

## Clarification on DLD briefing paper

*Susan Ebbels clarifies the RCSLT's position on developmental language disorder (DLD) in relation to diagnosis under the age of 5 and non-verbal IQ.*

The RCSLT DLD briefing paper's main recommendations about when to diagnose DLD are as follows:

1. The child has language difficulties that create barriers to communication or learning in everyday life;
2. The child's language difficulties are unlikely to resolve by five years of age; and
3. The language difficulties are not associated with known biomedical conditions such as brain injury, neurodegenerative conditions, genetic conditions or chromosome disorders such as Down syndrome, sensorineural hearing loss, or autistic spectrum disorder or intellectual disability.

The second and third points have created some confusion recently, particularly the differential diagnosis of intellectual disability versus DLD and diagnosis of language disorder or DLD in children under 5 years of age.

### Intellectual disability

On p4 the briefing paper has been amended to make clear that, when talking about intellectual disability, it is *non-verbal* IQ that would typically be below 70, rather than a combination of verbal and non-verbal IQ. The amended section on intellectual disability now reads (change in italics): "This diagnosis would typically entail a *non-verbal* IQ level below 70 as well as major limitation of adaptive behaviour. Where this is the case, the diagnosis would be 'language disorder associated with intellectual disability'".

If an overall, combined IQ level were to be used, it would be very difficult for a child with a severe language disorder to get a diagnosis of DLD, as their low verbal scores would pull their combined score down. Also, children with lower verbal IQs would need higher non-verbal IQs than other children to compensate and thus to receive a diagnosis of DLD. This interpretation was not intended in the original version of the briefing paper and



the amendment makes this clear.

In addition, also on p4, the briefing paper states that for children who do have differentiating conditions, "language disorders occurring with these conditions need to be assessed and children offered appropriate intervention".

### Diagnosis in children under 5

On p2 the briefing paper states that DLD should be diagnosed when a "child's language difficulties are unlikely to resolve by 5 years of age" and later that the "emphasis is on children whose difficulties are unlikely to resolve without specialist help" (p4). So it is important that SLTs are able to make decisions about whether a child's difficulties are likely to resolve by 5 years or not. Specific risk factors are listed in section 2.2 of the paper: poor language comprehension, poor use of gesture, socio-economic disadvantage and/or a family history of language impairment.

For pre-schoolers with language behind their peers, distinguishing those who have few risk factors from those at high risk of persisting difficulties is important for informing intervention decisions. The briefing paper clearly states that children "who do not have these risk factors would fall under the broader category of SLCN, but would not merit diagnosis of 'disorder' unless the problems persist to 5 years of age" (p4). They could also be described as having 'language difficulties', a descriptive

term, which does not imply anything about the likelihood of these resolving.

So, what about children who are under 5 years of age and are at high risk of having persisting difficulties? The briefing paper perhaps does not make a clear enough statement about this group, but it does say "language is relatively stable by the age of 4" (p7) and "if a child fails to make sufficient progress following systematic targeted interventions (eg, setting based language groups), this may be an indication of meeting criteria for DLD diagnosis" (p13). Therefore, for a child with language below peers, who has risk factors such as poor language comprehension, family history of language difficulties and poor use of gesture, and who has made insufficient progress following intervention, a diagnosis of language disorder or DLD could be given before the age of 5. If the presence of differentiating conditions is uncertain, 'language disorder' as an umbrella term could be the most appropriate diagnosis, which could later be revised to either 'language disorder associated with X', or DLD, when the presence or absence of differentiating conditions has been ascertained.

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