



Ask me about DLD!

What? Who? Why? How?
So what?

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Disclosures

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CATALISE

Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence

Dorothy Bishop, Maggie Snowling,
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Do we really need labels?

Concerns re potential for stigmatisation and low expectations

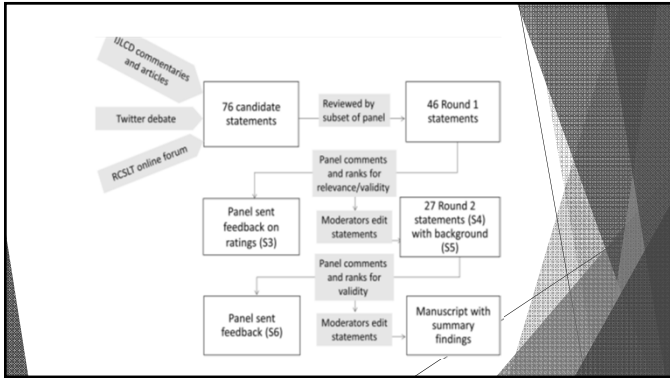
- Numerous longitudinal studies confirm serious impact of language disorder on children's educational and social outcomes: children are not helped by minimising the problem
- Need to take active steps to educate teachers about language disorders, to recognise that some problems are serious and persistent
- Work with teachers to counteract negative stereotypes: ensure all children have education plan that includes focus on their strengths as well as weaknesses - some time allocated for activities child enjoys and can shine in

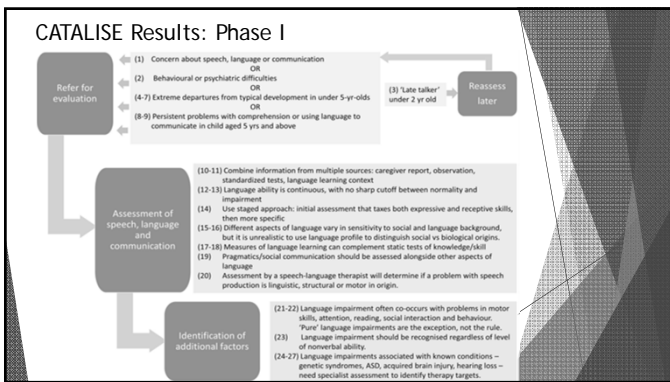
How? The Delphi method

- ▶ The Delphi method is an iterative process in which an initial set of statements is rated by a panel of experts, who then have the opportunity to view anonymized ratings from other panel members.
- ▶ On this basis they can either revise their views or make a case for their position.
- ▶ The statements are then revised based on panel feedback, and again rated by and commented on by the panel.
- ▶ The experts answer questionnaires in two or more rounds.
- ▶ After each round, a **facilitator** provides an anonymized summary of results from the previous round.
- ▶ Experts are encouraged to revise their earlier answers in light of the replies of other members of their panel so the group will converge towards the "correct" answer.
- ▶ Key features of Delphi process
 - ▶ **Anonymity of the participants:** This prevents the authority, personality, or reputation of some participants from dominating others in the process.
 - ▶ **Structuring of information flow:** The initial contributions from the experts are collected in the form of answers to questionnaires and their comments to these answers. The panel director controls the interactions among the participants by processing the information and filtering out irrelevant content.
 - ▶ **Regular feedback:** Participants comment on their own forecasts, the responses of others and on the progress of the panel as a whole. At any moment they can revise their earlier statements.
 - ▶ **Role of the facilitator:** The facilitator sends out questionnaires, surveys etc. and if the panel of experts accept, they follow instructions and present their views. Responses are collected and analyzed, then common and conflicting viewpoints are identified. If consensus is not reached, the process continues through thesis and antithesis, to gradually work towards synthesis, and building consensus.

The CATALISE Process: Phase I

- ▶ The Aim of Phase I was to define language disorder.
- ▶ The starting point for round 1 was a set of 46 statements based on articles and commentaries in a special issue of a journal focusing on this topic.
- ▶ Panel members rated each statement for both relevance and validity on a seven point scale, and added free text comments.
- ▶ These responses were synthesized by the first two authors, who then removed, combined or modified items with a view to improving consensus.
- ▶ The resulting set of statements was returned to the panel for a second evaluation (round 2).
- ▶ Percent reporting 'agree' or 'strongly agree' was at least 80 percent for 24 of 27 round 2 statements
- ▶ These were again synthesized by the first two authors.





