Child identity development affected by language disorder - A literature review

ISSN 2657-9774; <https://doi.org/10.36534/erlj.2020.02.06>

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Abstract

Identity construction reflects the view of a person as a unique individual and a member of society at the same time. It is strongly related to one's speaking language and limitations of communication abilities may impact the specific identity development. The article reviews the literature concerning issues of child identity development as one of the aspects affected by language impairment. The aim of this review is to answer three questions: 1. To what extent do language disorders affect identity in children? 2. Who should be involved in the supporting process for the development of child identity? 3. What are the implications for professional practice and further research? The conclusions may contribute to awareness-raise about the link between identity development and language disorders as well as increasing the efficacy of interventions dedicated to children with language disorders.

Keywords: *child identity, identity development, language disorders, language impairment*

Introduction

Identity is a concept that provides individuals with a sense of belonging, a place in the world. It reflects ways of being and seeing the world. Moreover, identity affects ways in which children relate to others, as well as ways in which others see and relate to them (Lyons 2014). □ Identity is a psychological concept that has specific features for adults and children.

In a child's identity there are two components specified: self-identity/personal identity and cultural/social identity. Personal identity is a reflection of a child's feelings about her or his individuality, distinctiveness, uniqueness, while social identity is an image of how a child identifies with family members, peers and culture. Therefore, child identity combines being like the others and different from the others at the same time (Schaffer 2006). □

Modern identity is also said to be dynamic, subject to change through experiences in specific cultures and societies (Brooker & Woodhead 2008). Another feature that authors highlight is the complexity of identity in each individual, including: gender, cultural, emotional identity and social, ethnic and racial identity (Tillman 2015).

Considering whether language disorders influence child identity construction, it seems reasonable to define the term language disorders (which are also named 'impairments'). American Speech-Language and Hearing Association (ASHA) defines language disorder as: impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

(1) Form of Language: Phonology is the sound system of a language and the rules that govern the sound combinations; Morphology is the system that governs the structure of words and the construction of word forms; Syntax is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.

(2) Content of Language: Semantics is the system that governs the meanings of words and sentences;

(3) Function of Language: Pragmatics is the system that combines the above language components in functional and socially appropriate communication (ASHA, 1993) □.

Language disorders fall into two groups: expressive (referring to speech production) and receptive (referring to language processing and understanding) impairments. However, they may also co-occur.

The language disorder which appears in researches referring to child identity is specific language impairment (SLI). It is also named as developmental language disorder (DLD), primary language impairment (PLI), developmental dysphasia or developmental aphasia. It refers to language difficulties that are not caused by 'known neurological, sensory, intellectual, or emotional deficit. It can affect the development of vocabulary, grammar, and discourse skills, with evidence that certain morphemes may be especially difficult to acquire' (Ervin, 2001). Children with SLI can have high nonverbal IQ. The only disturbed element in their physical and mental development is language.

If linguistic value is important for the development of identity, it seems justified to consider language disorders in the process of child identity creation.

Objectives and methods

The aim of the article is to answer three key questions:

1. To what extent do language disorders affect identity in children?
2. Who should be involved in the supporting process for child identity development?
3. Therefore, what are implications for professional practice and further research?

These problems show how an interdisciplinary perspective is essential in this matter. This article includes a literature review in the fields of linguistics, speech-language pathology, psychology, education and medicine. The literature review required analysing following databases: Semantic Scholar, PubMed and speechBITE. The greatest number of results was shown on the Semantic Scholar database. The review has shown about 368,000 results for 'child identity development', about 10,400 results for 'child identity in language disorder' and 112,000 results for 'identity in language impairment' keywords. However, less than 30 of them were actually referring to the topic of this article.

