

An Introduction to Developmental Language Disorder



This presentation will...

- Explain the **changes to terminology and diagnostic criteria** for developmental language disorders
- Give an overview of how these changes may **impact on service delivery**
- Signpost to relevant **information and resources**

What has changed and why?

Specific Language Impairment (SLI) □ Developmental Language Disorder (DLD)

- In the past, terminology has been variable and confusing
- There has been a lack of research funding for this area and terminology used in research is inconsistent (whilst specific language impairment was used, other terms were also in use e.g. developmental language impairment) (Bishop, 2010)
- SLI was often used in a way that does not align with clinical reality (e.g. 'pure' cases with no co-occurring difficulties)
- Strict discrepancy criteria has led to difficulties with equitable provision of services. A non-verbal IQ score is no longer required for a diagnosis, meaning DLD includes a broader range of children than those that would have met criteria for a diagnosis of SLI

CATALISE

Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence

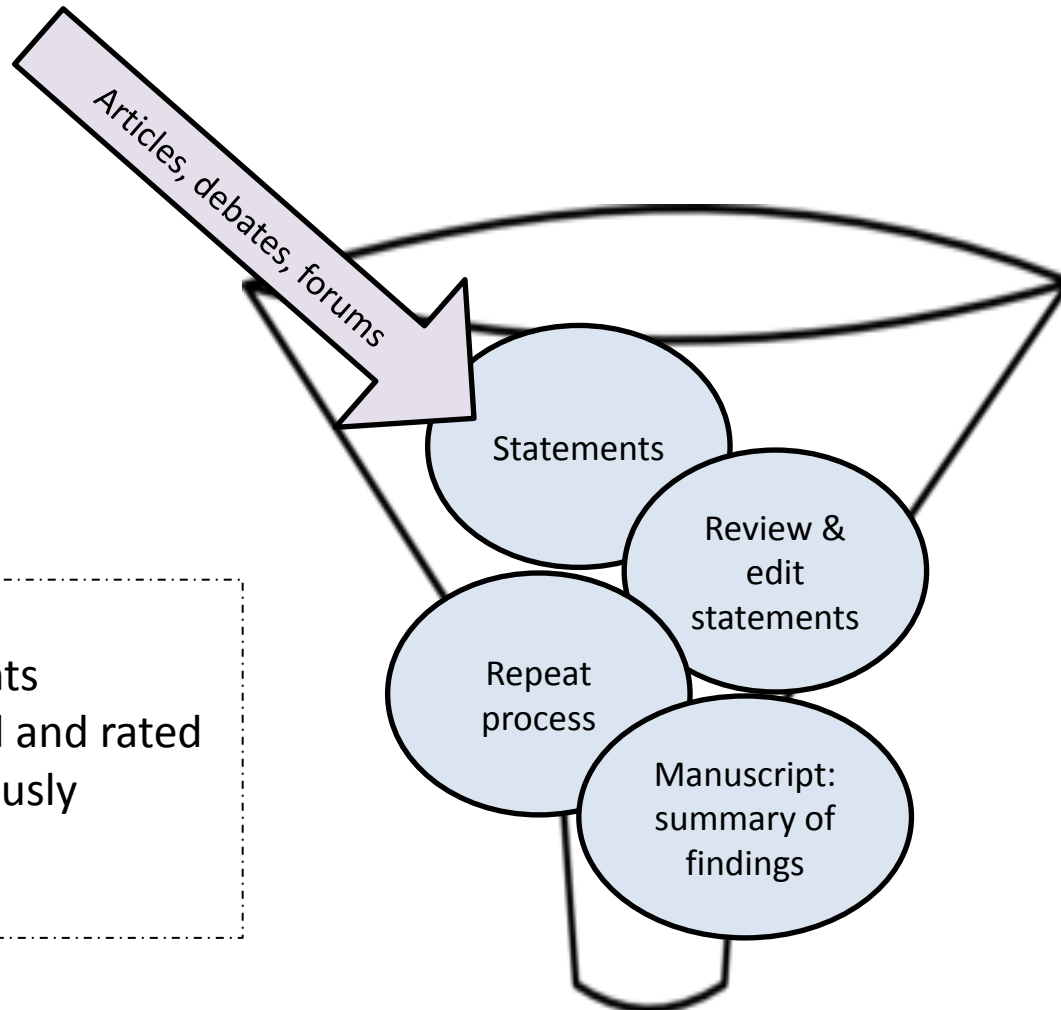
- Group of 57 experts in children's language disorders from English speaking countries including:
 - Speech and language therapists
 - Education
 - Medicine
 - Psychology
 - Audiology
 - Charities



Aim: to seek consensus on identifying children requiring support above and beyond what is available in the classroom

How?

