

Welcome to the webinar:

DLD - When is a diagnosis appropriate?

NAPLIC»
Professionals supporting language
and communication development

Wednesday 4th November 2020
1pm



Developmental Language Disorder Day



- October 16th 2020
- Ireland to Saudi Arabia, Hong Kong to Brazil
- Over 80 light up events. Blackpool Tower, Birmingham Library and Portsmouth Spinnaker.
- COVID-19 did not stop our 700+ RADLD ambassadors
- 500,000 tweet impressions. One Facebook post seen by over 50,000
- #DLDseeMe trending number 2, German equivalent at 7.
- YouTube: multilingual video and a video made entirely by adults with DLD
- Run by 6 volunteer international committee members
- Keep an eye on Facebook and Twitter for 2021 date

Diagnosing DLD or Language Disorder (associated with X)

Dr Susan Ebbels

@SusanEbbels @MHResTrain

Moor House Research and Training Institute;
Department of Language and Cognition, UCL.



With many thanks to Dorothy Bishop

Why diagnose Language Disorder / DLD?



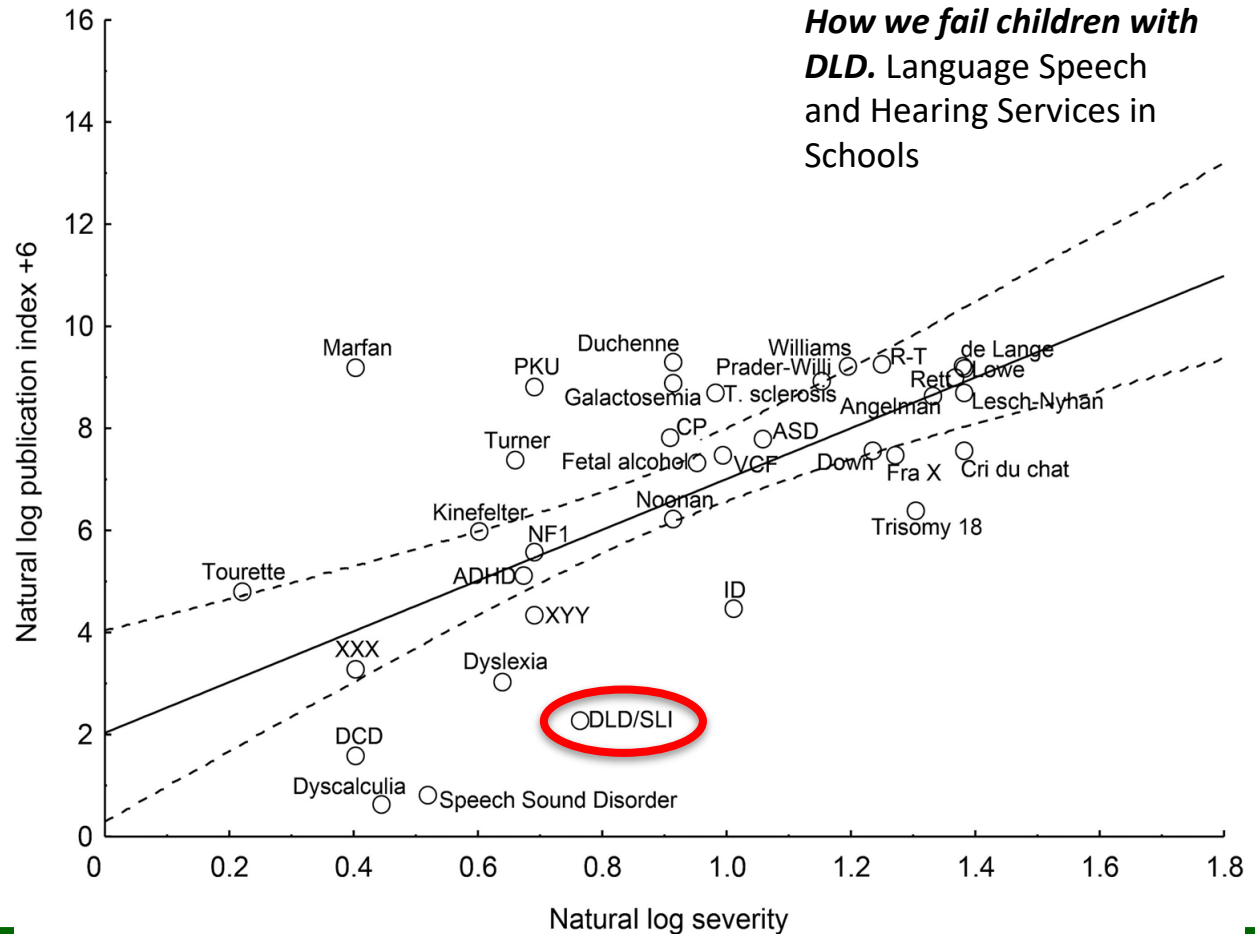
- consistent use of terminology facilitates communication between professionals
- parents can
 - find out info re their child's difficulties
 - connect with other parents
 - access and advocate for appropriate support and services
- This is a core function of paediatric SLTs

Lack of awareness leads to limited:

- referrals and diagnosis
- information
- support
- services
- research

→ vicious circle

From McGregor (2020)
***How we fail children with
DLD. Language Speech
and Hearing Services in
Schools***



Starting point



Child with **language difficulties** that:

- significantly **impair** social and/or educational **functioning**
- with indicators of **poor prognosis**

In most cases, SLTs should be able to diagnose Language Disorder without needing MD Team

**Language
disorder**

Unlikely to resolve by five years of age – does **NOT mean cannot be diagnosed before 5 years**

Also means can be diagnosed in adults

At what age can I diagnose Language Disorder/DLD?

