

DLD case study 3 – from Gill Earl’s webinar presentation

Background information

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

Monolingual child. Nursery concerned about unclear speech and limited language. Referral made to local speech and language therapy service age 4. No significant history. No reported adverse childhood experiences. Supportive two parent family.

Initial steps taken

Developmental history. Late talker. Met other developmental milestones within normal limits. No significant medical history. Sociable and interactive. Tantrums around 2-3 years. Clinic-based formal and informal assessment and discussion with parents of their concerns and priorities.

Assessment/intervention

	Assessment / Intervention	Results	Evolving diagnostic hypotheses
SLT assessment (including functional assessment and risk factors)	Renfrew Action Picture Test British Picture Vocabulary Test CLEAR speech sound assessment Play based assessment	Only able to use a few single words and set phrases. Gesture and pointing. Info score 12, grammar score 0. Raw score 21, standard score 70, 2 nd centile (chronological age 4:01) De-affrication, sh-s, cluster reduction and gliding noted. Needed support to name	Differential diagnosis – DLD vs. late talker vs ASD +/- learning difficulties

		<p>vocabulary, little response to semantic or phonemic cues.</p> <p>Able to turn take, follow simple game rules, making eye contact and using gesture and facial expression.</p>	
Other assessment (MDT)	Assessment by community paediatrician	Parent reports paediatrician did not identify ASD or any other co-occurring neuro-developmental disorder that would explain language and communication difficulties.	DLD seems most likely.
SLT intervention (if applicable)	<p>Age 4-5</p> <p>Therapy: phonological awareness, speech and early language</p>	<p>Phonological awareness: syllables and rhyme. Child found these difficult.</p> <p>Language: listening and following instructions, everyday vocabulary, using language in context (to play a game, to state preferences) – slow progress</p> <p>Improvement in speech – most phonological processes resolved by age 6</p>	<p>Risk for dyslexia</p> <p>Probable DLD discussed with family and teacher.</p> <p>Not a speech sound disorder</p>
SLT follow up assessment (if applicable)	Age 5	<p>Clinical Evaluation of Language Fundamentals IV – all standardised scores = 1, composite core language score = 40</p> <p>Renfrew Action Picture Test – extremely low grammar score (8) with slightly higher information score (22). Telegrammatic – no conjunctions, few subject-verb-object phrases, little tense marking.</p>	DLD diagnosis given

Any further information?

Age 6-8 – parents increasingly concerned. Slow academic progress with significant literacy difficulties. At age 8 unable to decode CVC words, despite intensive phonics instruction. Supported at school by full time pupil support assistant. Child increasingly frustrated – can't express self, can't find words, some outbursts of aggression.

Conclusion

(Including diagnosis with stated reasons)

Diagnosis of DLD given by SLT age 5 on basis of:

- Severe difficulties with both receptive and expressive language
- Persistent difficulties
- No identified biomedical conditions
- Impact on social interaction, academic progress and wellbeing

Any impact of diagnosis being given

Parents report that it was helpful for them to be given a diagnosis. However, they continue to be frustrated at the lack of understanding of DLD among professionals, such as teachers. Parents have also searched for DLD online and found some information which has caused additional anxiety and frustration. In particular, it is difficult for them to take on board that DLD is a lifelong condition. SLT service has shared departmental DLD leaflet and a copy of DLD 123 factsheet.