The CATALISE Process: Phase II

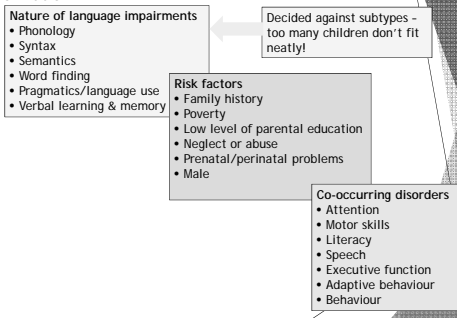
The aim of Phase II was to reach a consensus on terminology.

- ▶ It is important that those working in the field of children's language problems use consistent terminology.
- ▶ The term 'language disorder' is proposed for children who are likely to have language problems persisting into middle childhood and beyond, with a significant impact on everyday social interactions or educational progress.
- ▶ Research evidence indicates that predictors of poor prognosis vary with a child's age, but language are likely to be persistent.
- ▶ Some children may have language needs because their home language differs from the local language, and they have had insufficient exposure to the language used by the school or community to be fully fluent. This should not be regarded as language disorder, unless there is evidence that the child does not have age-appropriate skills in any language.
- ▶ A child with a language disorder may have a low level of nonverbal ability. This does not preclude a diagnosis of DLL.
- ▶ The term Developmental Language Disorder (DLD) is proposed to refer to cases of language disorder with no known differentiating condition.

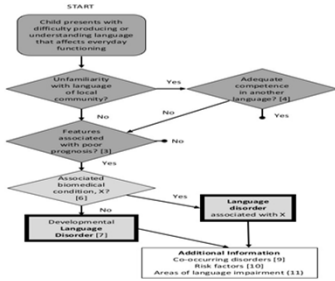
The CATALISE Process: Phase II

- ▶ Rather than using exclusionary criteria in the definition of language disorder, we draw a three-fold distinction between **differentiating conditions**, **risk factors** and **co-occurring conditions**.
- ▶ **Differentiating conditions** are biomedical conditions in which language disorder occurs as part of a more complex pattern of impairments. This may indicate a specific intervention pathway. We recommend referring to 'Language disorder associated with X', where X is the differentiating condition, as specified above.
- ▶ **Risk factors** are biological or environmental factors that are statistically associated with language disorder, but whose causal relationship to the language problem is unclear or partial. Risk factors do not exclude a diagnosis of DLD.
- ▶ **Co-occurring disorders** are impairments in cognitive, sensori-motor or behavioural domains that can co-occur with DLD and may affect pattern of impairment and response to intervention, but whose causal relation to language problems is unclear. These include ADHD, motor problems, reading and spelling problems (developmental dyslexia), speech problems, limitations of adaptive behaviour and/or behavioural/emotional disorders.
- ▶ DLD is a heterogeneous category that encompasses a wide range of problems. Nevertheless, it can be helpful for clinicians to pinpoint the principal areas for intervention.

Broad definition of language disorder: need additional information



CATALISE II: Pathways to Dx of Language Disorder

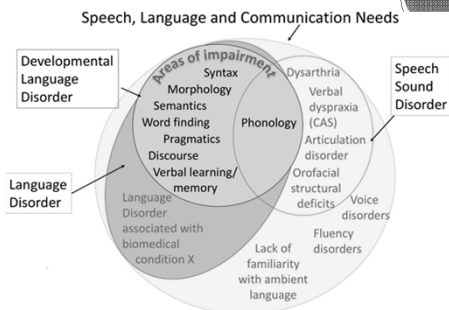


What is new?

- ▶ Developmental language disorder (DLD) to replace SLI
- ▶ Disorder defined in terms of functional impairment and poor prognosis
- ▶ Rather than exclusionary factors, 'Language disorder associated with X' - also need assessment/intervention
- ▶ Does not use invalid delay/disorder distinction
- ▶ Does not use social background as criterion
- ▶ Does not use nonverbal IQ as criterion
- ▶ Additional disorders as descriptor rather than exclusionary factor¹⁶

Developmental Language Disorder (DLD) is the consensus term


- ▶ DLD = language difficulties that can affect on average two children in every classroom causing difficulties with spoken language, language understanding, communication, and reading - with high risk of dyslexia
- ▶ The recommendation for the use of DLD is now published (Bishop et al., 2016; 2017), with an account of how consensus was reached.
- ▶ Following a five year campaign to raise awareness of language difficulties new, streamlined terminology that will make the 'hidden condition' easier to diagnose and ensure those affected receive help.



So What?
What does it mean for my practice and my kids?

