

SUMMARY

CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. Phase 2

Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & The CATALISE Consortium

Summary by Susan Ebbels – revised 13th February 2017

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

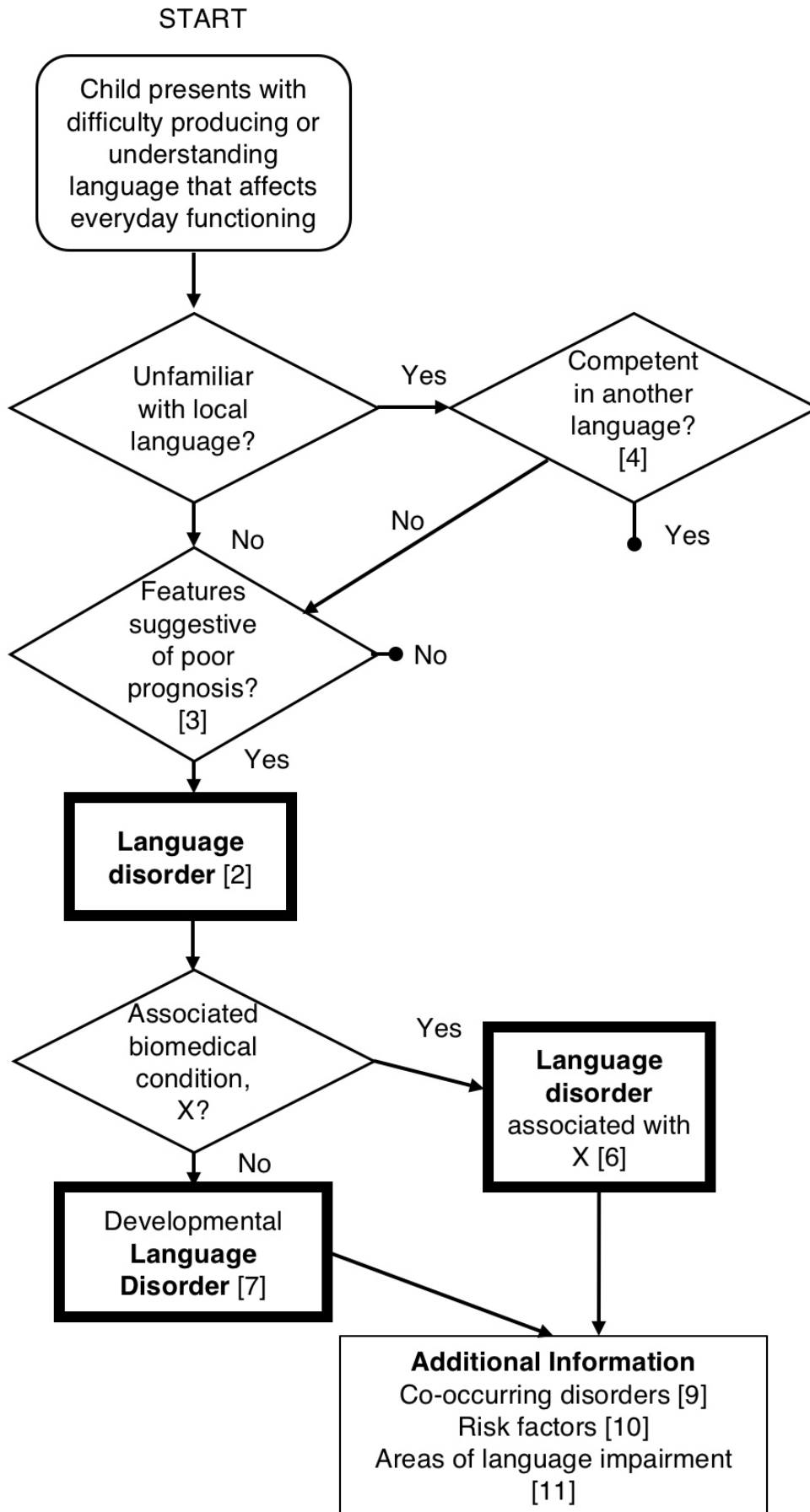
(2) DLD can co-occur with other neurodevelopmental disorders and **a diagnosis of DLD can still be given** when these are present. These include difficulties in the areas of:

- 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.