If still have significant problems with language at 5 years, very unlikely to resolve spontaneously, so meet criteria for poor prognosis

Diagnosis can also be made in younger children if they have indicators of poor prognosis –

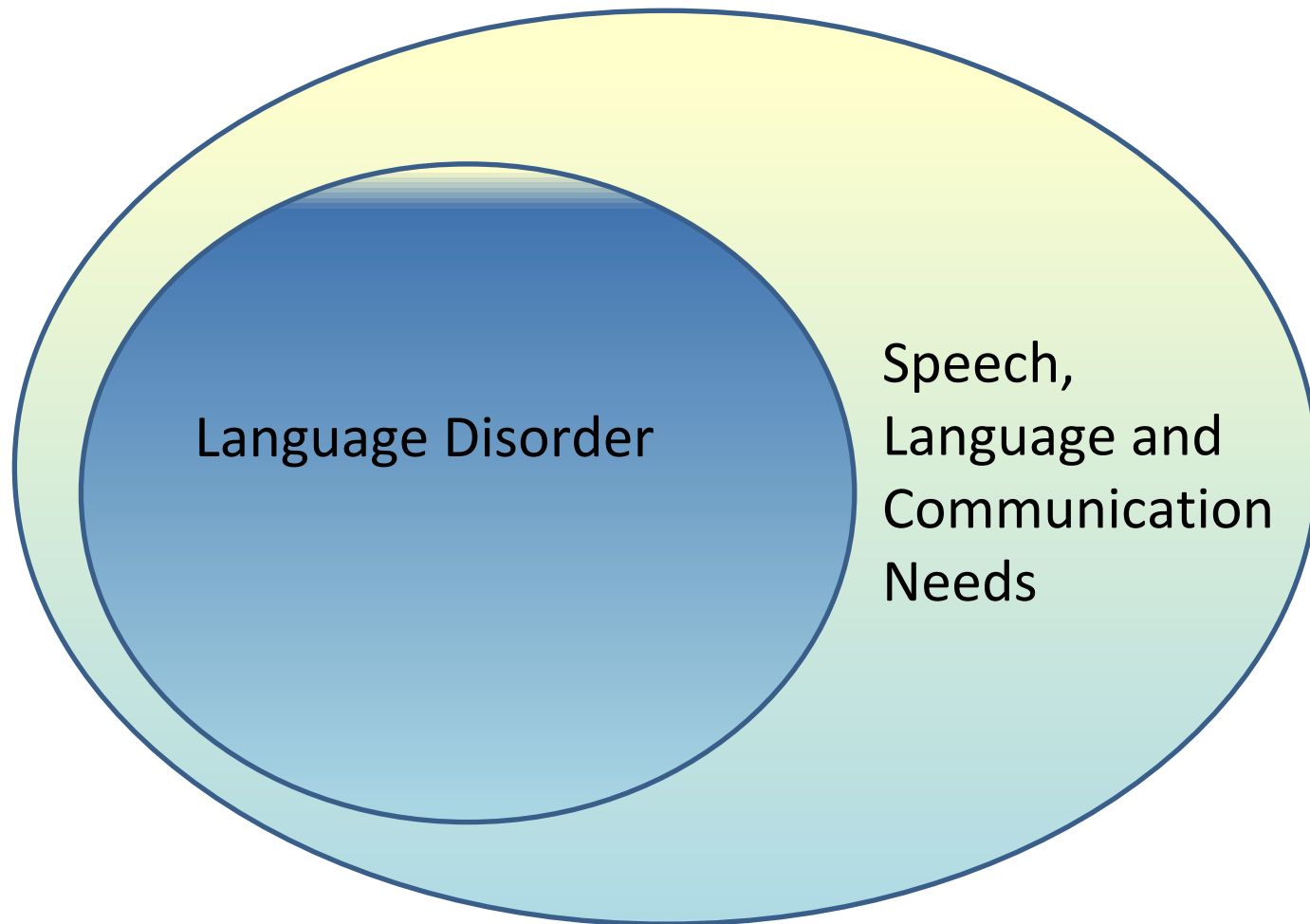
- poor language comprehension,
- several areas of language affected
- poor use of gesture,
- family history of language impairment, and/or
- poor response to intervention

More risk factors = more chance of persisting difficulties

So what term should I use for a 3 year old with language difficulties?

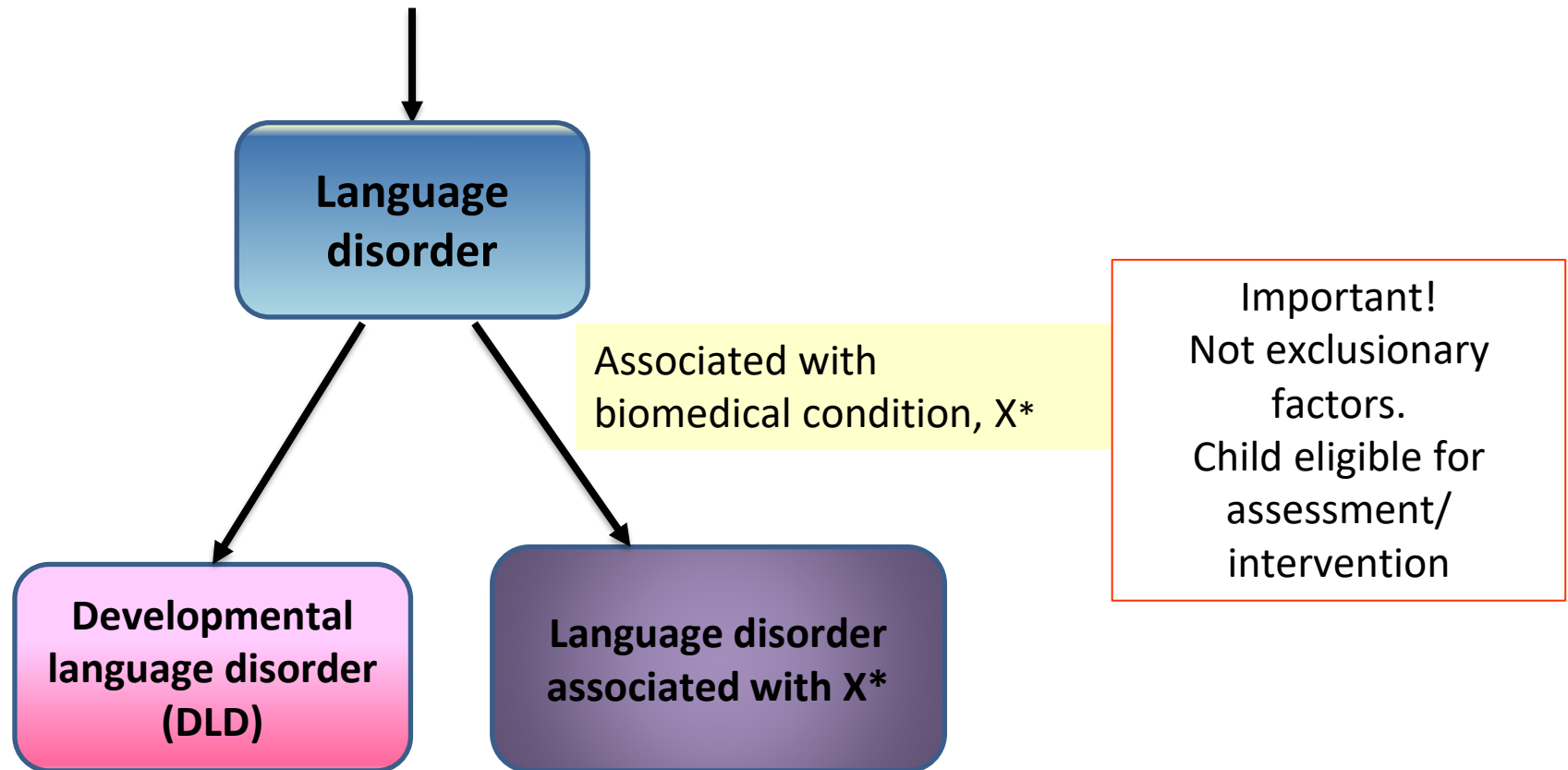
- DLD / Language Disorder if have many indicators of poor prognosis
- If few indicators of poor prognosis, do NOT use “disorder”, but use
 - “language difficulties”, or
 - “SLCN”, but
 - **NOT** “language delay”

