

# Glossary

## Developmental language disorder (previously Specific language impairment)

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### What is Developmental language disorder?

Most children learn to understand and use spoken language in the first five years of childhood and consolidate those skills throughout their life. This is called **language acquisition**. Children typically acquire language without specific teaching. This is an impressive feat as language allows speakers to produce completely new utterances (Ambridge and Lieven, 2011). For these children language learning appears to be easy and they 'soak up' what they hear around them.

For around seven percent of children (Tomblin, 1997) language acquisition poses a significant difficulty. Fifty to ninety percent of children with Developmental Language Disorder (DLD) have difficulties lasting throughout their childhood (Hulme and Snowling, 2009). This means that the child's problems interfere with everyday communication and their education. These problems are unlikely to resolve and **may** lead to further difficulties such as educational failure (Conti-Ramsden and Durkin, 2012), emotional health problems (Conti-Ramsden and Botting, 2008) and poor employment prospects (Conti-Ramsden and Durkin, 2012).

Children may have problems with one or more of the key components of language including:

- understanding spoken language, also called verbal comprehension
- using spoken sentences (utterances), including problems with:
  - vocabulary – word knowledge and naming,

- grammar including:
  - syntax – combining words into phrases and sentences
  - morphology – using different word forms and word endings
- children may also have difficulties with:
  - knowing how and when to use language in social situations, also known as pragmatics (Collins, 2013)
  - literacy skills including reading, writing and spelling (Vandewalle *et al.* 2012)
- children may have another speech and/or language difficulty in addition to their language learning difficulties such as a speech disorder. This is called co-morbidity.

Please see the Afasic Glossary Sheets on:

- **Language disorder: Receptive language disorder**
- **Language disorder: Expressive language disorder**

### Why has the term 'Specific language impairment' been replaced with 'Developmental Language Disorder'?

Language learning difficulties may occur seemingly in the absence of other factors which might have otherwise explained their poor language learning. These factors include learning difficulties, developmental deficits or sensory deficits such as hearing impairment. Until recently when children experienced language learning difficulties without additional factors it was called specific language impairment (SLI). The 'specific' element highlighted that

the language difficulties were without an obvious cause. The SLI label has been used since the 1980s but has been questioned recently due to controversy about important aspects of the diagnosis (Reilly *et al.* 2014).

The diagnosis of SLI is not clear as there is not agreement on the criteria for the label. Children with SLI do not all present with the same profile of difficulties. In addition, SLI involves excluding children from the category on the basis of certain criteria which there has been limited evidence to support. This has meant excluding children from the category when they may in fact have the same difficulties or benefit from the same types of interventions as children who do meet the criteria for SLI. These include:

- children living in social disadvantage
- bilingual children
- children with learning difficulties
- children with episodes of otitis media ('glue ear')
- children with autistic spectrum disorders

It has now been shown that children from the above list might all experience severe and persistent language learning difficulties in the same way as children without these other factors present. It has been suggested that **DLD** is used instead of SLI to avoid outdated assumptions about the causes of the child's difficulties.

## What are the implications for children previously excluded from the SLI category?

Children should **not** be excluded from specialist resources such as intensive care packages or access to language units or specialist language resources **solely** and arbitrarily on the basis of their being bilingual, having recognised learning difficulties, intermittent hearing loss or autistic spectrum disorders. Rather, access to specialist provisions should look at the child's ability to **benefit from the resource** and the best placement for that individual. Bilingual children presenting with language impairment should receive input in the language of education as well as their home language to ensure that they do not lose it (Ijalba, 2015) or become socially isolated from their immediate and extended family.

## Assessment of DLD

If a child is suspected of having difficulties with language, then they should receive a thorough assessment of their difficulties from a speech and

language therapist and referral to specialist interventions. This should include an in-depth assessment of all aspects of language, to provide a profile of the child's abilities. The assessment should not rely just on assessment scores, but also take into consideration the child in different settings. The child's hearing should be assessed by an Audiologist. An Educational Psychologist will be able to provide information on the child's learning abilities. A multi-disciplinary assessment typically including a Community Paediatrician should be arranged if there are concerns about the child's general development or the possible presence of a social communication disorder. Differential diagnosis and onward referral to appropriate provisions are often expedited by such a team.

The multi-disciplinary team should work closely together, especially when professionals are from different agencies such as health and education. As the child grows, their language needs should be regularly assessed to ensure that their changing needs are identified and met. Bilingual children should be assessed in both/all the languages they hear and/or speak (Stow and Dodd, 2003).

## Treatment of language impairment

There is no 'gold standard' treatment for DLD. No single approach or treatment has been identified which has been proven to be universally effective in remediating language impairment. This may be because language impairment can affect so many different aspects of speech and language development.

Law *et al.* (2003) carried out a review of speech and language therapy interventions. There was evidence that speech and language therapy is effective for vocabulary difficulties but less evidence that interventions are able to overcome receptive language disorder. There was mixed evidence that therapy can overcome expressive syntax interventions.

Educational provisions should work closely with speech and language therapists to provide a high level of input for children with language impairment. The precise treatment intensity (or 'dose') of input is still unclear (Zeng *et al.* 2012).

## References

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**Please note: Afasic does not hold copies of any referenced material. These publications should be available at academic libraries.**

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