- ▶ The CATALISE process has not been ratified by USOE or ASHA.
- ▶ The term DLD is not an official Dx for IDEA.
- ▶ BUT:
 - ▶ SLI has not been a useful term for school SLP anyway.
 - ▶ Participating in the use of the term can help to bring us in line with other groups who care about our kids.
 - ▶ Using DLD will also give us access to a range of materials prepared by RADLD
 - ▶ [DLD Press Kit](https://www.dropbox.com/sh/ews0m8ripjbfkba/AAC9hpyKr_mAHDZZ1fCjJXwoa?dl=0)
 - ▶ [1-2-3 DLD](https://www.youtube.com/timedtext_video?ref=share&v=tQ_s02HWLb0)

DLD: RADLD Campaign



- ▶ The campaign to raise awareness of language difficulties and agree DLD was led by
 - ▶ Professor Dorothy Bishop (University of Oxford),
 - ▶ Professor Gina Conti-Ramsden (The University of Manchester),
 - ▶ Professor Courtenay Norbury (University College London), Professor Maggie Snowling (University of Oxford)
 - ▶ Becky Clark (Speech & Language Therapist).
- ▶ It follows research finding that despite nearly 200 years of professionals identifying language problems there is poor awareness of the condition relative to the frequency and severity of DLD.
- ▶ Most commonly, those affected are mistaken as being inattentive, having more general learning difficulties or poor behavior.
- ▶ [DBishop Explains DLD](https://www.youtube.com/watch?v=OZ1dHS1X8jg)

DEVELOPMENTAL LANGUAGE DISORDER (DLD):
Fact sheet

DLD 1-2-3: Three things you need to know about DLD

DLD 1:

- ▶ Developmental Language Disorder is when a child or adult has difficulties talking and/or understanding language.

DLD 2:

- ▶ DLD is a hidden disability that affects approximately two children in every classroom, affecting literacy, learning, friendships and emotional well-being.

DLD 3:

- ▶ Support from professionals, including speech and language therapists and teachers, can make a real difference.

DLD Fact Sheet: Diagnostic Terminology, Frequency, Causes

- **Frequency:** DLD affects approximately two children in every classroom. A recent epidemiological study in the UK, the SCALES study (Norbury et al. 2016), found that 7.5% of children had DLD with no associated biomedical condition.
- **Causes:** DLD tends to run in families. Twin studies indicate strong genetic influence on DLD, but this seems to reflect the combined impact of many genes, rather than a specific mutation (Bishop, 2006). The popular view that DLD is caused by parents who don't talk to their children has no empirical support.
- **Neurobiology:** There is no evidence of any brain damage in vast majority of cases; there may be subtle differences in size of different brain regions and proportions of grey matter, but this is inconsistent from child to child. As yet we have no biomarker for DLD (Leonard et al, 2006)

DLD Fact Sheet: Associated Difficulties

- **Relationship to other conditions:** DLD commonly occurs with ADHD and dyslexia. There has been much debate about overlaps with mild autism (Bishop, 2006). Many children do not have the social problems characteristic of autism, but some have mild autistic features. There is, however, a marked difference in the help available for children with a diagnosis of autism vs DLD. This difference persists into adulthood, where both dyslexia and autism are recognised disabilities, whereas there is very little awareness of DLD.
- **Literacy and academic attainment:** Close links exist between DLD and dyslexia (Bishop and Snowling 2004). Many children with DLD meet criteria for dyslexia (McArthur et al, 2000). Even if the child can read aloud accurately, there are often problems with understanding of what is read (Stothard et al, 2010). These problems are frequently overlooked, and failure to comprehend can be misinterpreted by teachers as naughtiness or inattention. Teachers are not taught about DLD in their training.
- **Social difficulties with peers:** Being able to express oneself fluently and to quickly grasp what others are saying can have a big impact on social relationships. The Manchester Language Study found that by 16 years of age, 40% of individuals with DLD had difficulties in their interaction with peers (St. Clair, Pickles, Durkin & Conti-Ramsden, 2011). 50% of 16 year olds recall being bullied in childhood (in comparison to less than 25% of typically-developing teenagers) and 13% have experienced persisting bullying since childhood. (Knox & Conti-Ramsden 2003). Better understanding of DLD by adults and peers could help avoid these negative outcomes.

DLD Fact Sheet: Impact

- 40% of those with DLD say that they had difficulties interacting with their peers with half experiencing bullying during their childhood.
- Teenagers with DLD were more than twice as likely to report symptoms of depression as their typically developing peers.
- Without diagnosis and support, the impact of DLD can last into adulthood by increasing the risk of unemployment and reducing the opportunity to be independent.

References

- ▶ Bishop DVM, Snowling MJ, Thompson PA, Greenhalgh T, CATALISE consortium* (2016) CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children. *PLoS ONE* 11(7): e0158753. doi:10.1371/journal.pone.0158753.

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- ▶ Bishop DV, Snowling MJ, Thompson PA, Greenhalgh T, CATALISE-2 consortium*. (2017) CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. Phase 2. Terminology. *Journal of Child Psychology and Psychiatry*

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