Giving Voice™ | Speech and Language Therapy transforms lives

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Understanding the links between communication and behaviour

Behaviour is communication. Many children and young people who have behavioural difficulties, including many of those with social, emotional and mental health needs (SEMH), also have speech, language and communication needs (SLCN). These needs often go unrecognised because behaviour can mask a child or young person's difficulties with communication. Speech and language therapists play a key role in supporting children and young people with behavioural problems and SEMH by identifying their SLCN, advising their families and professionals working with them on how to respond appropriately, and providing direct therapy to those children and young people who need it.

The size of the issue

- **81%** of children with emotional and behavioural disorders (EBD) have significant unidentified communication needs.[1]
- **57%** of children with diagnosed language deficits are identified with EBD.[2]
- In a study of pupils at risk of exclusion from school, **two thirds** were found to have SLCN.[3]
- Excluded boys had significantly poorer expressive language skills than their peers who had not been excluded from school; many of their difficulties had not previously been identified.[4]
- More than **60%** of young people who are accessing youth justice services present with SLCN which are largely unrecognised.[5]
- Children with persistent and severe conduct problems are about three times more likely to have low verbal ability than children with a low risk of conduct problems.[6]

What are speech, language and communication needs?

SLCN can take many forms, including:

- problems understanding what others say;
- difficulties explaining their actions clearly;
- not having many words to express feelings; and
- difficulties with social communication, so they don't know how to join a conversation in the right kind of way.

SLCN might be masked by other 'labels' or 'diagnoses', such as learning difficulties.

What does communication have to do with behaviour?

Communication difficulties are strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive and antisocial behaviour amongst children and young

people also identified with SLCN.[7, 8, 9, 10] These associations can be understood by considering the impact of SLCN on the skills and abilities a child or young person needs to behave appropriately.

☞ Understanding

Children and young people with SLCN often have problems understanding what others say to them – for example, understanding instructions and understanding things that are not directly stated. They may also have difficulties understanding indirect requests. These children may then appear to be uncooperative, disobedient or oppositional, when in fact they have not understood an instruction or the broader context.[11] It can be harder for them to learn new words, and words for thoughts and feelings.

☞ Expressive language

Children and young people with SLCN can have a variety of expressive language difficulties, such as: stammering; selective mutism; difficulty finding the right words; and problems constructing sentences or a clear narrative, all of which can be misinterpreted negatively.[12] Those who are hesitant and revise their sentences might be seen as untruthful.

☞ Memory and concentration

Children and young people with SLCN often have poor working memory abilities, meaning they are more prone to distractions and require repetition of information. These difficulties can often be interpreted as laziness or a wilful desire to frustrate teachers and parents.[13]

☞ Emotional regulation

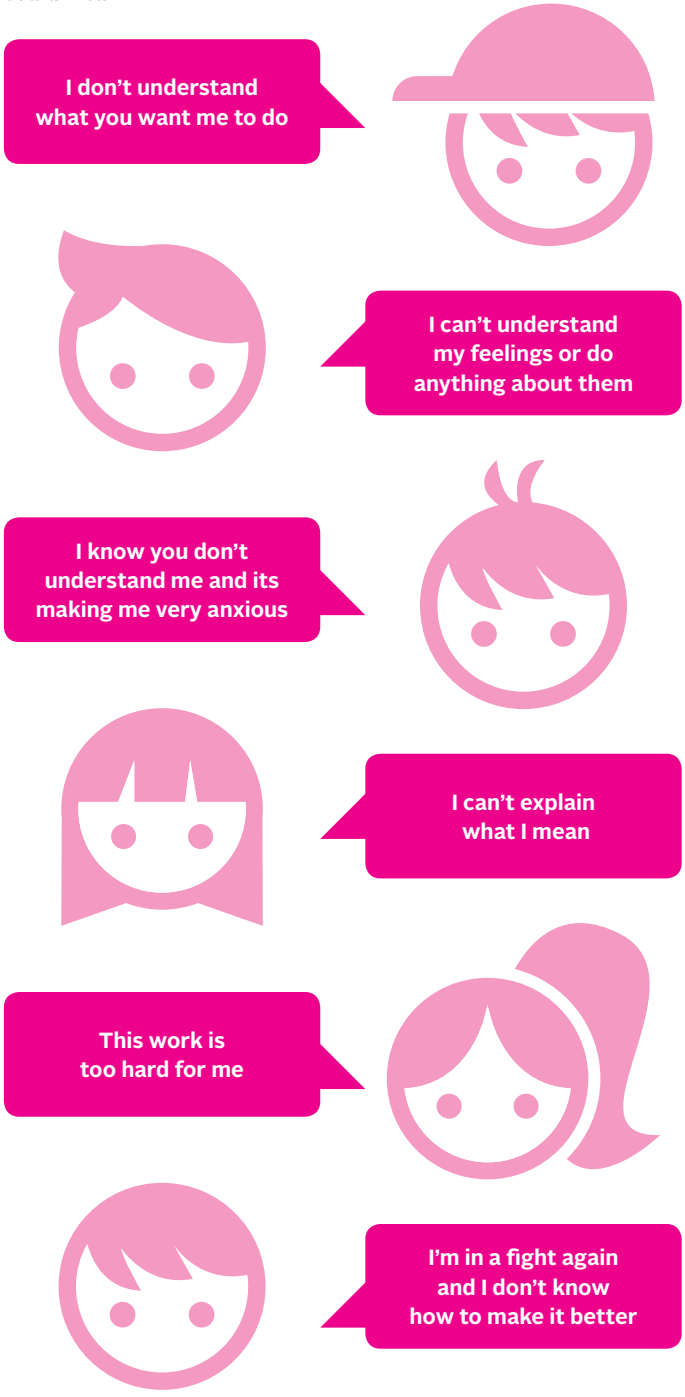
Language is important for emotional regulation.[14,15] Children and young people with SLCN may have difficulties finding the words which describe their own feelings, and can find it hard to cope with their emotions and calm themselves. Language skills are also needed to understand our own and other peoples' thoughts[16] and feelings,[17] which are important for behaving in the expected way.

