

DEVELOPMENTAL LANGUAGE DISORDER

Question: What is Developmental Language Disorder?

Answer: Dr Mary Claessen (Australia)



Many children experience difficulties learning language both receptive (comprehension) and expressive. Many of these children experience difficulties learning to read and write and the difficulties often persist into adulthood and impact education, employment and quality of life. For many years there has been a lack of agreement about what term to use to describe this population. Perhaps as a result, the general public have little awareness about language impairment and the lifelong impact of such a disorder, particularly compared with other conditions such as Autism Spectrum Disorder.

Recently, a Delphi Consensus study was published, that recommended use of the term Developmental Language Disorder or DLD, to describe language difficulties that arise in childhood and are significant, persistent, and have a functional impact. A diagnosis of DLD should only be made after a comprehensive assessment which combines information from a range of sources including caregiver and educator reports. Diagnosis of DLD in children younger than four is not recommended as many children who are late to talk catch up without any additional help, and there are currently no criteria which reliably identify children whose language difficulties will persist. Consider describing this population as having language difficulties rather than DLD.

Language disorders frequently co-occur with other difficulties in areas such as attention, motor control and social difficulties. Such children can be described as having Developmental Language Disorder with co-occurring attention/ motor control etc difficulties. Language difficulties are also frequently associated with other biomedical conditions such as Down Syndrome and Autism Spectrum Disorder. This group of children can be referred to as having Language Disorder associated with X (Down Syndrome etc).

References:

Bishop, D. V., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & Catalise Consortium. (2016). CATALISE: A multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children. *PLOS one*, *11*(7), e0158753.

Bishop, D. V., Snowling, M. J., Thompson, P. A., Greenhalgh, T., Catalise-2 Consortium, Adams, C. (2017). Phase 2 of CATALISE: A multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*, *58*(10), 1068-1080.

Question: Should speech-language pathologists use the term Developmental Language Disorder (at all times)?

Answer: The IALP Child Language Committee

Developmental Language Disorder (DLD) is the term recommended by an international team of professionals to refer to children with a significant language impairment that is persistent and has a functional impact on education and socio-emotional well-being (Bishop et al., 2017). DLD affects approximately 7% of the population (Norbury et al 2016). It can be diagnosed at any point in childhood or adolescence, generally affects both oral and written language during the school years, and extends into adulthood. DLD is diagnosed when language disorders are evident and cannot be better explained by another primary diagnosis such as autism spectrum disorder, sensorineural hearing loss, or intellectual impairment. If such conditions exist, a diagnosis of “language disorder associated with X” can be applied. It is accepted that DLD often co-occurs with disorders in cognitive, sensorineural and motor domains, such as attentional problems and motor problems. In this case the language disorder is the primary condition and thus the diagnosis would be, for example, “DLD with attention deficit disorder,” or “DLD with developmental co-ordination disorder” (Bishop et al., 2017).

The Child Language Committee agrees that widespread adoption of the term, Developmental Language Disorders, has a number of advantages, including advocating for services for those impacted and increasing public awareness in order to improve identification and attract research funding. However, the Child Language Committee acknowledges there are some challenges associated with this change in terminology. One challenge is that the DSM-5 has a broad category for Language Disorder but does not refer to the term Developmental Language Disorder. Another challenge is that eligibility for services or second party reimbursement policy may be encoded with other terminology, which cannot be easily changed in the short term (e.g. “Speech or Language Impairment” [US federal law]). In those cases, the Child Language Committee advocates for the use of terminology that is in the best interest of the child or adolescent. Whenever possible, the Child Language Committee recommends using the term Developmental Language Disorder (perhaps in conjunction with existing terminology) to help raise awareness and support the adoption of this term.

References:

- Bishop, D. V., Snowling, M. J., Thompson, P. A., Greenhalgh, T., Catalise-2 Consortium, Adams, C., ... & House, A. (2017). Phase 2 of CATALISE: A multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*, 58(10), 1068-1080.
- Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., ... & Pickles, A. (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *Journal of child psychology and psychiatry*, 57(11), 1247-1257.

Question: Why should we raise public awareness of developmental language disorder (DLD)?

Answer: Dr Jelena Kuvac Kraljevic (Croatia)

Developmental language disorder (DLD) is a hidden disability and its symptoms are not always obvious at the first glance. Consequently, children with DLD may be considered lazy or their potential to learn underestimated. Despite similar numbers of boys and girls having DLD, significantly more boys are referred to services for support (Norbury et al., 2016).