- A Delphi approach was used



- Statements discussed and rated anonymously
- Via email

Key points on terminology

- SLI was rejected as a term due to implying difficulties are highly specific
- ‘Delay’ also rejected as a term due to a lack of research to back up traditional delay versus disorder distinction (e.g. spiky versus flat profile of strengths)
- Acknowledgement that there is no perfect term
- Sub-groups of DLD were not appropriate due to the heterogeneous nature

Why does terminology matter?

- Without a term the difficulties can be seen as less important/ serious
- Consistent terminology can lead to clarity in research studies and evaluation of services
- Consistent terminology can help with raising awareness
- Consistent terminology can help with building consensus across SLT and beyond, leading to more equitable support



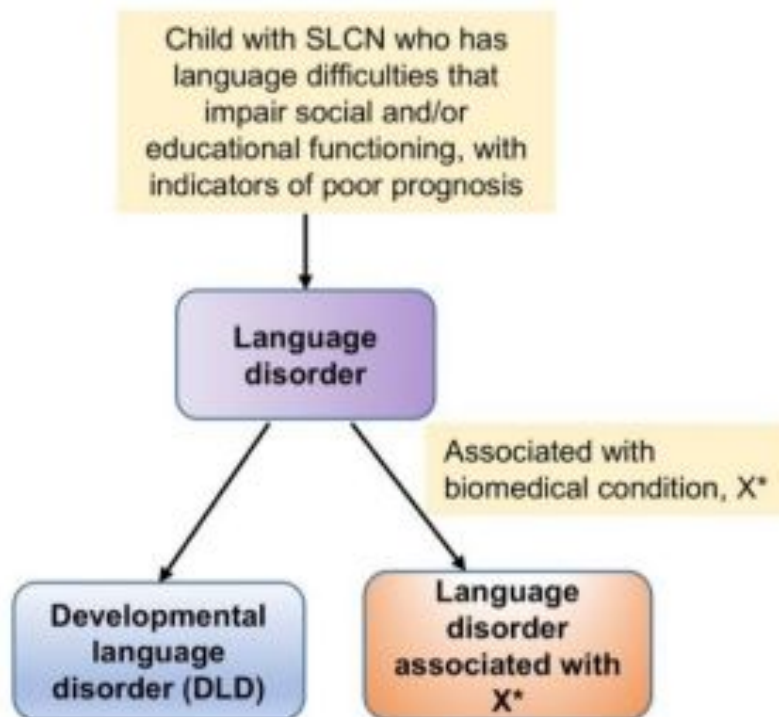
In addition...

- DSM 5 already uses ‘language disorder’ and ‘developmental language disorder’ as terms
- The World Health Organisation ICD 11 is likely to include DLD in the revision of disease classification which will go into effect in January 2022
- DLD exists as a term in SNOMED CT, a clinical health terminology soon to be mandated in the NHS in England
- Other countries have begun to endorse and adopt DLD as a term, including Ireland and Australia (RCSLT, 2017)

This doesn't mean there haven't been arguments against labels...

- Risk of being used as a gateway to resources and input
- Risk of stigmatizing individuals
- Suggests individuals with DLD are a homogenous group

However, the group felt a label was necessary despite these factors



*includes genetic syndromes, a sensorineural hearing loss, neurological disease, Autism Spectrum Disorder or Intellectual Disability

Co-occurring disorders:

- ADHD
- Motor skills
- Literacy
- Speech
- Exec. Function
- Behaviour
- Adaptive behaviour

Risk factors:

- Family history
- Poverty
- Low level of parental education
- Neglect/ abuse
- Prenatal/perinatal problems
- Gender (male)

Bishop et al. (2016)

Diagnostic criteria

- Difficulties lead to functional problems with communication or learning in everyday settings
- Indicators of poor prognosis – difficulties persist beyond 5 years

Language Disorder

Diagnostic criteria

- Difficulties lead to functional problems with communication or learning in everyday settings
- With indicators of poor prognosis
- In association with a biomedical condition (ASD, intellectual disability, genetic syndrome, sensorineural hearing loss)

Language Disorder associated with X

The term Developmental Language Disorder (DLD) should be used for children where...

