Parental and Self-Perceptions of Social-**Emotional and Behavioral Skills in Children** with Developmental Language Disorder

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Background

- Language and social-emotional skills develop interdependently through social interactions (Bruner, 1983).
- Both are essential for coping with life, achieving academic success, and social participation.
- About 7-8 % of all children are affected by developmental language disorder (DLD) and experience pronounced difficulties in understanding and/or producing language which cannot be readily contributed to another impairment (Norbury et al. 2016, Lüke et al. 2023).
- Low language skills are linked to behavioral problems in school-aged children, regardless of age or socioeconomic status (Chow & Wehby, 2018).

Aim & Research Questions Q

This study is the first to investigate socialemotional and behavioral skills in German DLD children with both, using comprehensive parental assessment and self-report. We addressed the following questions:

- Children with DLD are twice as likely as to exhibit internalizing and externalizing problems as well as ADHD than children without DLD (Yew & O'Kearneys, 2013).
- A literature review found that 57 % of 5- to 19-year-olds with DLD had co-occurring emotional and behavioral problems (Benner et al., 2002).
- Some studies suggest that children with DLD exhibit clinical levels of emotional and behavioral symptoms, while others indicate that even those with severe language deficits often do not meet clinical thresholds (Yew & O'Kearneys, 2013; Goh et al., 2021).
- Most studies use brief external screening questionnaires to assess social-emotional and behavioral competencies, resulting in rough estimates and do not include self-reports.



Methods

Design	Participants	Instruments
Descriptive cross-sectional study	Parents and their children aged 6-10 years diagnosed with DLD based on ICD-10 standards • n = 118 (parent report) • n = 31 (self-report)	 Standardized language tests Test of nonverbal cognition BASC-3: Assesses positive (adaptive scales) and negative (clinical scales) behavior domains (Reynolds & Kamphaus, 2020) Parent Rating Scale (PRS; 6-11 years): 176 Items,

- 4-point scale
- Self-Report of Personality (SRP; 8-11 years): 137 Items, 2-to-4-point scale

Results



- SRP composite means average 3.2 % 9.7 % 16.1 % 16.1 % **1**6.1 % • 3.2 % ent communication Emotional symptoms hyperactivity Inattention/ adjustm ndex
 - All composite means fall within the however, percentage range; distribution shows that many composites are rated as at-risk or clinically significant
 - **PRS**: Over half of the children fall within the at-risk or clinically significant range for adaptive skills, followed by behavioral symptoms (39.9 %)
 - Most notable scale means are functional (77.1 %) and social competence (44.5%)
 - **SRP**: Almost 1/3 of children fall within the at-risk or clinically significant range for school and internalizing problems
 - Most notable scale means are attention

— T-score (∅ all)	– –– T-score (ø at-risk)	– —T-score (ø clinically significant)	at-risk range	clinically significant range
Discussio	n			

problems (41.9%) and social stress (32.3%)

PRS and SRP more frequently fall within the at-risk range rather than in the clinically significant range.



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• In line with international findings, both parents of and children with DLD report various social-emotional and behavioral problems.

• Parents most frequently report problems with adaptive skills and behavioral symptoms. Children themselves often report school and internalizing problems.

social-emotional • Routine assessments of behavioral and competencies should be part of the diagnostic process to identify children with co-occurring developmental challenges early on. • Self-assessments may provide unique insights into the perspectives of children with DLD and complement other assessments.

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