Theoretical background

Aspects of child identity

In order to characterise child identity and assess the outcomes of meaning-centered therapies later on, the Child Identity and Purpose Questionnaire (Ch.I.P.) has been created (Armstrong 2016)□ and adopted for the purpose of this review (Appendix). This is a tool which enables the researcher to measure changes within child identity and meaning-making development process, Author of the Ch.I.P. Questionnaire was inspired by the concept of Positive-Identity construct (VanderVen 2008), which distinguishes four components: Personal Power or Agency, Self-esteem or Personal Sense of Worth, Openness to Experiences, and Hope for the Future. The assets of positive-identity are further explained as follow:

- Personal Power— autonomy, ability to make choices which can give a sense of having impact on what is happening in a child's life.
- Self-Esteem—liking oneself, sense of being valued by a child him- or herself and by others.
- Sense of Purpose—ability to anticipate opportunities, experiences, and milestones in growing up.
- Positive View of Personal Future—sense of living in interesting and enjoyable world, perceiving the place in it positive (VanderVen 2008, 98-103)□.

In terms of identity assessment in children with language impairments, it seems justified to refer to the questions contained in Ch.I.P. (Armstrong, 2016). To complete the questionnaire, a child is supposed to read or listen to 20 sentences. Thereafter, the child needs to colour one face, which reflects the reaction to the chosen sentence. Faces reflect the following types of answers: 'Yes', 'Mostly yes', 'A bit yes', 'a bit no', 'Mostly no', 'NO!!!' (Appendix).

It is worth noticing that less than half of these statements are simple sentences. Half of the points are compound or complex sentences, which demand the ability to process, understand them and then – finally – decide, which face matches the child's perception. This is a major obstacle for children with language disorders to complete such a questionnaire. Firstly, it might even become out of reach for children with language disorders. Secondly, if such a child gave the answers, the results of such an assessment would be doubtful or even useless. Poor understanding the questions by a child lead to inconsiderate answers. In such circumstances, results of Ch.I.P. obtained by a child with language impairments should not be the determinant of identity development evaluation.

In conclusion, child identity is influenced by many factors. Nevertheless, it seems to be strongly affected by language disorder and this problem needs further research.

Aspects affected by language disorders in children

To appreciate the interdependence of identity development and language disorders, well-known facets affected by language impairments should be reviewed. Kuder (2003) distinguished four main educational aspects that are affected by different kinds of language disorders in school-age children:

- academic performance;
- cognitive functioning;
- behaviour;
- social interaction.

Academic performance influenced by language impairment includes: difficulty recognizing phonemes, producing sounds, following directions, finding the right words for things, organizing ideas, all of which very often causes an aversion among children to contribute to class discussions (Kuder 2003).□

The connection between language development problems and academic performance was already reported 40 years ago (Aram & Nation 1980)□. The study was conducted among 63 children with language disorders. They were initially diagnosed with language impairment in preschool and then diagnosed again in follow-up, 4-5 years later. Almost 40% of the participants manifested speech-language problems at school and approximately 40% had other learning problems. What is more, levels of language skills and speech sounds production in preschool appeared moderately correlated to obtained grades in class placement. Newer publications also present language impairment as a factor, which affects academic performance in children and youngsters.

A longitudinal study in which the participants were examined at 5 and then re-examined in 19 years of age showed that individuals with language impairment (LI) in childhood manifested significantly poorer academic performance in adulthood (Young et al. 2002). Authors use the term language impairment (LI) which symptoms are consistent with the clinical picture of specific language impairment (SLI). The most affected by LI skills were: non-verbal IQ, verbal working memory, phonological awareness, naming speed for digits, and executive function. Another piece of research showed significantly poorer vocabulary development throughout 20 years (between 5 and 25 years of age) in participants with language LI compared to children with typical language development or with only speech disorder (Beitchman et al. 2008).

Other interesting conclusions came from research conducted among 48 8-year-olds diagnosed with Specific Language Impairment - SLI (Donlan et al. 2007). This investigation has shown significant difficulties in understanding such mathematical concepts as the place-value principle in Hindu-Arabic notation (the value of the digit is represented by its position in number based on powers of ten, for example '3' may represent three, thirty or three hundred depending on the position in number) as well as production of the count word sequence (the ability to count consistently, for example from one to

ten or backwards counting) and basic calculation. This shows that such language disorder as SLI may affect skills demanding higher level of processing, including mathematical operations.

