

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

Most Common Etiologies:

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

Related Terms:

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

Potential Consequences:

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| <ul style="list-style-type: none"> • 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, or frustration) • Limited social skills; difficulty controlling emotions may negatively affect social success | <ul style="list-style-type: none"> • Difficulty functioning at level of independence expected for age • Difficulty giving and/or receiving emotional support; at risk for frustration and depression • Difficulty meeting educational potential, or loss of previous academic status due to inefficient new learning; difficulty organizing tasks, behavior, and language • Risk for injury due to difficulty assessing and avoiding hazardous situations and seeking help in an emergency |
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Behaviors¹ That Should Trigger an SLP Referral

By 6 months does not

- watch caregiver during feeding
- smile when seeing or hearing others or seeing self in mirror
- bang objects in play
- maintain eye contact
- imitate facial expressions (e.g., smile)

By 12 months does not

- show some initial fear of separation from caregiver
- show a desire to be with people
- use gestures and vocalizations to protest
- smile, laugh, or participate during games (e.g., “peekaboo”)
- 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 “catch” with caregiver
- feed others (such as caregiver or pet)
- hug dolls, animals, or people
- shake head “no”
- retreat to caregiver when unfamiliar adult approaches
- use word (“no”) to protest
- imitate household activities (e.g., vacuums)
- perform lots of varying actions with toys, attempt to put toys away on request, or 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 he or she wants
- pretend to write or talk on the telephone
- use most toys appropriately
- begin sharing toys with other children
- talk to other children during play

¹Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

Note: Determination of skill level may be difficult for children with sensory impairments or multiple handicaps, or for children who are nonverbal.

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 (e.g., dressing)
- follow rules for age-appropriate games and behavior
- anticipate activities in routine situations
- verbalize emotions instead of withdrawal or temper tantrum

School-age child has difficulties with

- communication
 - selecting appropriate words and names
 - knowing and remembering current events or personal history
 - providing appropriate responses in conversation
 - appropriately changing topic, initiating conversation, or ending a conversation
 - understanding humor
 - interpreting cues in conversation
 - understanding abstract information
- understanding concepts of time and money
- being organized, with limited problem-solving and judgment, and poor concentration
- anticipating consequences of own actions; is impulsive
- being aware of the extent of his or her difficulties, and behaving socially appropriately
- self-disciplining and self-monitoring to follow rules
- changing routine or schedule, and learning new rules

- planning and completing necessary daily activities
- managing time, money, and resources
- comprehending or applying abstract written information
- analyzing and solving personal or school-related problems
- assessing own strengths and weaknesses and developing strategies to improve
- managing multiple responsibilities simultaneously
- following directions to find a location
- managing emotions related to performance difficulties
- making, following, and modifying social or travel plans
- 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)
- critiquing own performance, understanding the basis for feedback provided by teacher or peers, and managing emotions when feedback is unfavorable

An SLP referral is also advised if the child exhibits sudden or significant gradual decrease in attention, pragmatics, memory, reasoning, judgment, self-control, social communication, or behavior; this may range from severe attentional problems and inability to participate in a conversation to subtle difficulties at home or school.

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