DEVELOPMENTAL LANGUAGE DISORDER (DLD) FACT SHEET

There are three things you need to know about DLD

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

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

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

DLD: Diagnostic terminology, frequency, causes

- **Consensus on terminology:** The recommendation for the use of the diagnostic term Developmental Language Disorder has been published (Bishop et al., 2016; 2017), with an account of how consensus was reached.

- **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: Associated difficulties

- **Relationship to other conditions:** DLD commonly occurs with ADHD and dyslexia. There has been much debate about overlaps with mild autism (Bishop, 2008). 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: Employment and Mental Health

• **Employment**: DLD needs to be taken seriously because it can increase the risk of unemployment and lack of independence in adulthood (Conti-Ramsden & Durkin, 2008). Nevertheless, those with milder problems often hold down jobs, but usually of a relatively unskilled nature (Whitehouse et al 2009). Better recognition of DLD in schools would allow children's areas of skill to be developed and fostered, so they are not disregarded if they don't do well on conventional academic outcomes.

• **Mental Health**: Children with milder DLD show few difficulties. In contrast, approximately two thirds of children (64%) with persisting language disorder exhibit *some* externalizing behaviours (e.g. conduct problems: aggression 'fights with other children') and/or internalizing difficulties (e.g. withdrawal: solitary, tends to play alone) (Conti-Ramsden & Botting, 2004). Fortunately, these difficulties often resolve in adolescence (St. Clair et al., 2011), yet teenagers with DLD are two and half times more likely to report symptoms of depression than their typically developing peers (Conti-Ramsden & Botting, 2008). Most therapies for children's mental health problems are 'talking therapies' which may not be optimal for children with DLD.

DLD: Intervention

• **Intervention**: For interventions to be effective they must be of high quality and of sufficient duration - an increasing number of promising ones are being developed (Law et al 2015). Indeed, robust controlled trials in schools have shown that interventions delivered by teaching assistants, who are trained and supported can bring about significant gains in Language (Fricke et al., 2013; 2017 and Literacy (Bowyer-Crane et al, 2008). Some children will need longer-term support for problems that are likely to persist despite intervention (Boyle et al, 2010). Research has found particular difficulties of intervening with children with receptive difficulties.

DLD: Public recognition and the RADLD campaign

• **History and terminology**: Children's language problems have been described for nearly 200 years (Gall 1822). 'Developmental aphasia' was the original term used, but subsequently many different terms have been used (specific language impairment, primary language difficulty) in research and practice (Dockrell, 2006). The term Developmental Language Disorder has been around for many years, but the new recommendations published in 2017 give clear guidelines about how it should be used and explain why it is preferred over other terminology.

• **Need for improved public recognition of DLD**: There is poor public awareness of the condition, reflected also in low rates of research relative to the frequency and severity of DLD (Bishop, 2010). The RADLD (formerly RALLI) campaign has fought to increase awareness of basic facts about DLD via a YouTube channel, website and supporting materials.
References


Law, Roulstone, & Lindsay, 2015 Integrating external evidence of intervention effectiveness with both practice and the parent perspective: development of 'What Works' for speech, language and communication needs. Developmental Medicine & Child Neurology 2015, 57(3), 223-228.


