



Speech and Hearing BC

Language Disorder Designation Position Paper

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Purpose and Rationale for the Position Paper

Developmental Language Disorder (DLD) affects an estimated 7.5% of the population (Kraljevic, 2023), making it five times more prevalent than autism (Archibald, 2024). Despite its prevalence, DLD is not currently recognized by the Ministry of Education and Child Care (MoECC) in British Columbia (BC) as a designation, which would allow students to receive an Individualized Education Plan (IEP) and associated supports. This paper aims to advocate for the legal recognition of DLD, diagnosed by a registered Speech-Language Pathologist, as a Ministry designation in BC. It also outlines the necessary supports for students with this diagnosis and provides additional recommendations.

Structure of the Position Paper

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1) Background Information on DLD

DLD is a diagnosis that has pervasive negative impacts on a person's academic and social-emotional wellbeing. It makes it difficult for children to access virtually every part of the educational experience, as almost every aspect of education is underpinned by language. DLD has been consistently shown to negatively affect academic performance later in life (Beitchman et al., 1999; Young et al., 2002).

Language Disorders may affect the acquisition of both math skills (as math concepts are based on language; Fyfe et al., 2019) and literacy:

- 70% of poor readers were found to have a history of a Language Disorder (Catts et al., 1999).
- 50% or more of children with Language Disorder have difficulties reading (Catts et al., 2002).

The research also supports a high correlation between Language Disorders and social, emotional, and behavioural difficulties:

- 4 out of 5 children with emotional behavioural disorders are likely to have unidentified language deficits (Hollo et al., 2014).
- 40% of Canadian children with psychiatric disorders were found to have Language Disorders (Cohen et al., 1998).
- Students with Language Disorders are more likely to experience poorer quality friendships (Durkin et al., 2007).
- 36% of children with DLD (then known as Specific Language Impairment) were at risk of being bullied (Knox et al., 2003).

Without legal recognition and support, more than 50,000 students in BC are potentially missing out on diagnosis and services available to students with other diagnoses. Supporting students with DLD early on will result in fewer societal and financial impacts in the future.

In 2023, the BC Government calculated that there were 577,024 total students in public and 86,201 total students in independent schools in the 2022-2023 school year. This means that approximately 49,740 students (7.5% of the total student population in BC of 663,225) would likely qualify for a DLD diagnosis. These students may be missing out on the chance for their needs to be recognized and supported by knowledgeable teachers and staff.

- 66-90% of juvenile offenders had below average language skills (Bryan et al., 2007).
- Adults with Language Disorders have poorer employment outcomes (Conti-Ramsden, St Clair, Pickles, & Durkin, 2012).

A DLD designation would ensure timely, equitable access to appropriate accommodations and supports. Article 26 of the United Nation's Universal Declaration of Human Rights (1948) states that everyone has the right to education. UNESCO expands on this idea, stating that "for this human right to work there must be equality of opportunity, universal access, and enforceable and monitored quality standards."

Students with DLD face barriers to accessing education (McGregor, 2020). A DLD designation is needed to increase speed and equity of access to services, and for resources to be allocated to effective supports.

The Accessible British Columbia Act (2021) states that "a barrier is anything that hinders the full and equal participation in society of a person with an impairment". The current barriers (lack of required support and IEPs, lack of recognition of DLD, misidentification in other designation categories, insufficient number of trained professionals, school/classroom environments not conducive to learning for students with DLD, etc.) contribute to students with DLD being unable to experience full and equal participation in school and in society. The act further states that "barriers can be caused by environments, attitudes, practices, policies, information, communications or technologies".

The Accessible British Columbia Act (2021) states that “the Lieutenant Governor in Council may make regulations respecting the identification, removal or prevention of barriers” and that “Lieutenant Governor in Council may make regulations...in relation to... f) health g) education”. Therefore, under this act the government can establish regulations relating to removing barriers to accessibility within the health and education sectors. The systemic barriers facing students with DLD in schools could be at least partially mitigated by the creation of a DLD designation.

It is possible to identify DLD in the early school years (Archibald, 2024). With a Ministry Designation for DLD, BC students would be legally eligible to receive an Individualized Education Plan (IEP), which specifies accommodations, adaptations (or modifications), and interventions needed to learn and access the curriculum. Without a designation, there is no IEP, and therefore no guarantees of any support (or any appropriate support) to ensure access to the curriculum.

Students would no longer be forced to “wait to fail” to qualify to see a school psychologist who may or may not diagnose a related learning disability.

Students with other diagnoses are legally recognized; those with DLD deserve to be recognized equally. The DSM-5 (APA, 2013) outlines multiple ‘neurodevelopmental disorders’ including ADHD, Autism Spectrum Disorder, Specific Learning Disorder (in reading, writing and/or math), and Communication Disorders. If there are BC Ministerial designations for other neurodevelopmental disorders listed in the DSM-5 (Autism (G) and Specific Learning Disorder (Q)) and some of these receive Ministry funding (e.g., G designations), Communication/ Language Disorders should be equally recognized.

2) Recognition of (Developmental) Language Disorder by other Ministries of Education across Canada

Five provinces have education systems which legally recognize Language Disorders (Alberta, Newfoundland, Nova Scotia, Ontario, Quebec) and eight provinces and territories do not (BC, Manitoba, New Brunswick, the Northwest Territories, Nunavut, PEI, Saskatchewan, Yukon; Archibald, 2024). This makes BC the most populous province without an officially recognized Language Disorder category in schools.