☞ Social interaction

Children and young people with SLCN may struggle to understand jokes, idioms (for example,'get a grip') and sarcasm, all of which are important for social interaction. They may also have difficulties understanding the rules of conversation, including how to repair misunderstandings when they occur.[18] This can be partly due to slow processing, which leads them to miss cues and means their turn taking is mistimed.

Understanding behaviour as communication

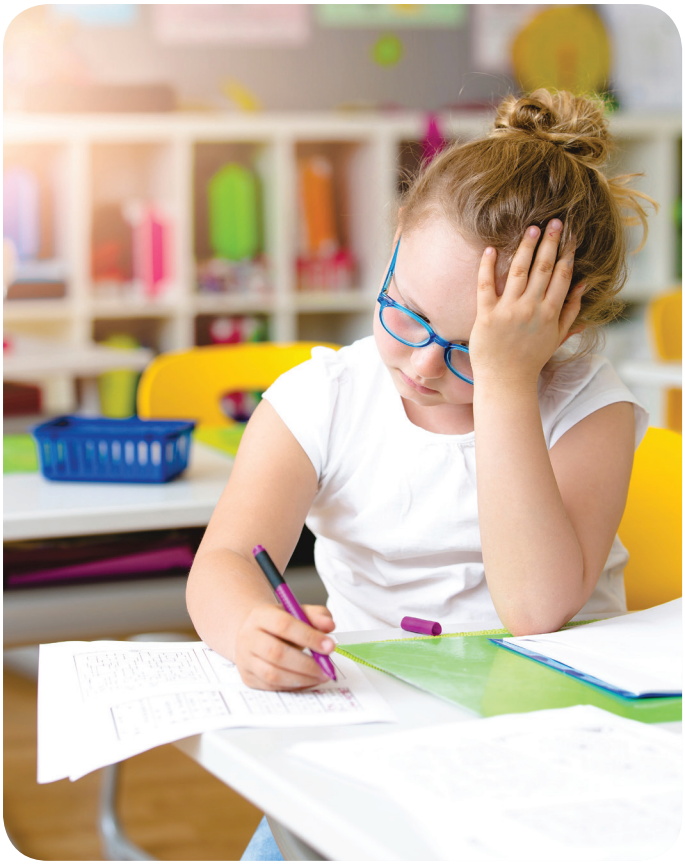
Negative behaviour in children and young people with SLCN could mean:



The risks of not supporting speech, language and communication needs

Unidentified and unsupported SLCN put children and young people at risk of a range of negative outcomes in relation to behaviour:

- Difficulties forming friendships, resulting in fewer opportunities to learn how to behave and communicate well; they may be at risk of peer rejection which can lead to further behavioural problems[19]



- Literacy difficulties which impact on school work
- Exclusion from school[20]
- Involvement in the youth justice system[21]
- Increased risk of being bullied or being a bully
- Effect on emotional wellbeing

In addition, behaviour assessments and interventions which are language based, such as anger management and cognitive behavioural therapy, and other 'talking therapies' place significant demand on language processes.[22] Unless children's SLCN are identified and their needs accommodated, assessments risk delivering inaccurate results, and treatment programmes risk being ineffective. Research has shown that:

- verbally-based behavioural interventions may not be effective with young people who have unidentified communication needs;[23, 24] and
- un-adapted group interventions may be challenging and therefore less effective for those with social communication difficulties.[25]

How speech and language therapy can promote positive behaviour

Speech and language therapists have a key role to play in promoting positive behaviour and reducing the risk of negative behaviour by enabling the following.