Another element affected by language impairment is cognitive functioning. Kuder (2003)□ means by that difficulty organizing information for recall, inattentiveness as well as slow responding. However, speaking of cognitive functioning psychology usually means such functions as: memory, orientation, gnosis, attention, praxis or language. The following publications on research testing cognitive skills highlight it.

One of the studies concerning cognitive abilities in children with specific language impairment (SLI) measured visuo-spatial short-term memory, visuo-spatial processing and verbal short-term memory (Hick et al. 2005)□. Eighteen children (one group of nine typically developing children and the other of 9 with Specific Language Impairment – SLI) were assigned to do tasks involving the three abilities mentioned above. As a result, both groups performed similarly on the verbal short-term memory task and the visuo-spatial processing task. Participants with SLI presented poorer development only on visuo-spatial short-term memory tasks. These outcomes confirm that language impairment does not have to affect the other cognitive skills.

However, there are studies suggesting that executive functioning (EF) might be affected by specific language impairment (SLI). Three core executive functions are included in EF: inhibition [inhibitory control, including self-control and interference control (selective attention and cognitive inhibition), working memory, and cognitive flexibility (Diamond 2012).

One of the assessments involved 160 children (41 with SLI, 31 with low language functioning (LLF), 88 typically developing children). Each participant had 10 EF tasks and those with SLI and LLF manifested difficulties on EF tasks, obtaining significantly lower scores on 6 of the 10 EF measures (Henry et al., 2012). Therefore, further study on cognitive and executive functioning in children with language disorders is needed.

The next aspect affected by language disorders is behaviour. The consequences are manifested in: high level of frustration, arguments and fights with peers, withdrawing from interaction (Kuder 2003)□.

Research shows more social behaviour problems in children with language disorders, such as SLI. One of the studies, which was conducted among of 71 five-year-olds, resulted in serious significant behaviour problems in 40% of all participants, such as: withdrawal or aggressiveness, somatic complaints (van Daal et al. 2007)□.

The other research proved an even higher percentage of behaviour problems in children with language disorders. After assessing 114 children of age 2-7-years old, in 54% of the participants manifested behaviour problems, including: withdrawal among pre-schoolers, anxiety/depression and social isolation or aggressiveness among older children (Maggio et al. 2014)□. The results would be more reliable, if compared to the group of children with typical speech and language development. Nevertheless, the number of children with language impairment who suffer from behavioural problems is still significant. A systematic review on language impairment in youth offenders indicated their significantly poorer language skills in comparison to age-matched peers (Anderson et al., 2016), which is another example of interdependence of behaviour problems and language impairments.

Social interaction is another aspect influenced by language impairment. Kuder (2003)□ signalizes the following display of social interaction problems: exclusion or rejection by peers, reluctance to interact with other children, difficulty carrying on a conversation or negotiating rules for games. This reflects behaviour problems very often, but might also be connected to other phenomena, such as stigmatization or labelling.

One of the studies included parents' point of view in terms of social interaction of their children with the diagnosis of language impairment in preschool. After 10 years, parents found their children to have more behavioural problems and poorer social competence than their peers (Aram et al. 1984). Even

though the investigation is an older study, it shows how apparent is the correlation of language impairments and social interactions for caregivers.

According to Goldstein and Gallagher (1992), children with language impairments seem to be at risk of experiencing social interaction problems related to communication, since language skills are essential in social interaction. Children with SLI may experience difficulties entering social interactions and less social interaction with peers in general. Their mishaps as conversational partners mean mishaps as social partners (Brinton & Fujiki 1993).

Influence of language disorders on four educational aspects mentioned above (academic performance, cognitive functioning, behaviour and social interaction) is reflected by presented results of research. They are consistent with aspects concerning child identity that may be affected by language impairments. Studies presenting this correlation shall be elaborated in more detail further on.