- 1** The child has language difficulties that create barriers to communication or learning in everyday life



- 2** The child's language problems are unlikely to be resolved by five years of age



- 3** The problems are not associated with a known biomedical condition such as brain injury, neurodegenerative conditions, or chromosome disorders

DLD diagnosis should be accompanied with specification of the **impact** on domains of:

1 Phonology



4 Semantics



2 Grammar (syntax and morphology)



5 Word finding



3 Verbal learning and memory



6 Pragmatics/ language use



Many symptoms persist into adolescence and beyond

Assessment and differential diagnosis

- Accuracy of prognosis increases with age and it is often possible to identify children with persistent difficulties by the age of 5. Persistent difficulties are an indicator of Developmental Language Disorder
- For children at high risk of persisting difficulties DLD can be diagnosed earlier than 5 years
- For those at low risk, it is recommended that a diagnosis is not given before 5 years
- A range of language domains should be assessed
- Functional communication skills should be considered in more than one environment if possible
- Diagnosis is not given purely based upon a 'cut off' score
(RCSLT, 2017)

Assessment and differential diagnosis

Continued...

- Disorder is defined in terms of functional impairment and indicators of poor prognosis
- Socio-economic status not used as an exclusionary factor
- Assessment of non-verbal IQ by an educational psychologist is not required
- Non-verbal IQ not used as criteria as no evidence to suggest those with low average non-verbal IQ won't respond to intervention
- DLD should not be characterised by a spiky profile and the term 'delay' is not recommended to describe a flatter profile
- For children at risk of DLD, but where a diagnosis is not yet certain, the term 'language difficulties' is recommended
- Ongoing assessment and monitoring should take place to reflect changing needs, demands and priorities over time

**Assessments by an
SLT are needed to
identify how DLD is
affecting an
individual's...**



Communication

**Social
participation**

Wellbeing

Learning

If a child has a ‘language disorder associated with X’ does this mean all their language difficulties are attributed to the biomedical condition?

- ‘Associated with’ does not equate to ‘caused by’
- Support should be determined by the profile of needs of the individual