Therefore it is important to raise public awareness to:

- Increase knowledge about some condition that leads to change of the public mind-set.
- Minimise social barriers and ensuring full integration of children and young people with DLD in society.
- Improve education policy e.g. ensuring more inclusive schooling.
- Increase referrals for specialist support.

There are different ways to raise public awareness. It can be done through specific planned activities and education, campaigns, websites, posters, television and radio shows, newspaper or any other publicly available medium. It is well known that long-term awareness raising campaign is more effective than large but short-term one. However, involving parents and children with DLD in a public awareness campaign is crucial as they can best describe their experience of living with DLD.

In order to raise the awareness of language disorders in the world, RADLD (Raising Awareness of Developmental Language Disorders) was launched in 2011. Every year in mid-October, the International Developmental Language Disorder Awareness Day is celebrated. Let's join this campaign and increase the visibility of children with DLD: the difficulties that they face and their strengths and achievements.

References

Bishop, D.V.M., Clark, B., Conti-Ramsden, C., Norbury, C. F., Snowling, M. J: (2012) RALLI: An internet campaign for raising awareness of language learning impairments. *Child Language Teaching and Therapy*, 28(3), 259-262.

The Council of Europe. Factsheet on the Awareness Raising on the Rights of Persons with Disability. Downloaded April 20, 2020. <https://rm.coe.int/factsheet-awareness-rev-2-/16808b4e46>

Kuvac Kraljevic, J. (2015). *Recognition and education of children with language disorders*. Zagreb: Faculty of Rehabilitation and Educational Sciences.

Law, J., McKean, C., Murphy, C-A., Thordardottir, E. (2019) *Managing Children with Developmental Language Disorder: Theory and Practice across Europe and Beyond*. London: Routledge.

Norbury, C. F., Gooch, G., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakes, G., Pickles, A. (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *Journal of Child Psychology and Psychiatry*.

Pitanje: Zašto trebamo povećati svjesnost javnosti o razvojnom jezičnom poremećaju (RJP)?

Odgovor: Dr Jelena Kuvac Kraljevic (Croatia)

Razvojni jezični poremećaj (RJP) prikrivena je teškoća čiji simptomi nisu uvijek vidljivi na prvi pogled. Često se može čuti kako su djeca koja imaju RJP lijena ili se njihovi potencijali za učenje podcjenjuju. Štoviše, procjenjuje se da je tek nešto malo više od polovice sve djece s RJP-om, među kojima više djevojčica, uključeno u neki oblik podrške (Norbury i sur., 2016). Stoga podizanje svjesnosti ima važnu ulogu u prevladavanju negativnih stavova o RJP-u, povećanju podrške i smanjivanju marginalizacije i socijalne isključenosti koju djeca s RJP-om često osjete. Svjesnost javnosti razina je razumijevanja koju javnost ima o prirodi različitih stanja – u ovom slučaju RJP-a i posebnih potreba koje djece i mladi s RJP-om imaju. Doprinosi podizanja svjesnosti javnosti su:

1. Povećavanje znanja o određenim stanjima koje vode do promjene u stajalištima javnosti.
2. Umanjivanje socijalnih prepreka i osiguravanje pune integracije djece i mladih s RJP-om u društvo.
3. Unaprjeđivanje obrazovnih politika primjerice, osiguravanje još inkluzivnijih škola.
4. Povećavanje podrške specijalista.

Postoje različiti načini podizanja svjesnosti javnosti. To se može napraviti putem posebno planiranih aktivnosti i edukacija, kampanja, mrežnih stranica, postera, televizijskih i radijskih emisija, novina i bilo kojih drugih javno dostupnih medija. Poznato je da je dugotrajna kampanja podizanja svjesnosti javnosti učinkovitija nego jedna velika, ali kratkotrajna. Dakako, uključenost roditelja i djece s RJP-om u kampanjama podizanja svjesnosti javnosti jako je važna, jer samo oni mogu najbolje opisati svoja iskustva življenja s RJP-om.

Kako bi se povećala svjesnost o jezičnom poremećaju u svijetu, pokrenut je 2011. RADLD (Povećavanje svjesnosti o razvojnom jezičnom poremećaju). Svake godine sredinom listopada

Obilježava se Međunarodni dan o razvojnom jezičnom poremećaju. Priključimo se toj kampanji i

Povećajmo vidljivost djece s RJP-om: teškoće s kojima se oni suočavaju te njihove jake strane i postignuća.