Child identity affected by language disorders

The connection between child identity formation and language disorders was noticed by Lyons. She conducted a research study aimed at exploring identity formation among 11 Irish children with primary speech and language impairments (which is another term related to SLI) and how these pupils make sense of their experiences showed interesting results in terms of language disorders influence on child identity development (Lyons 2014)□. □

The aspects of identity, which are affected by language disorders, relate to meaning-making, well-being and belonging. With regard to interviews with children presenting language disorders, Lyons (2014) distinguished the following aspects of child identity affected by language disorders:

- self and experiences of talking;
- self in relation to family members in terms of autonomy and fairness;
- self in relation to peers including friends, bullies and barriers to friendships;
- self in relation to others in school context, e.g. when negotiating rules or additional supports, assessing self-efficacy, competence;
- self in relation to others in the leisure context - mastery and self-efficacy, fun, relaxation and freedom;
- self in the future, imagined possibilities for self, hopes and concerns for self in the future.

These are issues which were present in opinions of children affected by the awareness of having a language disorder. When we cross-reference them with four aspects of positive-identity, it appears that the reflections listed above apply to all categories:

- Personal Power— self-efficacy in leisure context, self in relation to others: family, friends and bullies;
- Self-Esteem—self in experience of talking, negotiating;
- Sense of Purpose—making sense of disability;
- View of Personal Future – hopes and concerns for self in the future.

All of the aspects affected by primary (or specific) language impairments (Lyons 2014) fall into all four assets of positive-identity (VanderVen 2008). This connection corroborates the fact that language disorders can make a significant contribution to the development of child identity.

Other research confirms these problems. The assessment of perceived stigmatization and potential negative labelling was the objective of a study in which 362 questionnaires were completed by parents of children with language disorders. Approximately 50% of parents noticed negative labelling of their children who presented language difficulties, but also 30% of the caregivers felt stigmatized because of children's impairment (Macharey & Von Suchodoletz 2008)□. Any kind of labelling and stigmatization experienced by a child influences that child's Personal Power, and Sense of Autonomy.

Another study showed that the labelling experienced by children with primary speech and language disorders was a potential risk factor to their well-being (Lyons 2017), which undoubtedly has an impact on the View of Personal Future. This is another example that reinforces the influence of language impairments on chosen aspects of identity creation. Starting with language impairment, children may become the object of labelling in society, which leads to difficulties in achieving well-being and finally determines the vision of him- or herself and personal future.

Another study confirming these conditions was administered among 69 pupils, who were 10-11 years old, with specific language impairment. The results showed not only speech-language problems in the participants, but also underestimations of their school abilities and their own competence in peer relationships (Lindsay et al. 2002)□. These findings refer to the Self-Esteem aspect of identity, since children with SLI seem to perceive not only their speech-language capabilities within the context of impairment, but also their academic performance (underestimated school abilities) and social communicative competence (in peer relationships).

The language disorder which clearly affects all the aspects of identity is stuttering. A work exploring women aged 35-80 years old, who stutter, in terms of self-identity, relationships and quality of life development showed that a language impairment such as stuttering impacted the women in terms of negative self-perception (Self-Esteem), career potential (View of Personal Future), relationships and the view of how the others perceived them in society (Personal Power) as well as decreased quality of life (Sense of Purpose) due to stuttering (Nang et al. 2018)□. Their voice - as people who experience language disorder every day - seems to be significant for perceiving the construction of identity affected by a specific kind of language impairment. It is noteworthy that creation of pointed identity assets progresses together with lasting language disorder.

Results and discussion

The results of literature review indicate the link between language disorders and identity construction in children. Having regard to facets of identity and the methods of its assessment, it is indicated that language impairments significantly affect child identity.

The first aim of the article was to answer the question about the extension of the impact of language disorders on identity in children. In reference to aspects of the Positive-Identity (VanderVen 2008)□ as well as meaning-making and identities (Lyons 2014)□, it seems justified to say that all four aspects of child identity development are affected by language disorders: Personal Power, including self-efficacy in leisure context, self in relation to others (family, friends and bullies); Self-Esteem, including self in experience of talking and negotiating; Sense of Purpose, including making sense of disability; View of Personal Future, including hopes and concerns for self in the future.

Speech-language pathologists highlight that social communication is commonly affected by language disorders in children. Such conditions need specific speech-language therapy and therefore they present effective strategies for diagnosis and therapy (Timler 2008). This means that solutions to social interactions difficulties that are experienced by children with language disorders are available. It seems justified to raise awareness of it also outside of the speech-language pathology community.