☞ Greater understanding of communication needs

- Working collaboratively with other staff to understand the skills gaps and emotional needs which may underlie 'behaviour' problems.
- Acting as an advocate for the child or young person, helping others to understand their communication needs.
- Ensuring that procedures and policies regarding de-escalation, positive handling and debriefing are accessible to children and young people with SLCN.

☞ Training on how to adapt teaching and support

- Providing communication-friendly environments, including by modelling appropriate interactions and language.
- Sharing effective vocabulary teaching strategies, ensuring children and young people understand the language of the classroom and vocabulary around behaviour management.
- Collaborating with others to make sure behavioural targets are differentiated so they can be understood and broken down into small achievable targets.
- Contributing to behaviour management training on communication needs, including on differentiation, visual support, the effects of being literal, language for self-regulation and emotional literacy.

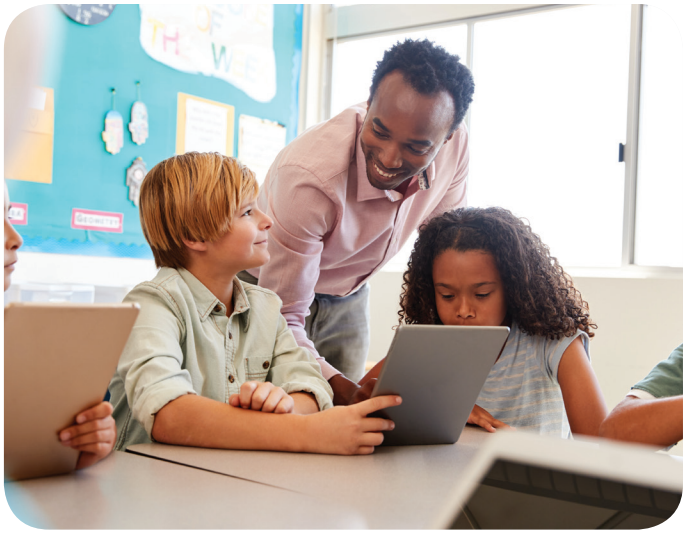
☞ Direct support

- Helping the child or young person to understand and express their needs and involve them in planning for change in a respectful way; helping them understand what behaviour is required in a way that is meaningful for them.
- Teaching the communication skills required to behave well; offering verbal and nonverbal scripts and coaching online, offering opportunities to practise and succeed in using new skills including how to repair conversational breakdown.
- Supporting children and young people through transitions, both through the day and in phases of education - for example from primary to secondary school.

J's story

J was receiving individual support in the inclusion / nurture house at a secondary school for children with social, emotional and mental health (SEMH) needs, as he was not able to mix with other students. A previous attempt to reintegrate J into a mainstream school had been unsuccessful, and he returned to the secondary SEMH school, but with lengthy periods of absence. The speech and language therapist assessed J and, on the basis of that assessment, proposed that J might benefit from a social skills group at another mainstream school. The speech and language therapist arranged for this to be set up and as a result the student's attendance and participation subsequently increased.

Improving outcomes for children and young people with behavioural problems



☞ **Identification:** It is important that children and young people with behavioural problems have any SLCN identified as early as possible. This is in line with Department for Education guidance: "Where there are concerns about behaviour, the school should instigate an assessment… to determine whether there are any underlying factors such as… difficulties with speech and language".[26] Identification of SLCN can also change adult attitudes, leading to more positive outcomes.

☞ **Responding appropriately:** All professionals working with children and young people should be trained on the impact of SLCN on behaviour, and how to respond appropriately to children with SLCN.

☞ **Removing barriers:** Children and young people with behavioural issues should be taught the skills they need to behave well and should be empowered to regulate and reflect on their behaviour. Barriers to communication which spark inappropriate behaviours should be removed and structured environments with explicit teaching of rules and procedures should be created.[27]

☞ **Support:** Speech and language therapy should be provided to those children and young people who need it, as well as ongoing advice and support to staff to enable them to meet the needs of individual children and young people.

☞ **Research:** More research is needed to find effective ways to work with children and young people who have speech, language and communication needs and behavioural problems.

January 2019

REFERENCES AND RESOURCES

[1] Hollo, A, Wehby, J.H. and Oliver, R.M. (2014). Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children*; 80(2), 169-186.

[2] Benner, G. J., Nelson, J. R., and Epstein, M. H. (2002). Language skills of children with EBD: A literature review. Journal of Emotional and Behavioral Disorders, 10 (1), pp. 43-59

[3] Clegg, J. (2004). Language and behaviour: an exploratory study of pupils in an exclusion unit. British Psychological Society Conference, University of Leeds, UK, September 2004

[4] Ripley, K. and Yuill, N. (2005). Patterns of language impairment and behaviour in boys excluded from school. British Journal of Educational Psychology, 75, 37-50.