Language Disorder is a subset of broader category of SLCN



Child with language difficulties that:

- significantly impair social and/or educational functioning
- with indicators of poor prognosis

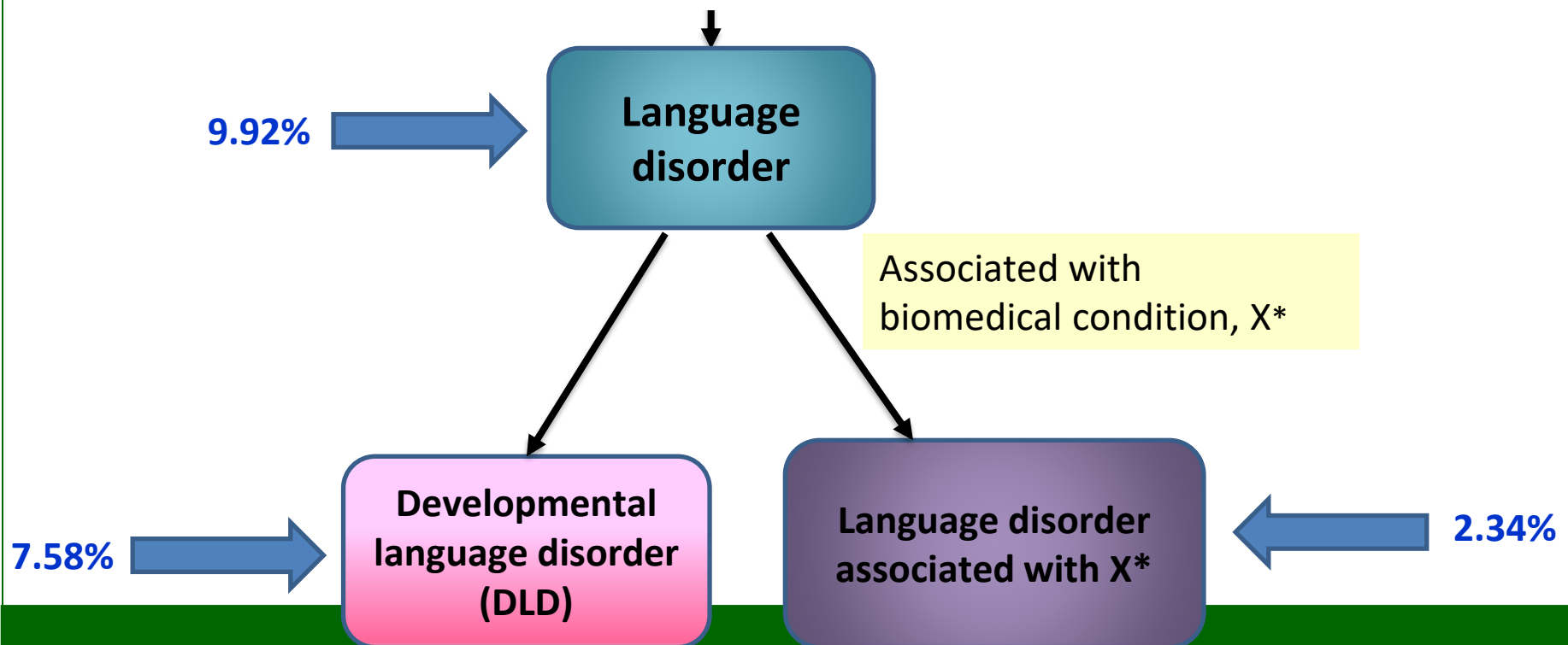


***'Associated with' does NOT mean 'explained by', or 'caused by'**
- 'and' might have been clearer!

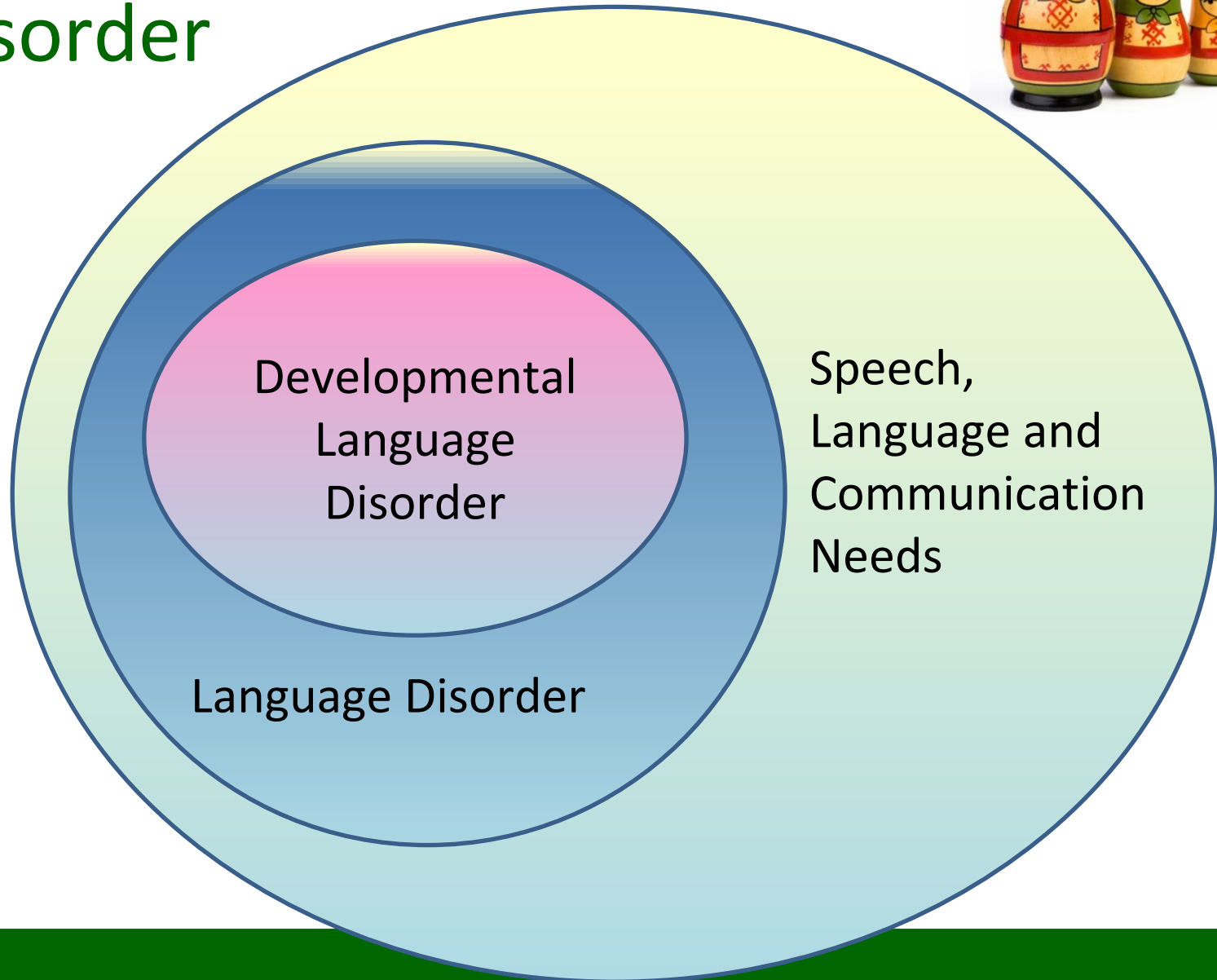
The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study

Courtenay Frazier Norbury,^{1,2} Debbie Gooch,^{1,2} Charlotte Wray,² Gillian Baird,³
Tony Charman,⁴ Emily Simonoff,⁵ George Vamvakas,⁶ and Andrew Pickles⁶

¹Psychology and Language Sciences, University College London, London; ²Department of Psychology, Royal Holloway, University of