLPs should additionally attempt to build a child's motivation in the early stages of therapy so that the child is excited to learn and motivated to improve his or her communicative skills.

Conclusion

As described throughout this paper, communication is a vital part of human life. However, it is a part that can be difficult to master. Communication is an extremely important part of a child's early development, as it is the primary tool for learning from and relating to others. Communication disorders can have a broad range of negative impacts on social, personality, and academic development. Social-communication is often the area in which problems are initially recognized, because a lack of social-communicative skills prevents a child from having normal social interactions with family, peers, and other adults (Kaczmarek, 2002). For example, a poor understanding of appropriate ways to decrease conflict can result in significantly less acceptance from peers (Horowitz et al., 2002). An inability to create social relationships with peers can stunt personality growth and lead a child to develop a low self-concept (Glozman, 1987). Negative views of the self and isolation from peers can contribute to future problems in academics or careers (Greenwood et al., 2002).

There are many areas which influence how a communication disorder or difference can affect a child's social development. These influences include a child's home life, school environment, genetics, and the presence of other disorders (Greenwood et al., 2002). Other influences include the child's participation in a multi-language environment and the cultures to which the child belongs or is exposed to in everyday life (Crago, 1992). It is extremely important to recognize communication disorders early in life so that a child may receive the necessary intervention and aid to reach his or her developmental potential and goals.

However, diagnosing a communication disorder is often difficult (Dyck & Piek, 2009). It may be unclear if there are other disorders present and it can be difficult to differentiate between communication differences caused by a disorder and those caused by a cultural difference, bilingualism, or dialect (Dyck & Piek, 2009). SLPs and other clinicians must be sensitive to cultural or dialect differences, as well as those caused by bilingualism in order to gain the child's trust, as well as to avoid a misdiagnosis (Thorardottir, 2010). It is extremely important to avoid labeling a child with a disorder he or she does not have to avoid the negative effects on a child's development and achievement that can result from being placed in services the child does not require rather than those the child does require.

As previously described, children with communication disorders have a difficult time understanding and responding to social conventions and norms and may develop inappropriate behaviors in the place of socially accepted behaviors (Kaczmarek, 2002). An important goal of therapy should be to enhance peer interactions by teaching children how to appropriately communicate and use social behaviors to relate to people and gain acceptance (Goldstein & Morgan, 2002). Characteristics of intervention that are consistently effective in helping a child reach his or her goals include direct and clear therapy strategies (Windsor, 1995), a joint effort by all the adults involved (Trevarthen, 2008), and the use of a combination of effective tactics to help the child improve his or her skills and increase the generalization of those skills (Fey et al., 1995). Due to the relationship between communication and social development, therapy often includes social skills training as well as treatment for communication disorders (Windsor, 1995). Combinations of therapy strategies, locations, and individual and group sessions are

successful for mild as well as severe disorders and can increase a child's social opportunities as well as help a child learn to generalize new communication strategies to other situations (Clark et al., 2001).

This review of the literature on communication disorders leads me to conclude that the understanding and treatment of communication disorders would benefit from further studies. For example, there are few studies on the emotional and mental health of children with specific communication disorders, such as Specific Language Impairment. Studies on the effects of treatment on a child's IQ or academic performance as communicative abilities improve could lead to insight on current intervention practices, and potentially lead to the development of new beneficial tactics. Experimental studies comparing the effectiveness of treatment strategies, such as treating social or linguistic issues first, or using individual or group sessions for specific issues could help SLPs decide what kind of therapy to use in order to achieve the greatest improvements in that area. Studies on the occurrence of communication disorders in foster children or children with incarcerated parents compared to children from traditional homes could enlighten society on the effects of non-supportive and supportive parenting, as well as on the effects of the environment a child experiences.

Communication is an essential and influential part of life. Much has been learned about communication disorders and how to improve the communicative abilities of those with disorders. However, there is much more that can be learned in order to continue helping children and adults overcome disorders, and perhaps even to prevent disorders from occurring, so that people can develop fully, reach their goals, feel successful and competent, and fully participate in life.

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