Question: Is it possible to accurately identify and diagnose children with Developmental Language Disorder in a dialectal situation?

Answer: Dr Elena Theodorou (Cyprus)

Identifying and diagnosing children with Developmental Language Disorder is recognized internationally by speech and language therapists as exceptionally challenging. This situation becomes even harder when the child's first language is different from the standard language. This is the case for many countries where one or more dialects co-exist with a standard variety of the language. It is important to distinguish between language variation in dialectal situations and language impairment. Further, research has highlighted the need for language tests that take into account linguistic characteristics of the dialect (e.g. Theodorou, et al., 2019; Oetting, 2018; Bedore, et al., 2018; Theodorou, et al., 2016). Many norm-referenced tests have been published in different languages that evaluate language abilities of children who are speakers of the Standard language. Thordardottir and her colleagues (2011) suggested that the language differences between the dialect and standard language may not always be important so as to rule out the use of such tests for identification of children with impaired language. They also suggested that appropriate modifications can be made in order for the tests to be effective for children who are dialect speakers. This was confirmed by Theodorou and her colleagues (2016) who showed that tests, which were developed to assess language abilities of children who speak Standard Modern Greek were appropriate to identify children whose first language is the Cypriot Greek dialect, if the appropriate modifications are made. Therefore, it is possible to accurately identify and diagnose those individuals with Developmental Language Disorder whose native language differs from the mainland variety but the assessor must recognize the linguistic situation of the person being assessed.

References:

- Bedore, L. M., Peña, E. D., Anaya, J. B., Nieto, R., Lugo-Neris, M. J., & Baron, A. (2018). Understanding Disorder Within Variation: Production of English Grammatical Forms by English Language Learners. *Language, Speech, and Hearing Services in Schools*, 49, 277–291. https://doi.org/10.1044/2017_LSHSS-17-0027
- Theodorou, E., Petinou, K., & Kambanaros, M. (2019). National vignette: Cyprus vignette. In Law, J., McKean, C., Murphy, C.-A., & Thordardottir, E., (Eds.), *Managing Children with Developmental Language Disorder: Theory and Practice Across Europe and Beyond* (pp 179–188). England: Routledge.
- Oetting, J. B. (2018). Prologue: Toward Accurate Identification of Developmental Language Disorder Within Linguistically Diverse Schools. *Language, Speech, and Hearing Services in Schools*, 49, 213–217. https://doi.org/10.1044/2018_LSHSS-CLSLD-17-0156
- Theodorou, E., Kambanaros, M., & Grohmann, K. K. (2016). Diagnosing bilingual children with SLI: Determination of identification accuracy. *Clinical linguistics & phonetics*, 30(12), 925–943.
- Thordardottir, E., Kehayia, E., Mazer, B., Lessard, N., Majnemer, A., Sutton, A., Trudeau, N., & Chilingaryan, G. (2011). Sensitivity and specificity of French language and processing measures for the identification of primary language impairment at age 5. *Journal of Speech Language Hearing Research*, 54, 580–597

Question: What methods can be used to seek and prioritise the voice of children and young people with language disorders?

Answer: Dr Rena Lyons (Ireland)

Much of our knowledge about language disorders comes from research underpinned by a positivist paradigm with a focus on measurement of linguistic, cognitive, and psychosocial variables. Although this research has enhanced our knowledge and understanding of processes underpinning language disorders, as well as evidence in relation to assessment and intervention, little is known about the experiences of children and young people with language disorders. According to Article 12 of the United Nations Convention on the Rights of the Child (United Nations, 1989), children have the right to express their views on all matters affecting them. Researchers and practitioners may ask parents about their children's views rather than asking children themselves. These proxy reports are problematic because the perspectives of children and parents may differ (and may not reflect children's feelings and views).