London, London; ³Newcomen Centre, St Thomas' Hospital, London; ⁴Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London; ⁵Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London; ⁶Department of Biostatistics, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK



DLD is a subset of Language Disorder



This definition of DLD very broad: need additional information



Nature of language impairments

- Phonology
- Syntax
- Semantics
- Word finding
- Pragmatics/language use
- Verbal learning & memory

Decided against subtypes – too many children don't fit neatly!

Risk factors

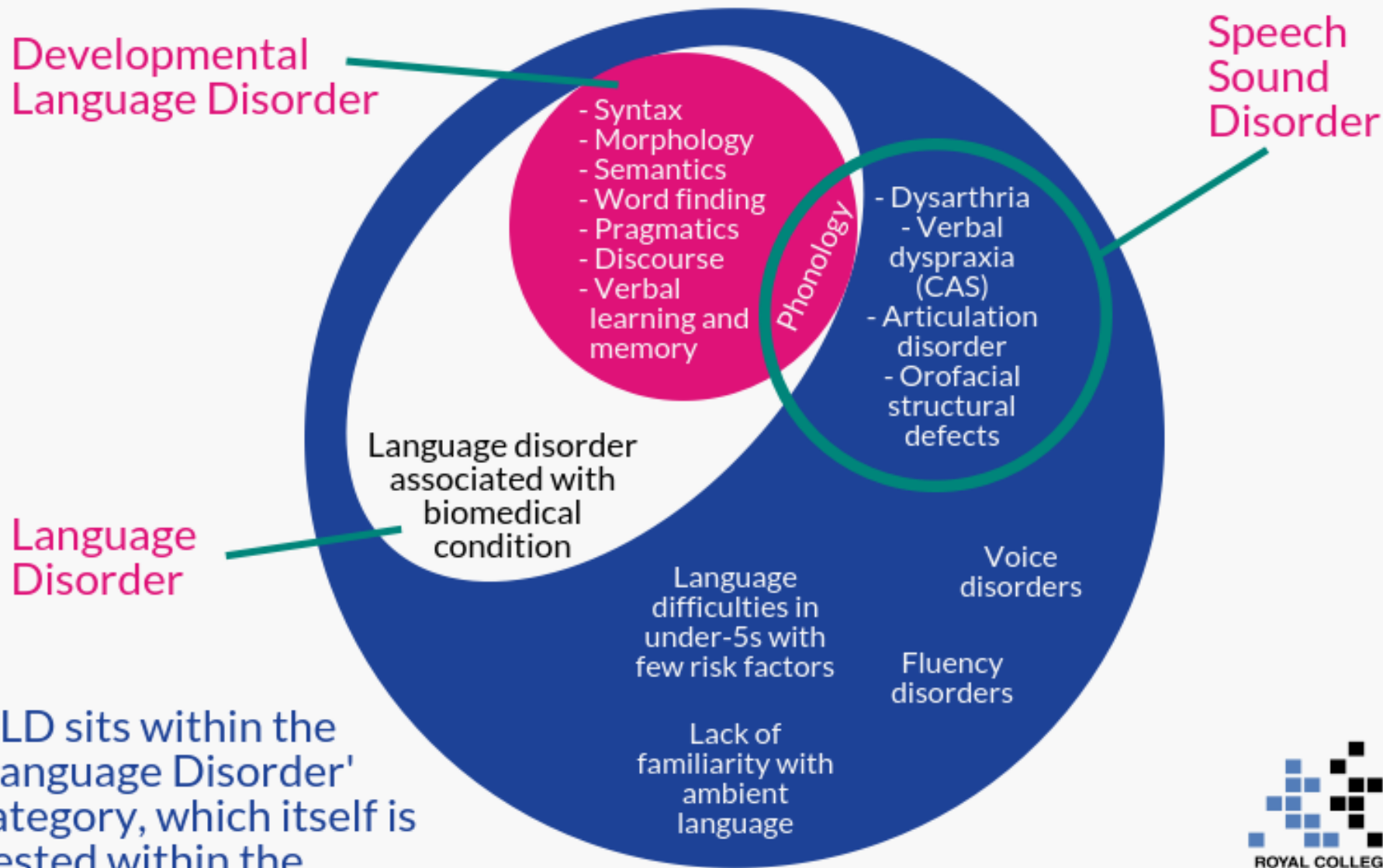
- Family history
- Poverty
- Low level of parental education
- Neglect or abuse
- Prenatal/perinatal problems
- Male

