

DLD case study 1 – adult

Background information

(Including demographic details, details of referral/concerns/previous assessments, and any previous support received)

23-year-old university student. Referred by neurologist to SLT. Initially self-referred to neurology via GP with concern over a neuro-developmental disorder related to a traumatic birth and hypoxia. No evidence of this on scans or neurological exams.

Neurologist recommended assessment for ‘autism’ which the client declined and was affronted by, as this was a diagnosis that had been talked about before by GPs, which client has resisted.

Client’s neurological difference concern stems from difficulty with communication and reading since early childhood, characterised by difficulty following instructions, expressing more complicated thoughts and ideas, and self-directed building of study skills to get through formal education and examinations (eg recording all spoken input, writing everything down, memory strategies, frequent clarification and re-reading).

Using these skills, the client has had adequate academic achievement in the context of reported and apparent high intelligence, ie underachieving due to a communication and language barrier.

Reported a brother and father to have similar communication and ‘thinking’ differences. Client reports anger at an absent parent and school system who reportedly did not help at a crucial time of language development. Seen by an SLT as a child in school on a handful of occasions for what sounds like assessment and advice only – reports not available. Neurology report summarises ‘speech delay’, but no formal previous diagnosis. Seeking help to support access to higher education.

Initial steps taken

Detailed case history including impact of language and communication differences on life, education and current academic and life goals.

Explanation of neurodiversity and developmental language disorders, what they are, their impact and presentation of typical symptoms, all of which chimed with the client.

Assessment/intervention

	Assessment /intervention	Results	Evolving diagnostic hypotheses
SLT assessment (including functional assessment and risk factors)	Test for Reception of Grammar British Picture Vocabulary Scale Mount Wilga subtests Measure of Cognitive Linguistic Abilities subtests Informal cognitive communication and motor speech assessment. Detailed case history	Summary of results from a range of the assessments: <ul style="list-style-type: none"> • Markedly reduced phonological working memory. • Reduced phonological awareness. • Clear, mild-moderate word finding difficulties for specific nouns and verbs. • Inconsistent understanding complex sentences and following complex commands (notably reversible passive, relative and embedded clauses, commands with more than 3 steps). • Effective spoken communicator. Effective eye contact and prosody, able to get point across utilising circumlocution and effective, charismatic engaging style. • Speech sound errors (fronting process) • Persistent negative automatic thoughts about speaking and communication skills. 	Persistent phonological fronting process, marked phonological short term memory difficulty affecting receptive language ability, fluctuating concentration, vocabulary mismatch with level of academic performance.

Other assessment (Multidisciplinary team)	Neurology exam	Unremarkable physical neurological exam and scans. 'Lazy speech' reported. Reported forgetfulness.	"ASD or ADHD or similar" quoted in neurology report not agreed with.
SLT intervention (if applicable)		<p>Education and information giving to enable the client to more clearly understand diagnosis and nature of difficulties</p> <p>Communication strategies and advice (eg word finding, auditory memory, active listening, environmental and language compensations)</p> <p>Study skills strategies and advice.</p> <p>Liaison with, and information given to education support services at university.</p> <p>Offered peer group support, declined.</p>	DLD
SLT follow up assessment (if applicable)		Review. Report writing.	

Conclusion

(Including diagnosis with stated reasons)

Likely developmental language disorder never formally diagnosed due to a complexity of reasons including possible masking by above average intelligence and self-formulated strategies to get around difficulties, which reached a head at university level education with formal advice sought at this stage.

Characteristics of developmental language

Unknown detail. Reported 'delayed speech'.

Any impact of diagnosis being given

Information given to educational support services within the University, and to client, in order to receive appropriate support, ie not dyslexia, not social communication disorder. Highlighting appropriate study skills, compensation and strategies that can be implemented to maximise learning experience at university. In terms of quality of life, client appears happy to have a set of symptoms that they can understand and how they have impacted on them. Not concerned about labelling, but pleased to have an understandable description of symptoms, their impact, and strategies to get around them.