[5] Bryan K, Freer J, Furlong C. Language and communication difficulties in juvenile offenders. International Journal of Language and Communication Disorders 2007; 42, 505-520.

[6] Gutman, L. M., Joshi, H., Khan, L., Schoon, I. (2018). Children of the Millennium: Understanding the course of conduct problems during childhood. www.entreformentalhealth.org.uk/publications/children-new-millennium

[7] Benner, G. J., Nelson, J. R., and Epstein, M. H. (2002). Language skills of children with EBD: A literature review. Journal of Emotional and Behavioral Disorders, 10 (1), 43-59;

[8] Pickles, A., Durkin, K., Mok, P., Toseeb, U., and Conti-Ramsden, G. (2016). Conduct problems co-occur with hyperactivity in children with language impairment: A longitudinal study from childhood to adolescence. Autism and Developmental Language Impairments. Vol. 1, 01.06.2016.

[9] Nelson, J. R., Benner, G. J., and Cheney, D. (2005). An investigation of the language skills of students with emotional disturbance served in public school settings. The Journal of Special Education, 39, 97-105

[10] Snow, P. C. and Powell, M. B. (2011). Oral language competence in incarcerated young offenders: Links with offending severity. International Journal of Speech Language Pathology, 13(6), 480–489.

[11] Beitchman J. H. and Brownlie, E. B. (2013). Language Disorders in Children and Adolescents: presentation, diagnosis, assessment, and empirically validated treatment. Hogrefe Ltd.

[12] Snow, P. C., & Powell, M. B. (2005). What's the story? An exploration of narrative language abilities in male juvenile offenders. Psychology, Crime & Law, 11(3), 239–253. https://doi.org/10.1080/10683160420002093 23

[13] Snow, P. (2018). The Snow Report: Behaviour as a form of communication: What's the issue? Available at: http://pamelasnow.blogspot.com/2018/06/behaviour-as-form-of-communication.html

[14] Petersen, I., Bates, J. and Staples, A. (2015). The role of language ability and self-regulation in the development of inattentive–hyperactive behavior problems. Development and Psychopathology, 27(1), 221-237.

[15] Torre, J. B., & Lieberman, M. D. (2018). Putting Feelings Into Words: Affect Labeling as Implicit Emotion Regulation. Emotion Review, 10(2), 116–124. https://doi.org/10.1177/1754073917742706

[16] Yaghoub Zadeh, Z., Im-Bolter, N. and Cohen, N.J. (2007) Social Cognition and Externalizing Psychopathology: An Investigation of the Mediating Role of Language. Journal of Abnormal Child Psychology 35(2): 141-152.

[17] Rieffe, C. and Wiefferink, C. (2017). Happy faces, sad faces: Emotion understanding in toddlers and preschoolers with language impairments. Research in Developmental Disabilities, 62, 40-49.

[18] Snow, P. (2018). The Snow Report: Behaviour as a form of communication: What's the issue? Available at: http://pamelasnow.blogspot.com/2018/06/behaviour-as-form-of-communication.html

[19] Menting B., van Lier P.A., Koot H.M. (2011) Language skills, peer rejection, and the development of externalizing behavior from kindergarten to fourth grade. Journal of Child Psychology & Psychiatry. 52(1), 72-79.

[20] Ripley, K. and Yuill, N. (2005). Patterns of language impairment and behaviour in boys excluded from school. British Journal of Educational Psychology, 75, 37-50.

[21] Bryan K., Freer, J. and Furlong C. (2007). Language and communication difficulties in juvenile offenders. International Journal of Language and Communication Disorders, 42(5), 505-520.

[22] Snow, P. C. (2013). Language competence: A hidden disability in antisocial behaviour. InPsych. June 2013. www.psychology.org.au/publications/inpsych/2013/june/snow/

[23] Wilson, J.J., Levin, F.R., Donovan, S.J. and Nunes E.V. (2006). Verbal Abilities as Predictors of Retention Among Adolescents in a Therapeutic Community. Child Psychiatry and Human Development, 36(4), 393-401.

[24] Cohen, N. J., Farnia, F., and Im-Bolter, N. (2013). Higher order language competence and adolescent mental health. Journal of Child Psychology and Psychiatry, 54(7), 733–744.

[25] Wintgens, A. (2012). Children with communication problems and additional emotional/ behavioural problems in: M. Kersner & J.A. Wright (Eds), Speech and language therapy: the decision-making process when working with children (2nd Ed.) New York: Routledge.

[26] Department for Education (2018). Mental health and behaviour in schools. Available at: https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

[27] Hollo A. and Chow J. (2015) Communicative Functions of Problem Behavior for Students with High-Incidence Disabilities. Beyond Behavior, 24(3), 23-30.