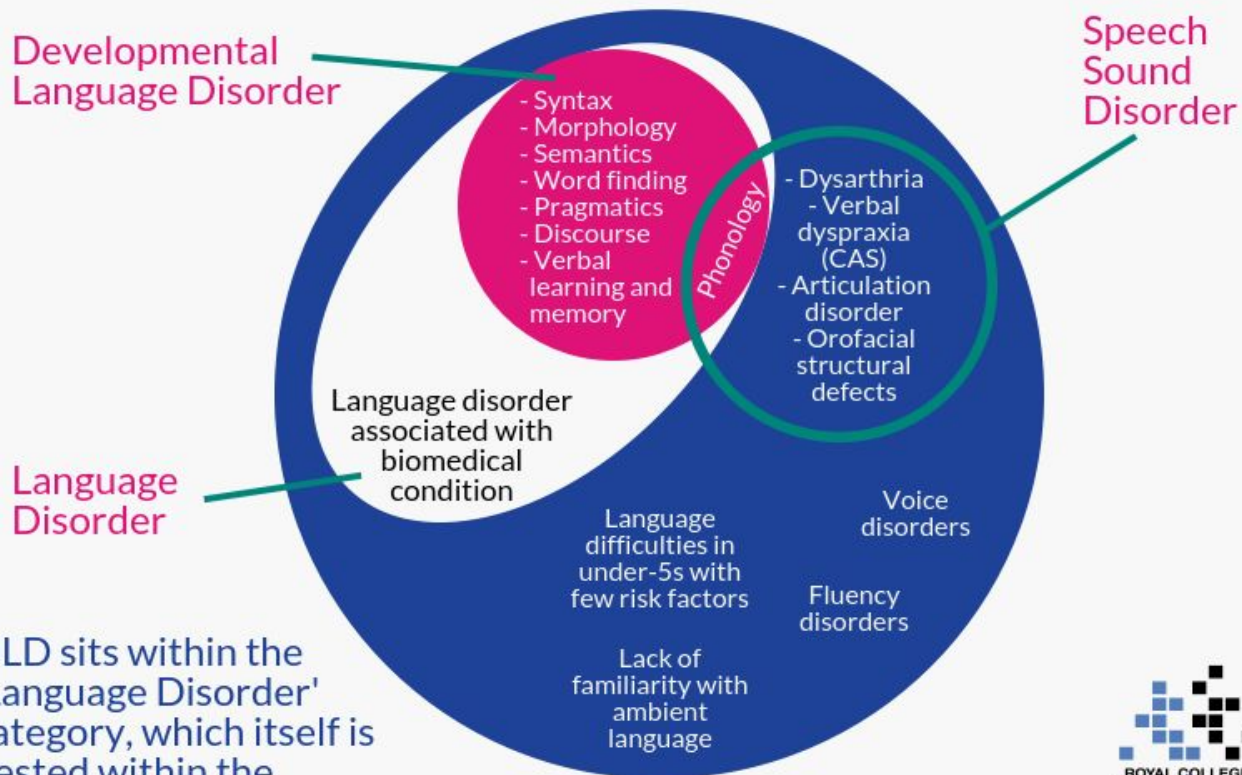


What does not meet criteria for developmental language disorder?

- Late talkers with few indicators of poor prognosis
- Poor phonological awareness as a stand alone difficulty
- Children learning more than one language, unless there is evidence of meeting DLD criteria in their home language

So how does this all fit together?

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)

What about children with an existing diagnosis of SLI?



- A change in diagnostic terminology should not result in withdrawal of services or SLT input



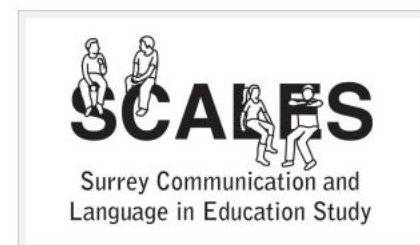
Prevalence

Norbury et al. (2016) carried out the SCALES study to determine prevalence of language disorders.

Developmental Language Disorder (cause unknown):
7.58%

Language Disorder associated with another condition
(e.g. ASD, cerebral palsy, intellectual disability): **2.34%**

Total prevalence of children with Language Disorder (any kind): **9.92%**



Language Disorder of any kind affects nearly 1 in 10 children



9.92%

What does this mean?

- In terms of language difficulty severity, social and emotional difficulties and behavioural difficulties no difference was found between children with an average or low-average non-verbal IQ
- A spiky profile was not indicative of response to therapy
- Research suggests language stability increases as children become older and therefore whilst prevalence rates for adults are not currently available they can be predicted

(Norbury, 2016)

Are services likely to be inundated with new referrals?

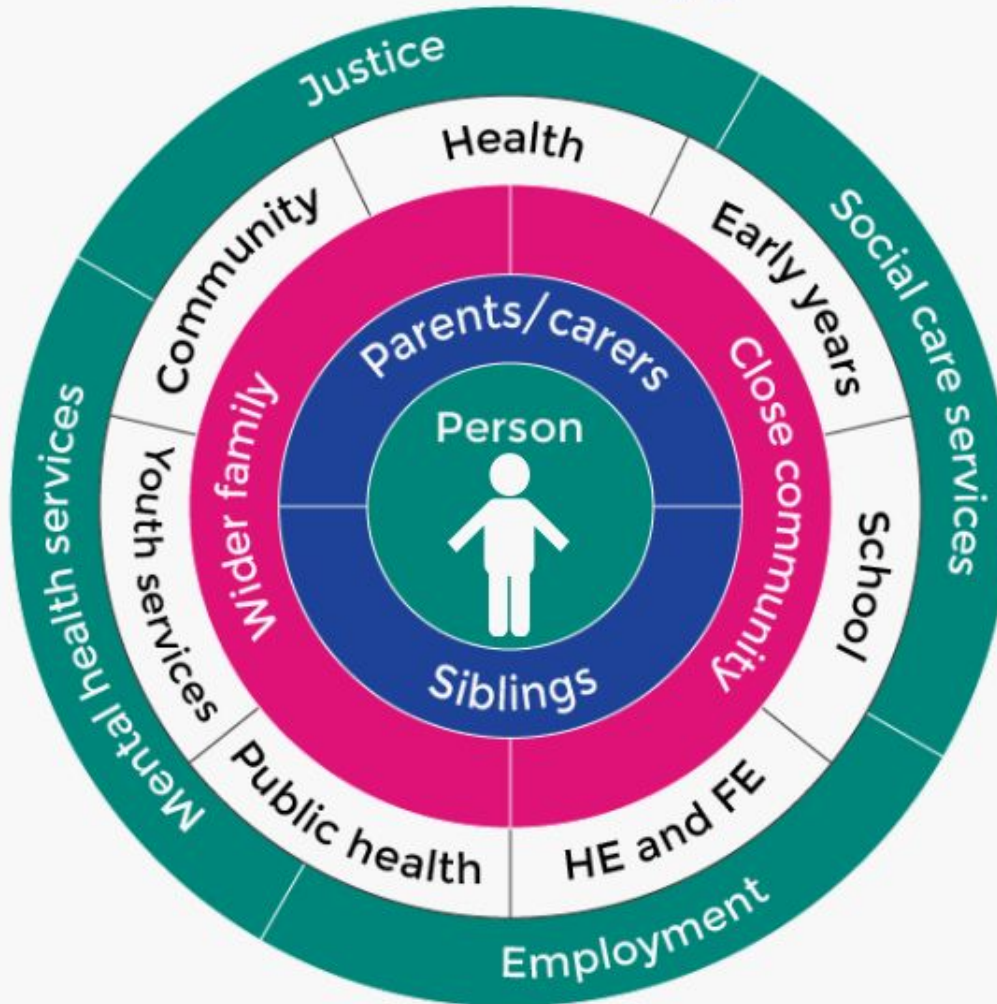
- No differences found between those with average and low average NVIQ in terms of severity, social/emotional/behavioural difficulties or educational achievement
- Needs-led services encouraged
- Impact of difficulties will change over time
- Conversations with commissioners are important