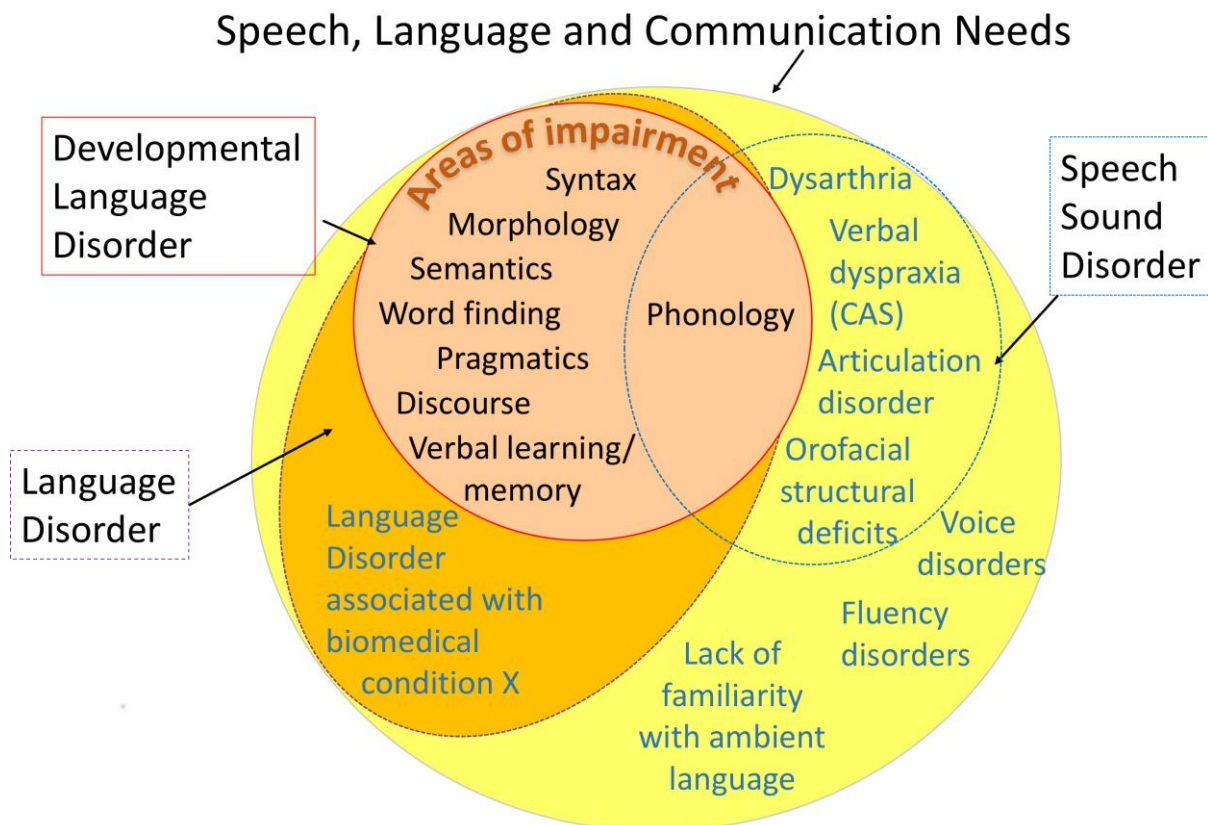
Figure 1 (from the paper, reproduced below) shows the questions to consider in reaching a diagnosis of **Language Disorder** or **Developmental Language Disorder**.

Figure 1



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



1

Relevant references

- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & Catalise-consortium. (2017). Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*. doi:10.1111/jcpp.12721. <http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12721/full>
- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & The CATALISE Consortium. (2016). CATALISE: a multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children. *PLOS One*, 11(7), <http://dx.doi.org/10.1371/journal.pone.0158753>
- Ebbels, S. (2014) Introducing the SLI debate. *International Journal of Language and Communication Disorders*. 49, 377-380. <http://onlinelibrary.wiley.com/doi/10.1111/1460-6984.12119/full>