Co-occurring disorders

- Attention
- Motor skills
- Literacy
- Speech
- Executive function
- Adaptive behaviour
- Behaviour

- May have multiple diagnoses
- These may also need intervention
- Can be difficult to disentangle the effects of co-occurring disorders, especially with increasing age

Speech, language and communication needs - an overview:

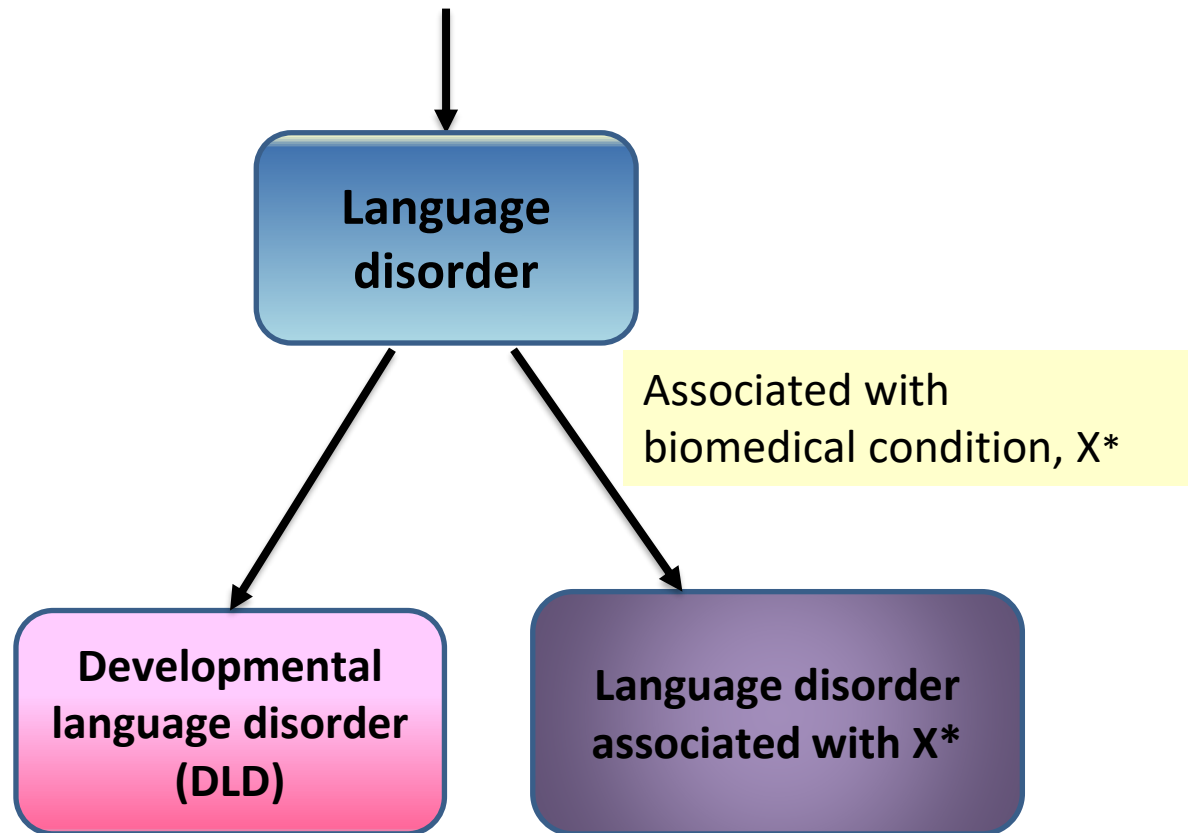


DLD sits within the 'Language Disorder' category, which itself is nested within the overall SLCN category

Adapted from Bishop et al. (2016)

Child with language difficulties that:

- impair social and/or educational functioning
- with indicators of poor prognosis



*'Associated with' does NOT mean 'explained by'

What is included in 'biomedical condition'?

Language disorder associated with

- Known genetic condition (e.g. Down syndrome, Klinefelter syndrome)
- Acquired brain injury
- Sensorineural hearing loss
- *Intellectual disability
- *Autism spectrum disorder

Remember:
Not exclusionary
factors.
Child eligible for
assessment/
intervention

*Included because of growing evidence of genetic basis for these conditions

What is included in 'biomedical disorder'?

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Why are these differentiated from DLD?

- Additional problems associated with the biomedical condition likely to have an important influence on nature and prognosis of language problems
- Assumption (though little evidence!) that the associated condition may require a different intervention pathway
- For research on aetiology, inclusion of cases with known biomedical conditions would muddy the picture
- In some cases, the biomedical condition may be unrelated to the language disorder, but still needs to be noted, e.g., could use “DLD and epilepsy”

What term should I use if I'm not sure if there are differentiating conditions?

- Diagnosis of differentiating conditions likely to need MD team
- If you suspect a differentiating condition, use umbrella term “Language Disorder” until more information available

Hearing impairment

Sensorineural hearing loss

Maybe use “DLD **and** SNHL/deafness” for

- Deaf child who has difficulty learning sign language.
- aurally-educated child with disproportionate language learning problems relative to level of deafness.

because the serious nature of language problems might get overlooked if just diagnosed as ‘Language disorder associated with SNHL’

This area needs further discussion

Whatever terminology we use, **these cases should not be excluded from SLT as they have needs**

Intellectual disability

How is Intellectual Disability defined?