Intervention

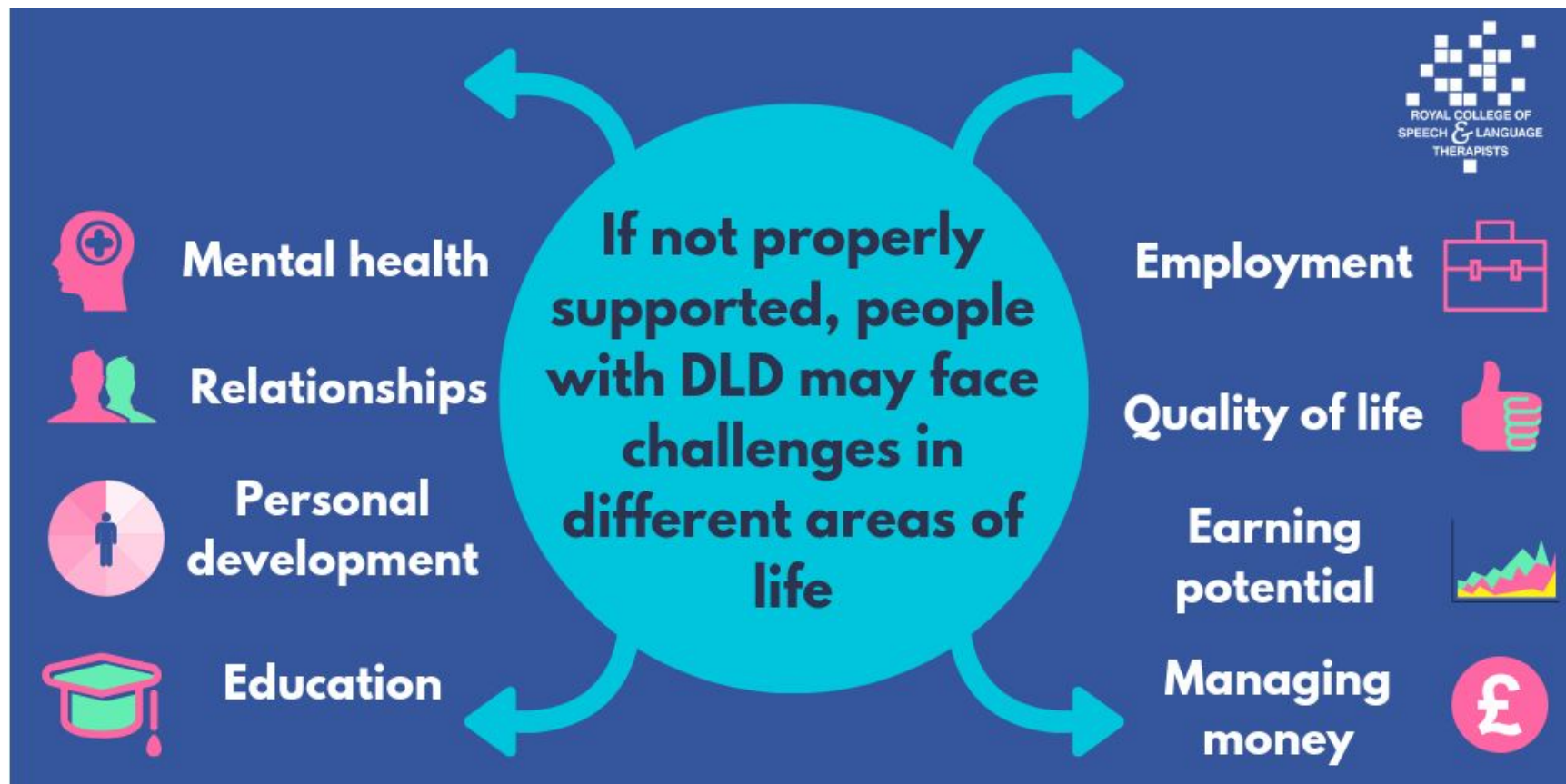
- All children with identified SLCN would benefit from speech and language support and early intervention
- Research comparing language interventions for DLD is emerging
- It is essential that SLTs use outcome measures and evaluate the impact of interventions provided
- Evidence-based interventions can be found on the ‘What Works?’ database (The Communication Trust, 2019)

