A shared version of a paper presented at the International Conference of Psychologists of the Catholic Church.

Language and communication disorders are often mistaken for inherent speech and language impairments. Researchers who have attempted to identify the connection between emotional disorders and the more severe language handicaps have not succeeded. However, the connection between emotional disorders and language handicaps is not always clear.

The language difficulties of preschool children, on the other hand, can result in expressive language deficits. This paper considers the nature of these children's problems, especially when compared to those of children with speech and language disorders. It has been well documented that children with speech and language disorders have a higher incidence of behavior problems than children with normal language skills.

In the severely disordered young, inadequate expressive language, self-concept, and in communication disruption are examined in detail. The resulting process resulting in disrupted emotional and intellectual development of the child is studied. In addition, the relationship of the child's emotional and intellectual development to the disruption of neurodevelopmental disorders in the preschool population may be the subject of this study.

Simion Shimon, Ph.D.

Description and Case Study

CHILDREN AND FAULTY DEVELOPMENT OF THE SELF:

EXPRESSIVE LANGUAGE DEFICITS IN PRESCHOOL
for specific speech and language inter-
vention, the delayed child is generally
referred to a specialized educational
program. In such a program, speech
therapy is but one component of the
intervention process. The event of
language delay is not uncommonly
accompanied by a variety of behav-
ioral problems: speech and language
difficulties, social withdrawal, and
conduct disorders. In some cases, these
problems may be related to the child's
environment, such as the presence of
speech-language disorders in the
family, or to the child's own develop-
ment, such as a history of prematurity
or other medical conditions. In other
cases, the problems may be related to
the child's own neurological or psy-
chological development. In any case,
the delayed child's speech and language
skills need to be assessed carefully,
and the intervention plan should be
specifically tailored to the individual
child's needs.

Miran Jones was a physically small
and attractive child who was born
two months premature. She was seen
because of concerns about her
speech and language development.
Miran was a quiet and reserved child
who did not engage in social activ-
ities, even with other children her
age. She had a slow and deliberate
manner of speaking, and her speech
was often characterized by hesita-
tions and errors. Miran's language
development was also delayed, con-
trasting sharply with her expressive
speech. She had difficulty following
instructions and understanding complex
concepts. Her parents were con-
cerned about her delayed develop-
ment and sought professional help.

A number of these children have been
studied at the University of Chicago,
where a multidisciplinary team of
speech-language pathologists, psy-
chologists, and other professionals
worked together to assess and treat
these children. The team used a
variety of assessment tools to eval-
uate each child's strengths and
weaknesses, and to develop an
individualized treatment plan.

In summary, the delayed child is
usually referred to a specialized
program for intervention. The
assessment process is complex and
requires a multidisciplinary appro-
ach. The treatment plan should be
specifically tailored to the individual
child's needs, taking into account
their unique strengths and weak-
nesses. Early intervention can have
a significant impact on the future
outcomes of these children.
Within this framework, a number of questions may arise. The process of communication has been described as a transactional process, where a message is received, decoded, and then encoded and transmitted. The message is then received by the receiver, who encodes and decodes it, and the process repeats. This transactional model of communication helps explain how messages are transmitted and received.

In this context, the discussion likely revolves around the importance of understanding the process of communication and how it affects individuals and groups. The focus may be on how communication can be improved or how certain communication patterns can be understood.

Discussion

Presumptive action

Without discussion, the process of communication cannot be fully understood. The context in which messages are transmitted and received is crucial for effective communication. The ability to decode messages accurately is essential for successful communication.

In this context, the discussion likely revolves around the importance of understanding the process of communication and how it affects individuals and groups. The focus may be on how communication can be improved or how certain communication patterns can be understood.
Effective communication is essential to the process of child's development, as it serves as a means of expression and interaction between individuals. The child's ability to communicate their needs and wants is crucial for their overall development. This relationship is further emphasized through the use of symbols and gestures, which facilitate understanding and cooperation between individuals. The diagram illustrates the process of communication, emphasizing the importance of feedback in ensuring clear and effective communication.
Language Deficits

When the process of separation and individuation is complete, the child will self-
near future, when ready, Mrs. Jones would spend the first part of the session outside, viewing through the mirror. She would be able to see and hear what was going on, but would not be physically present. This was done to decrease the mother's tolerance for separations, to avoid directly assaulting her closeness with Miriam, and to allow Miriam to experience the elements of treatment.

In the first sessions with mother and child together, Miriam resisted the therapist. She did not leave her mother's side, refused to participate in active behaviors, and remained uninterested in the therapist. Miriam's behavior was interpreted as a sign of her fear of the therapeutic environment. The therapist's comments to Miriam were directed toward encouraging her to participate in activities and maintain eye contact with her. Miriam's responses were often brief and non-committal. She was often seen holding her mother's hand or grabbing at her. Miriam was resistant to the therapist's suggestions and often ignored her. Miriam's behavior suggested a lack of trust in the therapeutic process. The therapist recognized that Miriam was feeling insecure and tentative. The therapist's approach was to provide a safe and supportive environment that would facilitate Miriam's engagement in the therapeutic process. The therapist's goal was to build a bond of trust and confidence between Miriam and the therapist. This was achieved through a slow and consistent approach, allowing Miriam to become comfortable with the therapist and the therapeutic environment.

Even while attending to the child, it was necessary to sustain the alliance between the mother and child. The time allotted to her and her mother was limited and the environment was controlled. The therapist's efforts were directed toward maintaining a safe and supportive environment for both mother and child. The therapist's role was to provide guidance and support while allowing the mother and child to explore their relationship in a therapeutic setting. The therapist's approach was to provide a safe and supportive environment that would facilitate the development of the mother-child relationship. The therapist's goal was to build a bond of trust and confidence between the mother and child. This was achieved through a slow and consistent approach, allowing the mother and child to become comfortable with the therapist and the therapeutic environment.
will be better able to interact with the

When this is accomplished, the child
can achieve a stable sense of self.

A child whose environment is
disturbed by psychological factors
may be able to develop a sense of self
through interaction with a supportive
environment. Interaction with a
supportive environment can help
the child develop a sense of self.

5.襌, 1995. "Rationale and methodology
for a study of child-parent relationship and educational
achievement." Child Development, 6, 80-90.

elementary school achievement." Child Development, 6, 91-100.

7.襌, 1997. "The role of the home in
the development of children with
language deficits." Language, Speech,
and Hearing, 19, 101-110.

on cognitive development." Language, Speech,
and Hearing, 20, 101-110.

9.襌, 1999. "The role of the home in
the development of children with
language deficits." Language, Speech,
and Hearing, 21, 101-110.

CONCLUSIONS

The problem of language deficits
becoming a circumstantial norm
without further intervention is
seen in the last year of preschool.

However, the role of speech and
language therapy, together with
social and language intervention,
are essential in the development
of language skills in children with
language deficits.