The second problem applies for people involved in the process of child identity development. There is no doubt that parents, who are the primary caregivers, ought to be mindful participants of their children's lives, active companions in the process of rehabilitation and therapy that their children are activated in.

The other adults who may play an important role for young learners' identity formation are teachers. Spending much time of the week with pupils must have an impact in child identity development. Also specialists who are involved in the rehabilitation process of a child with language impairment on the regular basis, such as psychologists, speech-language therapists, should be taken into consideration.

They are supposed to professionally support the psychomotor development in children, which are cognitive, emotional, motor, social and language abilities. Promotion of these capacities seems to be another way to influence the identity construction in children with language impairments. Therefore, teachers' and therapists' knowledge of the clinical picture of language disorders is essential to provide effective intervention strategies, since these actions support academic performance, communication competency, which impacts self-esteem, relations with peers and adults, well-being, vision of future possibilities, which are elements of positive-identity and may contribute to child identity construction.

Last, but not least, are the implications for professional practice and further research. There is still a great need to raise awareness of risk-factors, clinical picture and – finally – consequences of language disorders. This refers not only to parents and teachers but even to health professionals. Parents have noticed that there is still a tendency to underestimate abnormalities in speech-language development among paediatricians and to let the language bloom spontaneously, which contributes to delaying appropriate speech-language therapy (Rannard et al. 2005). Therefore, awareness-raising in the field of child identity affected by language disorder is the first priority.

The second one is the call for mindful listening to children with language impairments. Parents and professional practitioners working with children who present any kind of language disorder should listen carefully. This is the key feature to identify many aspects affected by language impairment, including extensive functioning academic performance, social competence and - finally – identity. Studies based on the analysis of reviews with children (Lyons 2014, 2017) as well as children's drawings (Cooper 2014) show this markedly.

Implications for further research suggest need to verify intervention strategies offered by different kinds of professionals to children with language disorders. Moreover, research in psychiatry, psychology, education and speech-language pathology suggest effective outcomes if representatives of these areas cooperate along therapy and/or rehabilitation. Nonetheless, the efficacy and effectiveness ought to be verified in studies.

Conclusion

The reason why this review is vital is that there is still low awareness of the effect of language disorders on children's quality of life, including identity development and it needs to be changed – especially in the field of educational role of language. It is vital for the teachers and other professionals working with pupils who present language impairments as well as society as a whole.

Taking into account the presence of parents and teachers in young learners' lives, the knowledge of the topic and careful listening as a consequence, enhances possibilities for appropriate support for identity development in children with language disorders.

The number of articles focused on the consequences of different kinds of language impairment underlines the scale and significance of this issue. The analysis of medical, psychological, educational and speech-language pathology literature and research shows that development of identity in children with language disorders requires an interdisciplinary approach. This article contributes to further research on this topic, as well as to professional practise for health professionals and therapists.

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Appendix

- 1) When I have a problem, I can come up with ways to solve it.
- 2) I can make choices about many things in my life.
- 3) If I have a difficult feeling (sadness, fear, or anger), I can change my thoughts or attitude to help myself feel a bit better.
- 4) If I have a difficult feeling (sadness, fear, or anger), I believe that I could talk to someone, or play with someone, to feel a bit better.
- 5) If I have a difficult feeling (sadness, fear, or anger), I can choose to do a relaxing, fun, or creative activity that might make me feel a bit better.
- 6) I am happy to be me.
- 7) I am important to other people.
- 8) I have done a lot of things that I am proud of.

- 9) I like myself.
- 10) I can do things as well as other kids.
- 11) I am a curious kid.
- 12) I like to do nice things for other people.
- 13) I like to hear other people's stories.
- 14) I feel fun or joy in everyday activities.
- 15) I like to learn new things.
- 16) When I think of growing up, I believe that I have a lot to look forward to in my life.
- 17) I think that I can reach goals that I set for myself.
- 18) I think that I will be able to find ways to get things in life that are important to me.
- 19) When things are going badly, I think that things will get better.
- 20) My life is important.