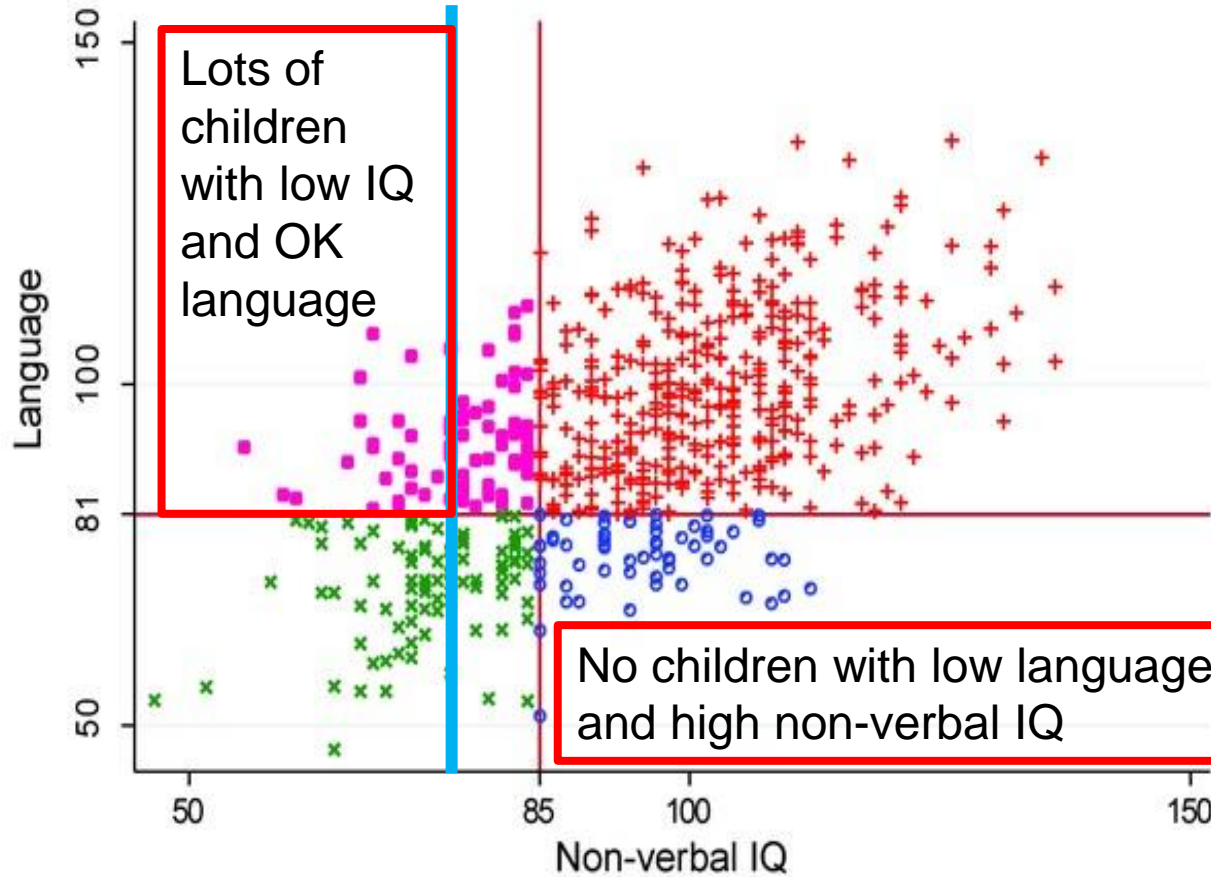
Traditionally defined in terms of **non-verbal IQ** below 70. Now modified:

“The diagnosis in DSM-5 will emphasize both clinical judgment and standardized intelligence testing”

- Less emphasis on IQ score (hence why EPs may not be doing)
- Greater emphasis on adaptive reasoning in academic, social, and practical settings
- Lack of personal independence a criterion

Harris, J. C. (2013). New terminology for mental retardation in DSM-5 and ICD-11. *Current Opinion in Psychiatry*, 26(3), 260-262.

8 years of age



- cut-off points are completely arbitrary!
- ? low language restricts non-verbal performance, not vice versa!

+	Typical language
•	SLI - language impaired (> 1.25 SDs below the population mean on language score) & non-verbal IQ in the normal range (score of ≥ 85)
x	Non-Specific LI - language impaired (> 1.25 SDs below the population mean on language score) & non-verbal IQ low (score of < 85)
■	Low non-verbal IQ – Language within normal range and low non-verbal IQ (score of < 85)

DLD does not exclude children with low-average IQ

Population survey of children in Surrey (Norbury et al., 2016):

- DLD with low-average IQ (70-85) do not differ from traditional SLI (>85) on:
 - Language & communication,
 - social, emotional, behavioural probs,
 - academic attainment
 - *they only differ on NV IQ*

But those with Language Disorder associated with X differ from the others on all of the above

If I suspect intellectual disability, but waiting for views of MD team, what label do I use?

- If unsure -> “Language Disorder” until diagnosis given or rejected
- Remember low language may be influencing cognitive performance rather than vice versa, so DLD may be appropriate if don’t meet criteria for intellectual disability, but have poor functioning in class

ASD

Why is ASD included as 'biomedical condition'? What about 'Social Communication Disorder'?



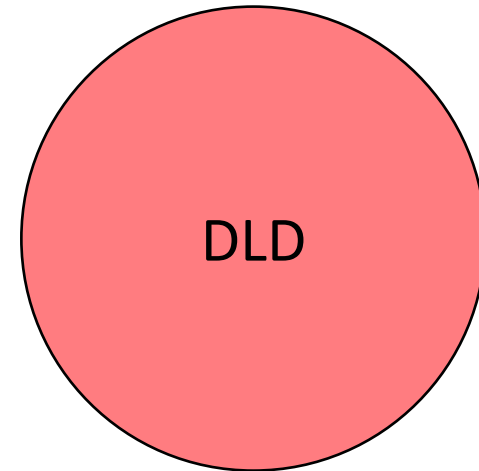
Two thorny issues:

1. Not clear which professional group have 'responsibility' for SCD (a diagnosis used when there are ASD features but without repetitive behaviours), whereas 'pragmatic language disorder' is seen as falling in the domain of SALT
1. What about children with ASD who also have structural language problems characteristic of DLD?

Language problems in autism: how do they relate to DLD?

