

# International consensus on diagnosis for children with problems with language development

*Summary by Susan Ebbels*

Lack of agreement about criteria and terminology for children's language difficulties has been affecting access to services as well as hindering research and practice. An international group of 57 experts (the CATALISE panel) which included Speech Language Therapists/Pathologists, (Educational) Psychologists, paediatricians, psychiatrists, specialist teachers and charity representatives, led by Professor Dorothy Bishop has now reached good consensus<sup>1</sup>.

The panel agreed on the term '**Language Disorder**' to refer to children with language difficulties that create obstacles to communication or learning in everyday life and where we know from past research they are unlikely to catch up spontaneously.

The panel also agreed on the term, '**Developmental Language Disorder**' (**DLD**) for when the language disorder is NOT associated with a known biomedical condition such as:

- autism spectrum disorder (ASD),
- language difficulties acquired after brain injury,
- acquired epileptic aphasia in childhood,
- certain neurodegenerative conditions,
- genetic conditions such as Down syndrome, cerebral palsy and
- oral language difficulties associated with sensori-neural hearing loss.

Where a child does have one of the above conditions, the panel recommends a diagnosis of "**Language Disorder associated with X**" (where X is one of the conditions listed above).

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<sup>1</sup> NB - this is an early version that will be peer-reviewed before formal publication

It was also agreed that

(1) **a diagnosis of DLD can still be given** even if the child has risk factors such as

- family history
- male
- poverty
- low level parental education
- neglect or abuse
- problems around or before time of birth

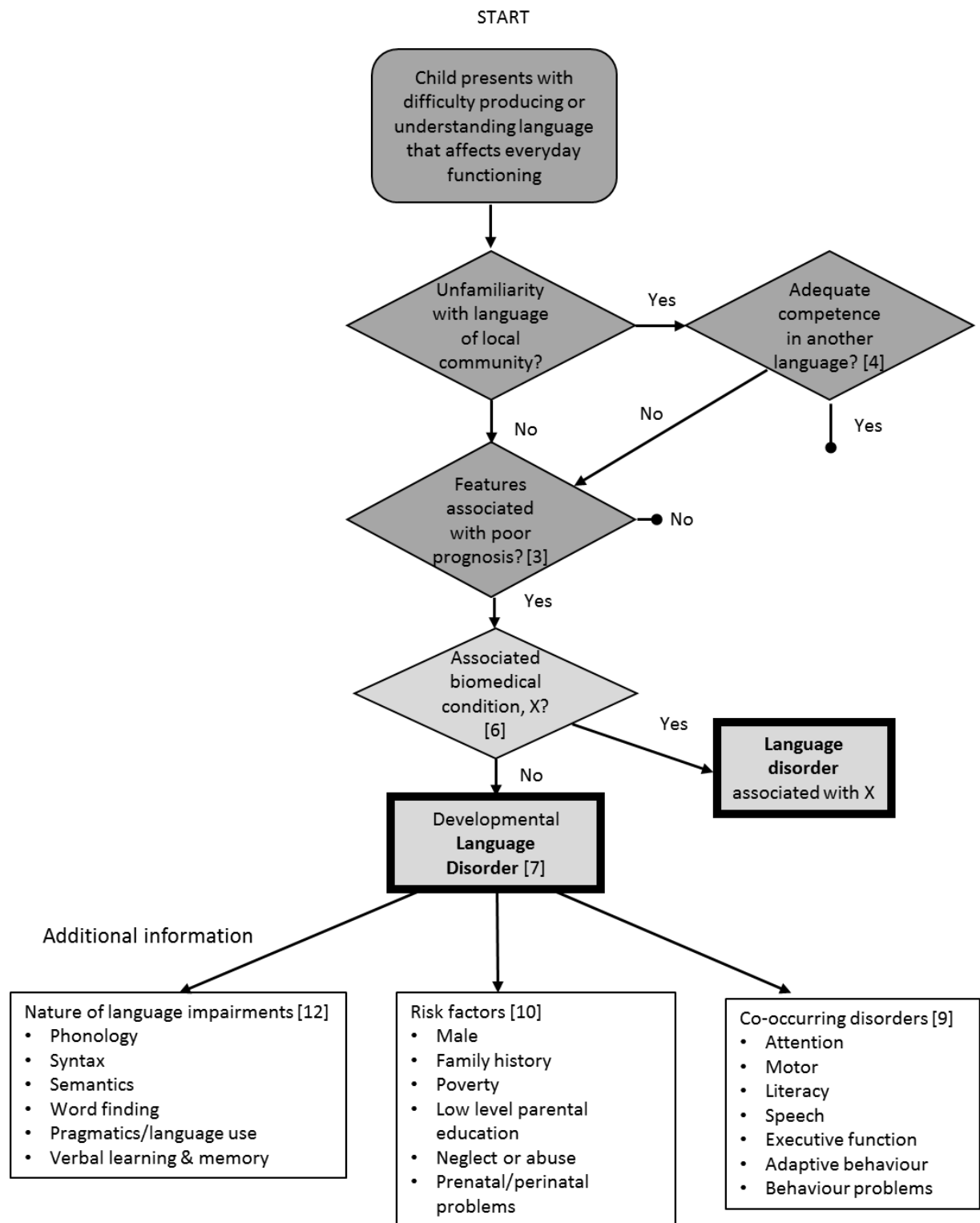
(2) DLD can co-occur with other neurodevelopmental disorders and **a diagnosis of DLD can still be given** when these are present. These include difficulties in the areas of:

- Attention (e.g., ADHD)
- Motor (e.g., dyspraxia, dysarthria)
- Literacy
- Speech
- Executive function
- Adaptive behaviour
- Behaviour problems
- Auditory processing (e.g., APD)
- Intellectual disability

(3) DLD does **NOT** require a mismatch between verbal and nonverbal ability.

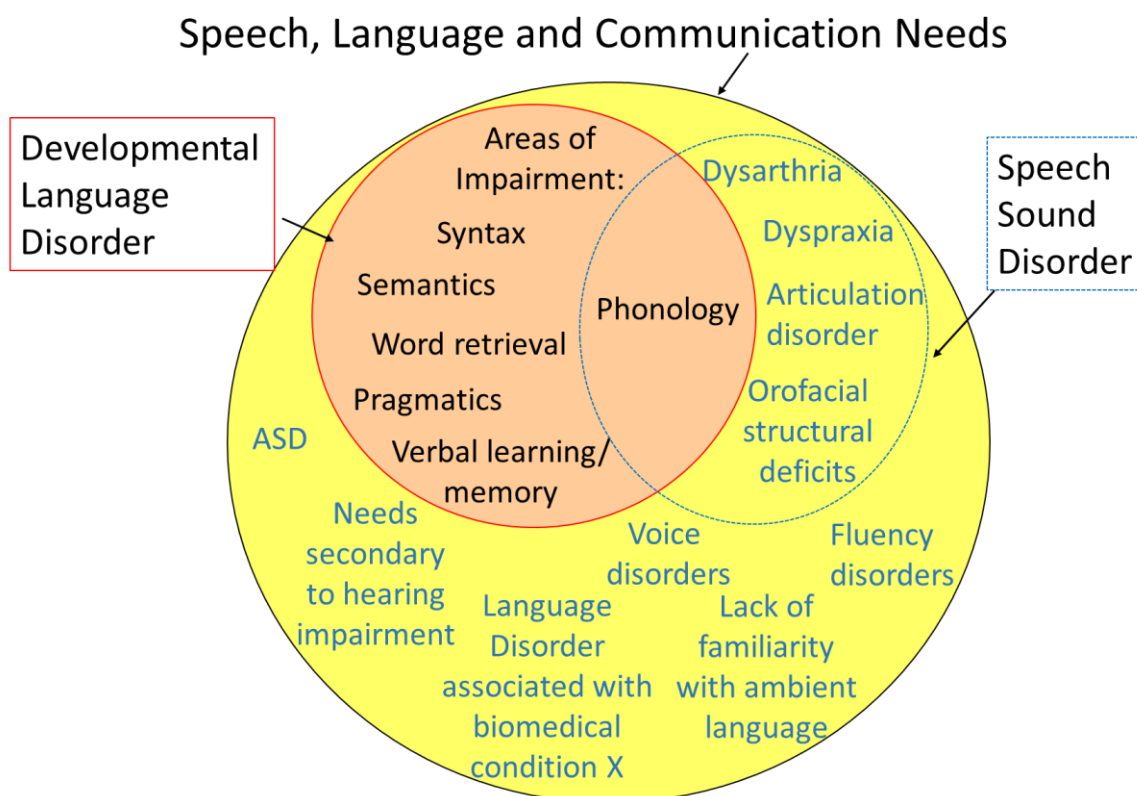
Figure 1 (from the paper, reproduced below) shows the questions to consider in reaching a diagnosis of **Language Disorder** or **Developmental Language Disorder**.

**Figure 1**



The term **Speech, Language and Communication Needs (SLCN)** is still retained as a broad category which includes all children with DLD and Language Disorder, but also includes all other children who have difficulties with speech, language or communication for any reason. This term is most useful for those who need to plan services. The relationship of different diagnoses to each other is shown in Figure 2 of the paper.

**Figure 2**



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## Relevant references

- Bishop DV, Snowling MJ, Thompson PA, Greenhalgh T, CATALISE-2 consortium. (2016) CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. Phase 2. Terminology. *PeerJ Preprints* 4:e2484v1 <https://doi.org/10.7287/peerj.preprints.2484v1>
- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & The CATALISE Consortium. (2016). CATALISE: a multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children. *PLOS One*, 11(7), <http://dx.doi.org/10.1371/journal.pone.0158753>
- Ebbels, S. (2014) Introducing the SLI debate. *International Journal of Language and Communication Disorders*. 49, 377-380. <http://onlinelibrary.wiley.com/doi/10.1111/1460-6984.12119/full>