Person-centred approach



Impact and outcomes

- Many features of DLD persist into adulthood (Nippold et al. 2009)
- Individuals with DLD may have social communication difficulties, however, research suggests pro-social skills are an area of relevant strength (e.g. Toseeb et al. 2017)
- Features of DLD can impact on academic success (e.g. information processing, reading, recalling information)
- Individuals with DLD may have difficulties with functional tasks (e.g. learning to drive) (Durkin et al. 2016)
- Individuals with DLD are at risk of economic disadvantage (e.g. Conti-Ramsden et al. 2016)



Implications for service delivery

- Changes will take time to implement
- The degree of change will depend on local circumstances
- Access to services currently is variable
- Terminology clarification can potentially help with planning services, data collection and outcome measurements
- SLTs should continue to work in partnership with other professionals, ensuring that the children and families' perspectives are central to decision-making and goal-setting
- Services may need to adapt current resources/training materials to reflect terminology changes

What about local language provisions? The criteria states a diagnosis of SLI/ needs information about non-verbal IQ

- Will depend on local services
- Have open discussions with other professionals and commissioners
- Entry criteria may need to be reviewed over time
- These provisions should be needs-led



Top tips

1. Build confidence and understanding around the changes within your SLT teams first
2. Communication is key. Liaise with parents, service users and external stakeholders face to face. Make it a discussion rather than/ in addition to providing training
3. Highlight the positives of using a shared language and opportunities for a joined up approach
4. Pool your resources via RCSLT and make use of handy resources others have produced to save time
5. Create a network within your service of people with specialist skills or an interest in DLD
6. Watch the DLD webinar to hear more focused information about service delivery using a case study in Hackney
7. Have conversations with commissioners
8. Join your local CEN or hub and start discussions with peers, engage in study days

Current RCSLT resources



Visit the RCSLT DLD web pages for links to resources such as:

- Systematic reviews
- Journal articles
- Research impact case studies
- Briefing paper
- FAQ document
- Fact sheet
- External presentations and posters
- Webinar

<https://www.rcslt.org/members/clinical-guidance/developmental-language-disorder>

Related and future RCSLT work



- Research priorities project
- Story telling project
- Children's strategy work
- Bercow: Ten years on
- Outcome measures programme of work
- Terminology work via. SNOMED CT
- Liaising with government
- DLD factsheet
- System leader roundtable event
- Collection of resources

External resources and organisations

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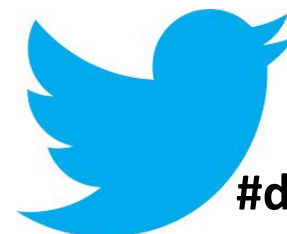
What Works?



Article Talk

Developmental language disorder

From Wikipedia, the free encyclopedia



#devlangdis

Useful references

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