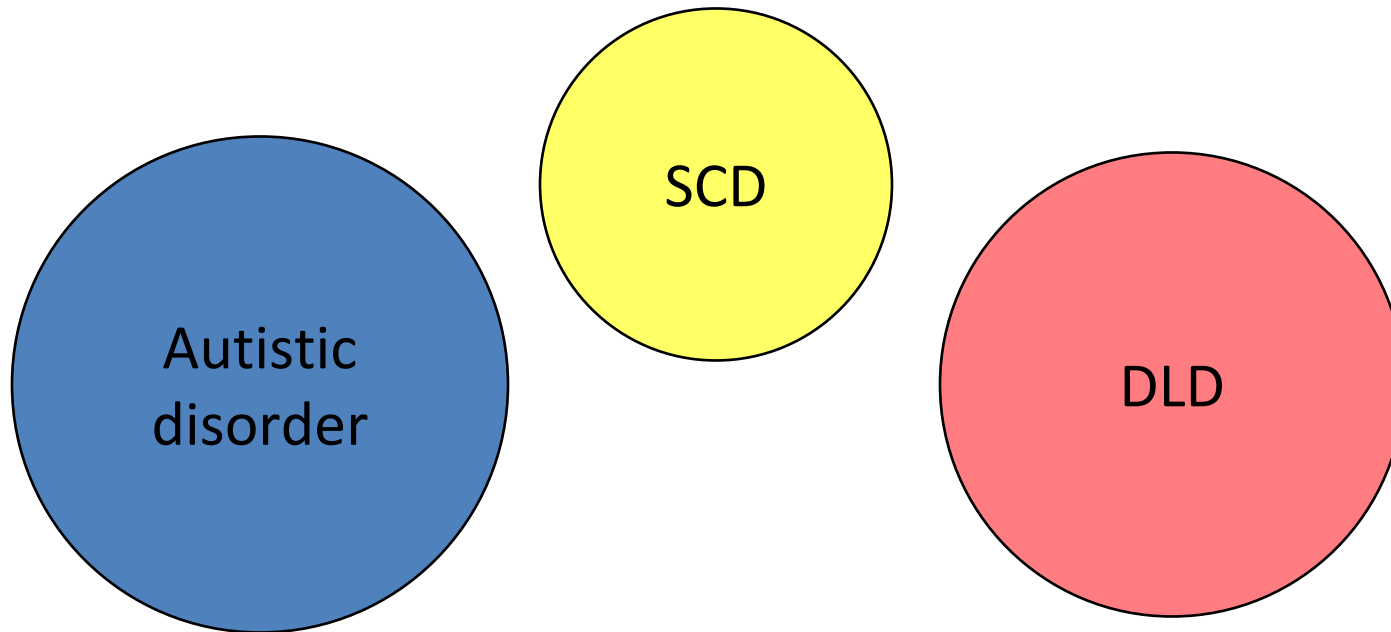


Many have structural language problems resembling DLD

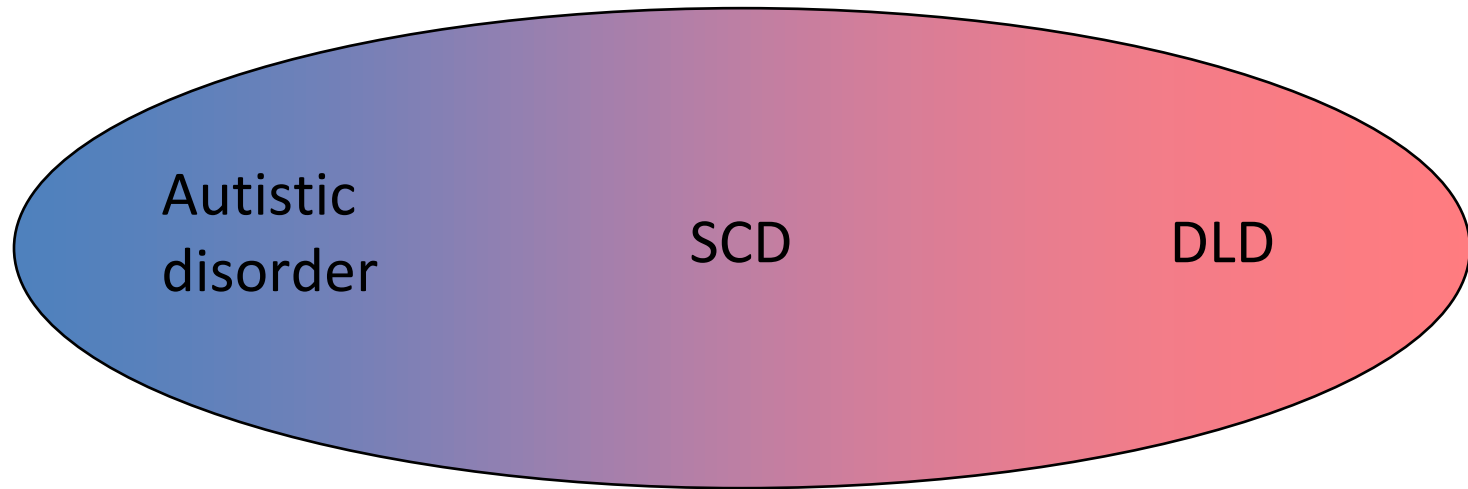


Some have pragmatic problems similar to those in ASD

Social Communication Disorder (SCD)



In practice boundaries hard to draw



CATALISE does not recommend SCD: “we regard pragmatics as part of language, and hence pragmatic impairment as a type of language disorder.”

Children with ASD should have language assessment, and where they have ‘Language Disorder associated with ASD’ then SLT should be considered

If I suspect ASD, what label do I use?

- If unsure -> “Language Disorder” until diagnosis given or rejected
- If ASD diagnosis ruled out: “DLD”.

