



## Developmental Language Disorder: The most common childhood condition you've never heard of

**Professor Courtenay Norbury debunks some myths about children with this common but poorly understood condition**

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Developmental Language Disorder (DLD) is diagnosed when children fail to acquire their own language for no obvious reason. This results in children who have difficulty understanding what people say to them, and struggle to articulate their ideas and feelings. Recent research has shown that, on average, 2 children in every class of 30 will experience DLD severe enough to hinder academic progress.

In a previous post for Head Quarters about DLD, some of the reader comments reflected commonly held misconceptions about children with the condition. It is one of the most poorly recognized and understood disorders of childhood despite its prevalence. Here Prof Courtenay Norbury debunks some of the most common myths.

### **Myth 1: She'll grow out of it!**

One of the most common reasons parents seek advice from GPs and health visitors is that the onset of their child's first words is delayed. Well-meaning friends and families may try to alleviate parent anxieties by sharing stories of children who didn't say a word until the age of 5 and then came out with complex sentences!

However, research strongly indicates that a child starting school with limited language is very likely to have language deficits throughout the school years (and even into adulthood).

My own work has shown that children with DLD maintain a 2-3 year gap in language skills during the first three years of primary school, with little evidence of 'catching up' with peers. As language is the foundation for learning, children with DLD struggle in the classroom. Thus, teachers should be alert to the signs that a child needs extra support to develop oral language competence.

### **Myth 2: He's just lazy (or naughty)!**

Many children with DLD have difficulty understanding what other people say, especially when others talk fast or there are distractions in the environment. They also have trouble remembering long instructions or formulating responses to questions.

The net result is that they may not do what others are expecting them to do, or their responses to questions may be off the mark. This is often misconstrued as disobedience or poor attention to what people are saying. Language is also the key tool for expressing our feelings and regulating our emotional states, and negotiating with peers. Without the language to do this, many children with DLD become frustrated, and express that frustration through acting out.

It is not surprising then that children with DLD are twice as likely as peers with good language to be rated as having poor attention and behaviour. This is probably a consequence of having to navigate the world with limited language.

So if a child is having trouble following instructions or is acting out, it is worth considering whether DLD could be playing a role.

### **Myth 3: It's not the kids who have the problem - it's poor parenting!**

There is a long standing association between language deficits and social disadvantage, giving rise to a picture in the popular press of uneducated parents who just don't talk to their children enough. In fact, we know that in most cases, DLD arises from genetic influences on early brain development. We don't know enough about specific genes to have a biological test for language disorder, but we do know that parents rarely cause their child's language difficulties.

Children with DLD grow into adults with language disorders. They are very likely to have lower levels of literacy and less likely to attend University or apply for skilled jobs, which reduces economic opportunity. Thus, social disadvantage could reflect these genetic influences.

It is also worth remembering that language is a two-way street. If a child is not talking and doesn't respond readily, parents may find interacting with that child challenging. And if talking and reading don't come naturally to parents, talking and reading to a young, silent child may seem a very odd thing to do indeed!

Children from disadvantaged backgrounds who present with language delays should be a high priority for services such as speech-language therapy, especially if there is a history of language, literacy, or learning difficulties within the family. Just because DLD has genetic influences doesn't mean we are powerless to change it. Therapists can support parents to adapt their ways of interacting to enhance language development.

### **Myth 4: Two languages makes DLD worse**

In our multi-cultural society bilingual parents often ask if they should restrict their input to only one language, or just English. The research evidence here is pretty clear - exposure to two languages does not cause or complicate language disorder. Children need high-quality

language input, so parents should continue to talk with their children in whatever language they themselves feel most comfortable speaking.

Identifying DLD is more complicated - ideally we want to know what the child's competencies are in all the languages he or she speaks, but practically we do not have the tools to assess all of the more than 300 different languages that are now spoken in the UK. In these cases, delayed language onset, coupled with family history and slow progress in learning English after school entry, are clear signs that extra support may be needed.

### **Myth 5: We should focus all our resources on early intervention - it is too late once they get to school**

We need to recognise that like other developmental conditions such as autism or Down syndrome, "cure" is not the goal of intervention. Instead, we aim to maximise language capacity, enhance communication using whatever level of language a child possesses, and provide additional support that will reduce the longer term risks to learning, social well-being, and mental health.

While early intervention is important, many parents, health and education professionals point to adolescence, and the transition to secondary school, as a period when children with DLD are particularly vulnerable. This is due to the increasingly complex language demands of the curriculum and the nuanced language needed to manage social relationships during the teenaged years. Unfortunately, services for children with DLD tend to reduce post-primary school and services for adults with DLD are almost non-existent.

In sum, it's important to remember DLD123: (1) DLD is a problem with speaking and/or listening, (2) it is hidden but common, and (3) support can help to improve the quality of life of affected children and their families.

**Find out more:** This week sees the publication of a special issue of the Journal of Child Psychology and Psychiatry devoted to state of the art research on Developmental Language Disorder: [<http://onlinelibrary.wiley.com/doi/10.1111/jcpp.2017.58.issue-10/issuetoc>] Professor Courtenay Norbury is the issue editor.

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