
Specific Language Impairment in Special Populations

INTRODUCTION

Specific language impairment (SLI), while extensively researched, remains controversial as a diagnosis. This is largely due to the lack of a known cause and the frequency with which language impairments occur with other disorders or are confused with issues like bilingualism. The articles in this journal self-study, which were published as a research forum in the *Journal of Speech, Language, and Hearing Research*, seek to address some of the concerns and confusion surrounding SLI by comparing children with SLI to those with other disorders or differences. These comparisons may help determine the presence of shared symptoms and help uncover possible causes for SLI. In this self-study, comparisons are made to children with autism spectrum disorder, cochlear implants, and attention deficit hyperactivity disorder (ADHD) as well as those who speak English as a second language and those with nonmainstream dialects of English. Clinicians can use this information to help identify children with SLI and advocate for needed services as well as assist with differential diagnosis when a child presents with other issues.

LEARNING OUTCOMES

You will be able to:

- discuss the issues and concerns that surround the diagnosis of specific language impairment (SLI)
- explain the reasons why children with SLI may not receive needed services
- describe the ways that concomitant language impairment may impact children with other disorders and differences, such as ADHD, autism, hearing loss, or bilingualism
- discuss ways to differentiate SLI from other disorders, such as ADHD, autism, and language or dialectal differences

CONTENTS

<i>Specific Language Impairment, Nonverbal IQ, Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Cochlear Implants, Bilingualism, and Dialectal Variants: Defining the Boundaries, Clarifying Clinical Conditions, and Sorting Out Causes</i> , by Mabel L. Rice	CE-1
<i>Language Impairment in the Attention-Deficit/Hyperactivity Disorder Context</i> , by Sean M. Redmond.....	CE-12
<i>Risk Factors Associated With Language in Autism Spectrum Disorder: Clues to Underlying Mechanisms</i> , by Helen Tager-Flusberg	CE-25

Persistent Language Delay Versus Late Language Emergence in Children With Early Cochlear Implantation, by Ann E. Geers, Johanna Nicholas, Emily Tobey, and Lisa DavidsonCE-42

The Development of English as a Second Language With and Without Specific Language Impairment: Clinical Implications, by Johanne ParadisCE-55

Sentence Recall by Children With SLI Across Two Nonmainstream Dialects of English, by Janna B. Oetting, Janet L. McDonald, Christy M. Seidel, and Michael HegartyCE-6

PROGRAM HISTORY and IMPORTANT INFORMATION

Articles originally published in *Journal of Speech, Language, and Hearing Research*

Start date: November 9, 2016

End date: November 9, 2020

To earn continuing education credit, you must complete the test with a passing score on or before **November 9, 2020**.

To see if this program has been renewed after this date, please search by title in ASHA's online store at www.asha.org/shop.



ASHA Professional Development is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for 0.65 ASHA CEUs (Intermediate level, Professional area).

STATEMENT ON EVIDENCE-BASED PRACTICE

It is the position of the American Speech-Language-Hearing Association that audiologists and speech-language pathologists incorporate the principles of evidence-based practice in clinical decision making to provide high-quality clinical care. The term *evidence-based practice* refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.

Participants are encouraged to actively seek and critically evaluate the evidence basis for clinical procedures presented in this and other educational programs.

Adopted by the Scientific and Professional Education Board, April 2006