Research *with* children with language disorders is still in its early days. Researchers have been using qualitative methods to seek and prioritise the views of children and young people with language disorders. Given that qualitative research data collection and analysis methods are based on generating and analyzing talk, it is important that a range of methods are used flexibly, without compromising rigour, to enable children with language disorders to have their say. A range of methods have been used to explore the views of children with language disorders: bespoke picture resources to support children with speech and language disorders to talk about talking in everyday activities (Merrick, 2014); interviews combined with visual methods such as photography, visual supports, drawings (Lyons & Roulstone, 2018; Tancredi, 2019); and focus groups (Markham et al., 2009). In recent years, the views of children with language disorders have been sought regarding speech and language therapy provision in schools (Gallagher, Murphy, Conway, & Perry, 2019) and setting research priorities (Chadd, Kulkarni, & Longhurst, 2020). However, the field is still in its early days of using these methods and it is important to critically reflect on these methods, understand their limitations, and how they can be improved. Children's views could inform assessment and shape the design of interventions e.g., the inclusion of goals that are important to them in their everyday lives.

References

- Gallagher, A. L., Murphy, C. A., Conway, P. F., & Perry, A. (2019). Engaging multiple stakeholders to improve speech and language therapy services in schools: an appreciative inquiry-based study. *BMC Health Services Research*, *19*(1), 226-226. doi:10.1186/s12913-019-4051-z
- Chadd, K. E., Kulkarni, A. A., & Longhurst, L. M. (2020). Involving Individuals with Developmental Language Disorder and their Parents/Carers in Research Priority Setting. *JoVE*(160), e61267. doi:10.3791/61267
- Lyons, R., & Roulstone, S. (2018). Well-Being and Resilience in Children With Speech and Language Disorders. *Journal of Speech, Language, and Hearing Research*, *61*(2), 324-344. doi:10.1044/2017_JSLHR-L-16-0391
- Merrick, R. (2014). *Picture Me: Children's Views of Speech, Language and Communication Needs*. Guildford, England: J & R Press.
- Tancredi, H. (2019). Meeting obligations to consult students with disability: methodological considerations and successful elements for consultation. *The Australian Educational Researcher*, 1-17.

Question: How do children's language abilities relate to their quality of life?

Answer: Dr Cristina McKean (UK)

The World Health Organisation defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (WHO n.d.). In research studies this construct is often measured using Health Related Quality of Life tools (HRQoL) where the child or their parents reports on their perceptions of their HRQoL.

To examine relationships between language ability and HRQoL the most valid approach is to examine population cohorts which represent all children in a community, not only those who are referred to clinical services. Children with low language abilities (usually defined as achieving a score on a standardised omnibus language measure falling > 1.25 SD below the mean) are at substantially increased risk of experiencing reduced HRQoL and this can be present relatively early in the child's development. McKean et al (2017) found that at 7 years approximately one third of children with low language abilities experience reduced HRQL in school, psychosocial and emotional domains. This is compared to 12 to 15% in children with typical language.

Importantly HRQoL can change over time. Eadie et al. (2018) and Le et al. (2020) have demonstrated the potential for a worsening trajectory in HRQoL between 4 and 13 years in children with low language abilities, with more than half experiencing this worsening pattern.

It is important to note that not all children with language difficulties experience reduced HRQoL. Co-occurring social-emotional problems appear to play an important role in increasing such risks. The functional impacts of low language abilities must be monitored over time. Children who appear to have good quality of life in early school years may begin to feel differently as they move into adolescence. Interventions should not only aim to improve children's language ability but also address the wider functional impacts of low language and these interventions must extend into the teenage years if we are to fully meet the needs of children and young people with language difficulties.

References

Eadie, P., Conway, L., Hallenstein, B., Mensah, F., McKean, C. and Reilly, S., (2018). Quality of life in children with developmental language disorder. *International Journal of Language & Communication Disorders*, 53(4), pp.799-810.

Le, H.N., Mensah, F., Eadie, P., McKean, C., Sciberras, E., Bavin, E.L., Reilly, S. and Gold, L., (2020). Health-related quality of life of children with low language from early childhood to adolescence: results from an Australian longitudinal population-based study. *Journal of Child Psychology and Psychiatry*. doi:[10.1111/jcpp.13277](https://doi.org/10.1111/jcpp.13277)

McKean, C., Reilly, S., Bavin, E.L., Bretherton, L., Cini, E., Conway, L., Cook, F., Eadie, P., Prior, M., Wake, M. and Mensah, F., (2017). Language outcomes at 7 years: Early predictors and co-occurring difficulties. *Pediatrics*, 139(3), e20161684. doi: 10.1542/peds.2016-1684

World Health Organisation (n.d.) Health Statistics and information systems <https://www.who.int/healthinfo/survey/whogol-qualityoflife/en/>