Supporting Language and Behavior in Students with Comorbid Disabilities

Emotional and Behavioral Disabilities (EBD)

- Diagnosed in 8.1% of students
- Higher rates of exclusionary discipline (Ryan & Peterson, 2004)
- Higher rates of aggression and withdrawal
- Difficulty maintaining positive relationships with teachers and peers (Hinshaw, 1992)

Specific Speech and Language Disorders (SSLD)

- Diagnosed in 5% of students
- Decreased self-esteem and teacher perceptions (Lindsay et al., 2002)
- Associated with literacy difficulties (Dockrell & Lindsay, 2004)
- Early language deficits predict negative academic and behavioral outcomes (Morgan et al., 2015)

Comorbidity

- In a review of literature, 71% of students presented with comorbid EBD and clinically significant language difficulties
- 57% of students diagnosed with language disorders were also identified as having symptoms of EBD (Benner, 2002)

EBD Deficits

- Increased likelihood of engaging in disruptive classroom behavior
- Difficulty maintaining positive relationships with peers and teachers (Ryan & Peterson, 2004)
- High rates of missed instructional time or exclusionary discipline
- Higher rates of withdrawal from peers and negative self-perception

SSLD Deficits

- Difficulty initiating communication, and thus maintaining relationships with others
- Elevated rates of peer victimization
- Difficulty expressing wants and needs
- Trouble processing directions
- Teachers often overestimate students' language abilities (Chow, 2018)

Academic Outcomes

Students with co-morbid SSLD and EBD have academic deficits in multiple areas, and these deficits can negatively impact one another, leading to increased challenging behavior in the classroom and reduced reading and mathematics achievement.

Taxonomy of Interventions

A 2017 Meta-Analysis found large effect sizes (.68) on FCT on problem behavior for students with both language and behavior disorders.	**STRENGTH**
Frequent, short sessions (2/3 × per week, approximately 2 min) and less frequent, long sessions (1 × per week, approximately 20 min) have yielded the best outcomes when composite language measures have been used. Based on need, students should receive collaborative support in the areas of speech and ABA to support positive functional communication outcomes.	**DOSAGE**
Using a functional behavioral assessment or direct ABC observations to determine the reason for challenging behavior will be essential for identifying interventions that align with the behavior and need.	**ALIGNMENT**
Improving or strengthening parent-child interactions has been shown to improve both speech and behavior for the child (Curtis et al., 2017). When teaching language-based replacement behaviors, techniques for improving maintenance and generalization should be utilized to ensure transfer of skills (Hyter, 2003).	**ATTENTION TO TRANSFER**
When training language-specific replacement behaviors, functional communication training can be used to explicitly teach appropriate language that serves the same function as problem behavior (e.g. asking for a break, asking for help) (Mancil & Boman, 2010, Smith et al. 2018).	**COMPREHE-NSIVENESS**
There is a direct link between low language ability and behavior problems that is mediated by a child's ability to self-regulate and understand emotion (Chow, 2018). Teaching self-regulation or emotional ID using PECS or other AAC or communication that best fits the child's SSLD can therefore serve two purposes.	**BEHAVIORAL SUPPORT**
Individualization is a cornerstone of intensive intervention, and just as behavior interventions and speech interventions must be individualized, so should interventions addressing this comorbidity, particularly when these students are not responding to Tier 1 or Tier 2 strategies. For students struggling with speech and behavior, for example, it is important to consider whether a behavior intervention being used allows the student to communicate their needs, such as the need for a break (Getty & Summy, 2006).	**INDIVIDUALIZ-ATION**

References

Benner, G. J., Nelson, J. R., & Epstein, M. H. (2002). Language skills of children with EBD: A literature review. Journal of Emotional and Behavioral Disorders, 10(1), 43-56.

Chezan, L. C., Wolfe, K., & Drasgow, E. (2018). A meta-analysis of functional communication training effects on problem behavior and alternative communicative responses. Focus on Autism and Other Developmental Disabilities, 33(4), 195-205.

Chow, J. C. (2018). Comorbid language and behavior problems: Development, frameworks, and intervention. School Psychology Quarterly, 33(3), 356.

Curtis, P. R., Kaiser, A. P., Estabrook, R., & Roberts, M. Y. (2019). The longitudinal effects of early language intervention on children's problem behaviors. Child development, 90(2), 576-592.

Getty, L. A., & Summy, S. E. (2006). Language Deficits in Students With Emotional and Behavioral Disorders: Practical Applications for Teachers. Beyond Behavior, Spring, 15–22.

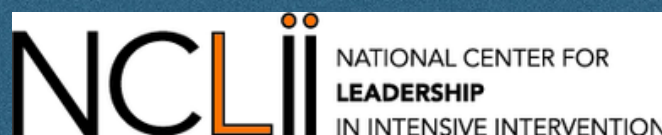Hyter, Y. D. (2003). Language Intervention for Children with Emotional or Behavioral Disorders. Behavioral Disorders, 29(1), 65–76.

Lindsay, G., & Dockrell, J. E. (2004). Whose Job Is It? Parents' Concerns About the Needs of Their Children with Language Problems. Journal of Special Education, 37(4), 225–235.

Mancil, G. R., & Boman, M. (2010). Functional Communication Training in the Classroom: A Guide for Success. Preventing School Failure, 54(4), 238–246.

Ryan, J. B., & Peterson, R. L. (2004). Physical Restraint in School. Behavioral Disorders, 29(2), 154–168. https://doi.org/10.1177/019874290402900206

Smith, S. W., Poling, D. V., & Worth, M. R. (2018). Intensive Intervention for Students with Emotional and Behavioral Disorders. Learning Disabilities Research & Practice, 33(3), 168–175.

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