

PEDIATRICS: Cognitive-Communication Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

- Autism
- Cerebral palsy
- Developmental delay
- Traumatic brain injury (TBI)

Related Terms:

Abstract information, anosognosia, attention, cognitive rehabilitation, concrete information, community entry/reentry, emotional lability, eye contact, impulsivity, learning disabilities, memory, perseveration, pragmatics, redundant responses, tangential responses, vocalization

Potential Consequences:

- Difficulty noticing, identifying, and communicating needs.
- Lack of knowledge, memory, and/or ability to effectively communicate routine information.
- Difficulty concentrating and controlling emotions (i.e., frequent irritability, anger, frustration).
- Limited verbal social skills; difficulties controlling emotions negatively affect social success.
- Difficulty functioning at level of independence expected for age.
- Difficulty giving and/or receiving emotional support; at risk for frustration, depression.
- Difficulty meeting educational potential, or loss of previous academic status due to inefficient new learning; difficulty organizing task, behavior, and language.
- At risk for injury due to difficulty assessing and avoiding hazardous situations and seeking help in an emergency.

Behaviors That Should Trigger an SLP Referral:

By 6 months does not:

- Watch caregiver during feeding.
- Smile when sees or hears others; sees self in mirror.
- Band objects in play
- Maintain eye contact.
- Imitate facial expressions (i.e., smile).

By 12 months does not:

- Show some initial separation fear (from caregiver).
- Show a desire to be with people.

- Use gesture and vocalization to protest.
- Smile, laugh, or participate during games (i.e., “peek-a-boo”).
- Reach for self in mirror.
- Display fear of strangers.
- Use voice to call others or to “answer” when another calls.
- Wave hi and bye.

By 18 months does not:

- Start a game of “Give and Take” OR “Fetch” with caregiver
- Feed others (i.e., feeds caregiver or pet pieces of child’s cookie).
- Hug dolls, animals, or people.
- Shake head “no.”
- Retreat to caregiver when unfamiliar adult approaches.
- Use word to protest (i.e., “no”).
- Imitate household activities (i.e., vacuums).
- Perform lots of varying actions with toys; attempt to put toys away on request; stack and assemble toys.
- Hand toy to adult for assistance.

By 2 years does not:

- Use vocalization and words during pretend play.
- Use words to speak to others.
- Take turns listening and speaking with others.
- Show caregiver what child wants.

By 2 ½ years does not:

- Pretend to write or talk on the telephone.
- Choose toys selectively.
- Use most toys appropriately.
- Begin sharing toys with other children.
- Talk to other children during play.

Preschooler (age 3-5 years) does not:

- Initiate greetings and social pleasantries.
- Speak in sentences and take turns talking.
- Provide first and last name.
- Organize or follow sequence of behaviors (i.e., dressing).
- Follow rules for age-appropriate games and behavior.
- Anticipate activities in routine situations.
- Verbalize emotions instead of withdrawal or temper tantrum.

School-Age Cognitive-Communication/Learning

- Limited communication:
 - o Difficulty selecting appropriate words and names.
 - o Limited memory or knowledge of current events or personal history.
 - o Responses in conversation are often redundant or tangential.

- May elaborate on information provided from questions but cannot appropriately change topic, initiate, or end a conversation.
- Misses or misunderstands humor.
- Difficulty interpreting cues in conversation.
- Difficulty understanding abstract information.
- Difficulty understanding concepts of time and money.
- Disorganized, with limited problem-solving and judgment; poor concentration.
- Difficulty anticipating consequences of own actions; impulsive.
- Reduced awareness of extent of difficulties; socially inappropriate behavior.
- Difficulty self-disciplining and self-monitoring to follow rules.
- Difficulty changing routine or schedule; difficulty learning new rules.
- Inability to plan and complete necessary daily activities.
- Difficulty managing time, money, and resources.
- Difficulty comprehending or applying abstract written information.
- Difficulty analyzing and solving personal or school-related problems.
- Difficulty assessing own strengths and weaknesses and developing strategies to improve.
- Difficulty managing multiple responsibilities simultaneously.
- Difficulty making, following, and modifying social or travel plans.
- Difficulty communicating effectively at home, school, or community (i.e., initiating communication, interpreting verbal and nonverbal responses, and modifying communication when feedback indicates it has not been successful).
- Difficulty critiquing own performance, understanding the basis for feedback provided by teacher or peers managing emotions when feedback is unfavorable.

Recent Functional Decline in Cognitive-Communication

- Exhibits sudden or significant gradual decrease in attention, pragmatics, memory, reasoning, judgment, self-control, social communication, or behavior; may range from severe attentional problems and inability to participate in a conversation to subtle difficulties at home or school.