- describe language impairment & co-occurring disorders, e.g.,

Nature of language impairments

- Semantics
- Pragmatics/language use
- Verbal learning & memory

Co-occurring disorders

- Attention
- Motor skills
- Literacy
- Executive function
- Behaviour

- if ASD diagnosis: “Language Disorder associated with ASD”
 - describe the language impairments (e.g., syntax) too

Intervention and educational provision

- Diagnosis may be the first step to unlock intervention and educational support, but...
- **Intervention and educational provision should be based NOT on the diagnosis, but on the child's detailed profile, severity and functioning in their current environment**
- Therefore need for intervention and nature of that intervention may change with time even if the core difficulties remain

Thank you for listening

Please type questions in the Q&A

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and communication development

Welcome



Gill Earl

Case study 1

Background Information



Child: R

Gender: male

language(s): English

Request for Assistance from nursery – first seen by SLT age 4:0

- no reported ACES - supportive family
- no significant medical or family history
- late talker, other developmental milestones WNL
- limited language reported
- speech – unclear

SLT assessment

- multiple developmental phonological processes (CLEAR)
- spontaneous communication- few words, set phrases, gesture, pointing
- 2nd centile for receptive vocabulary (BPVS)
- very limited ability to express ideas – telegraphic (RAPT)

Other assessment

- community paediatrician – ASD considered – diagnosis not given

Diagnostic considerations

- differential diagnosis – DLD vs. late talker vs. ASD +/- learning difficulties, +/- SSD

SLT intervention

- phonological awareness
 - speech (phonological) therapy
 - early language (listening, following instructions, functional vocabulary, language for specific activities/contexts)
-
- ❑ improvement in speech – most pL processes resolved by age 6
 - ❑ struggled with syllables and rhyme
 - ❑ slow process with language

Diagnostic considerations II

- not SSD – but ? risk for dyslexia
- few signs of ASD and excluded by CCH
- probable DLD – discussed with family and teacher / support for learning

Further assessment (age 5)

- CELF IV – all standardised scores = 1, composite language score = 40
- RAPT – extremely low grammar score (8), information (22). Expressive language contains no conjunctions, few SVO clauses or tense marking
- word retrieval becoming more apparent as vocabulary increases

Conclusion

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

- severe difficulties with both receptive and expressive language
- persistent difficulties
- no identifiable biomedical conditions
- impact on social interaction, academic progress and wellbeing.

Impact of DLD diagnosis



Parents:

- Helpful to receive a diagnosis – provides some answers
- Appreciate information provided by SLT service
- Frustration that DLD is not yet widely understood
- Internet searches – not always helpful □ anxiety / frustration
- Challenged by slow progress and life-long nature of DLD

Further information: (now aged 8:6)

- significant literacy difficulties despite intensive support
- full-time PSA –learning and behaviour (aggression/frustration)

Diagnosis of Developmental Language Disorder (DLD) in a bilingual context



Presenter



Dr Sean Pert, RCSLT Adviser in Bilingualism

Senior Clinical Lecturer at The University of Manchester,
and
Consultant Speech and Language Therapist at The Indigo Gender Service,
Greater Manchester

RCSLT Clinical Guidelines



- **Assessment and intervention must always be carried out in both/all languages.**
- The **main aim** of intervention with bilingual clients is to maintain, restore or **achieve bilingualism.**
- Bilingualism is an advantage **regardless of the presence of a speech, language, or communication disorder**, or feeding and swallowing difficulties.

RCSLT Clinical Guidelines



- The terms 'equitable' and 'equal' are often thought to be synonymous. Services should aim to provide an **equitable service**.
- To achieve the same task will take more time (**at least double when compared to the same task for a monolingual client**) and more resources than when the child and/or family do not share a language with the speech and language therapist

RCSLT Clinical Guidelines



- ...services **cannot provide one part of the care pathway in English-only**...The outcomes are similarly negative and avoidable.
- **Funding issues cannot be used as justification for providing an English-only** (or mainstream language only) service. Funding for interpreters should be sought from the Trust, NHS body, or central organisational funding, rather than the speech and language therapy budget.

Assessment



- Speech and language therapists **must not use standardised assessments to assess bilingual children**, or they should be considered supplemental as descriptive assessments
- This is because standardised assessments have been proven to be inadequate for the diagnosis of language difficulties in bilingual children

Informal assessment



- Informal assessments should be used to assess a child's language skills in home language.
- These should include a valid, descriptive assessment technique such as MLUm.
- It is not recommended that Information Carrying Words are used to assess comprehension, since this doesn't apply to most languages.

What should I include?



- For young children, checklists adapted for other languages are suitable for estimating vocabulary development.
 - Such as the Adaptations of the MacArthur-Bates CDI
- Parental report regarding home language.
- Culturally appropriate photos and activities.
- Check with the interpreter re: cultural issues.

Expressive language



- Do NOT use translations of standardized assessments.
- Calculate MLU as a baseline.
- Assess the child where they feel comfortable to use both/all languages, assessed with the assistance of a bilingual interpreter
- Avoid English-centric terminology such as SVO.

Expressive language



- Research the language structure and how concepts are expressed.
- Do not quote/compare the child to normative data for either the home language or English
- This includes Standard Scores, Age equivalents, Percentile ranks or other scores based on the performance of monolingual children and young people.

Working with Interpreters



- Work **with a professional** an interpreter aged 18 years of over.
- Book in a telephone/telehealth session to check that the language is correct, and the family know what to expect.
- Book a planning session and check for any linguistic and cultural issues.
- Book a de-brief to analyse the data elicited during the session.

Case study



- Mehboob is 3;6 years and comes from a home where Mirpuri, a Pakistani heritage language is spoken.
- Mirpuri has no written form.
- Mehboob has an older brother who speaks Mirpuri and English fluently.
- Mum speaks mainly Mirpuri and Dad both English and Mirpuri.

Findings



- Mother reported that Mehboob could follow instructions at home.
- Mehboob understands a wide range of nouns, actions (verbs) and instructions in Mirpuri, as demonstrated by an informal language assessment in Mirpuri.
- Mehboob can only use a few recognisable words in Mirpuri and English.
- Meboob has no word combinations.

Intervention



- Home language intervention is vital as:
 - Mehboob needs to speak to his mother.
 - Mehboob needs access to good language model
 - Home language learning will support additional language learning..
 - He would have achieved bilingualism if a language disorder had not intervened.
 - He has a legal right under the Equality Act (2010)

Intervention



- Entry criteria for the language provision is based on need, not an arbitrary percentile rank score profile.
- This was negotiated with Education by the team lead.
- SLT input is all in home language.
- Aims should be achieved in home language before English.
- Education is in English.

Outcome



- Mehboob achieved age-appropriate Mirpuri language skills.
- Mehboob had an excellent relationship with his mother, siblings and extended family.
- Mehboob grew in confidence at school and acquired additional language to a level appropriate for his age and education.

Any Questions?



Developmental Language Disorder Diagnosis survey

What are the issues for Speech and Language Therapists across the UK?

What guidance and training will make a difference for you?

Survey is for ALL Speech and Language Therapists NOT just specialists

Google form

10 minutes

Please complete and share widely:

<https://forms.gle/xsXyKjLwezZWQrMj7>

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