Lack of agreement about criteria and terminology for children's language difficulties has been affecting access to services as well as hindering research and practice. An international group of 57 experts (the CATALISE panel) which included Speech Language Therapists/Pathologists, (Educational) Psychologists, paediatricians, psychiatrists, specialist teachers and charity representatives, led by Professor Dorothy Bishop has now reached good consensus. A revised version of this document is now available and this summary has been adjusted accordingly.

The panel agreed on the term 'Language Disorder' to refer to children with language difficulties that create obstacles to communication or learning in everyday life and where we know from past research they are unlikely to catch up spontaneously.

The panel also agreed on the term, 'Developmental Language Disorder' (DLD) for when the language disorder is NOT associated with a known biomedical condition such as:

- brain injury,
- acquired epileptic aphasia in childhood,
- certain neurodegenerative conditions,
- genetic conditions such as Down syndrome,
- cerebral palsy
- sensori-neural hearing loss.
- autism spectrum disorder (ASD)
- intellectual disability
Where a child does have one of the above conditions, the panel recommends a diagnosis of “Language Disorder associated with X” (where X is one of the conditions listed above).

It was also agreed that

(1) Environmental and biological risk factors that are associated with an increased likelihood of language problems are common in children with DLD and should not be used to exclude a diagnosis. Risk factors include:
   - family history
   - male
   - poverty
   - low level parental education
   - neglect or abuse
   - problems around or before time of birth

(2) DLD can co-occur with other neurodevelopmental disorders and a diagnosis of DLD can still be given when these are present. These include difficulties in the areas of:
   - Attention (e.g., ADHD)
   - Motor (e.g., dyspraxia, dysarthria)
   - Literacy
   - Speech
   - Executive function
   - Adaptive behaviour
   - Behaviour problems
   - Auditory processing (e.g., APD)
   - Low-normal range nonverbal ability

(3) DLD does NOT require a mismatch between verbal and nonverbal ability.

Figure 1 (from the paper, reproduced below) shows the questions to consider in reaching a diagnosis of Language Disorder or Developmental Language Disorder.
START

Child presents with difficulty producing or understanding language that affects everyday functioning

Unfamiliar with local language?

Yes

Competent in another language? [4]

No

Features suggestive of poor prognosis? [3]

No

Yes

Language disorder [2]

Associated biomedical condition, X?

Yes

Language disorder associated with X [6]

No

Developmental Language Disorder [7]

Additional Information
Co-occurring disorders [9]
Risk factors [10]
Areas of language impairment [11]
The term **Speech, Language and Communication Needs (SLCN)** is still retained as a broad category which includes all children with DLD and Language Disorder, but also includes all other children who have difficulties with speech, language or communication for any reason. This term is most useful for those who need to plan services. The relationship of different diagnoses to each other is shown in Figure 2 of the paper.

**Figure 2**

![Diagram of Speech, Language and Communication Needs](image)

**Relevant references**