In British Columbia, a diagnosis of DLD alone does not meet criteria for a legally recognized designation as listed in the ‘Special Education Policy Manual’ (2016). Some students with Language Disorders may have other diagnoses that do meet criteria for a designation (e.g., Intellectual Disability, Autism Spectrum Disorder, Learning Disability, etc.). In those cases, the student may qualify for a designation and IEP based on the underlying associated biomedical condition or related Learning Disability, rather than the Language Disorder itself.

Provinces that recognize Language Disorder define it as follows:

- *Alberta (2022):*
 - Kindergarten – “Mild/moderate language delay: Communication Disorder/Delay (ECS: Code 30)”. An ECS [Early Childhood Services; equivalent to kindergarten in the BC education system] child identified with a mild to moderate communication disorder/delay is one who: has a diagnosed mild to moderate disorder or identified mild to moderate delay in expressive and/or receptive language; or has a diagnosed disorder/delay in articulation, phonology, voice, fluency and/or social (pragmatic) communication; or is at risk for learning difficulties as demonstrated by education-based assessments that may include tests of phonological awareness”.
 - Kindergarten – “Moderate Language Delay (ECS children only: Code 48)”. An ECS child with a moderate language disorder: has been assessed by a speech-language pathologist with risk factors that are likely to persist into later childhood and have a functional impact on daily living that affect

the child's ability to participate in an ECS program; and has been diagnosed with a moderate disorder or delay in expressive and/or receptive language; OR has been diagnosed with a moderate disorder or delay in expressive and/or receptive language and two or more mild or moderate delays in fine motor and/or gross motor development, vision or hearing".

- Kindergarten – "Severe Language Delay (ECS children only: Code 47)". A severe language delay is assessed and diagnosed by a speech-language pathologist. The speech-language pathologist uses a variety of formal and informal assessment instruments such as standardized tests, checklists, observational measures and parent interviews resulting in an interpretive report that supports the diagnosis of a severe language delay. Eligibility for a severe language delay is based on a child's overall speech/language development profile and assessment results, not on individual subtest scores".
- Grades 1-12 – "Mild/moderate language disorder: Communication Disability/Disorder (Grades 1–12: Code 57)". A student identified with a communication disability/disorder communicates ineffectively with peers and adults because of a diagnosed mild to moderate disability in expressive and/or receptive language. This could include difficulty in one or more of the following areas: speech sound: articulation, phonology, voice and/or resonance quality; or fluency: stuttering; or pragmatics: social use of verbal and nonverbal communication".
- *Newfoundland (n.d.):*
 - Language disorders are recognized by the Newfoundland Department of Education and are defined as when a student has a deficit in one or more areas, including receptive language, expressive language, pragmatic (social) language, and phonological awareness (Newfoundland Department of Education Exceptionalities (n.d.). These are diagnosed by an SLP who also determines severity.
- *Nova Scotia (2022):*
 - Nova Scotia's Government has a list of exceptionalities that includes speech/language/communication disorders.
- *Ontario (2014):*
 - Ontario's Education Act identifies five categories of exceptionalities, including communicational exceptionality. Language disorder is included in this and is defined as "an impairment in comprehension and/or the use of verbal communication... and which may involve one or more of the form, content, and function of language in communication; and includes one or more of: language delay; dysfluency; voice and articulation development, which may or may not be organically or functionally based" (ibid, p. A15). Of note, this definition includes reference to both language and speech, even though speech disorder is also recognized as a separate exceptionality.
- *Quebec (2007):*
 - The Ministère de l'Éducation du Québec uses the term 'Déficiência langagière' to refer to a 'Code 34', which it defines as 'une dysphasie sévère, un trouble primaire sévère du langage, un trouble mixte sévère du langage, ou une dyspraxie verbale sévère' (2007a). In English this is translated by the Ministry as a Code for 'Language Disorders' which includes 'severe dysphasia, severe primary language disorder, severe mixed language disorders or, severe verbal dyspraxia' (2007b). These are considered a "serious and persistent language development disorder significantly limiting verbal interactions, socialization and learning at school". Students whose language is mildly to moderately impacted are considered to have learning difficulties.

- Quebec’s regulatory College of SLPs and Audiologists uses the term ‘‘le trouble développemental du langage’ in French (OOAQ, 2024a) and ‘Developmental Language Disorder’ in English (2024b).

3) Discussion of Existing Position Papers from International SLP Associations

Ireland (Irish Association of Speech & Language Therapists/IASLT, 2017)

In Ireland, students with DLD are eligible to access a specific speech and language disorder (SSLD) class placement. SSLD classes are held within mainstream schools with a student-to-teacher ratio of 7:1. Eligibility is determined by meeting set assessment criteria. IASLT recognizes the limitations of standardized assessments and advocates for a more inclusive set of criteria and factors to support decision-making and diagnosis around DLD. Examples include:

- Language difficulties that have an academic and/or social impact
- Language scores which are significantly below expectations on assessment
- Non-attainment of expected gains, despite access to good general language-targeted stimulation (e.g., access to a language-rich educational environment and language enrichment programmes)
- A family history of speech, language, and/or wider communication difficulties

DLD can co-occur with other conditions affecting language learning, cognitive and processing weaknesses, and poor motor skills (Hill, 2001; Mueller & Tomblin, 2012). These features, in turn, affect a child’s ability to effectively access the curriculum and to develop social relationships (St Clair et al., 2011). As the profiles of children with DLD may include motor, sensory, and cognitive challenges, and a higher risk of mental health difficulties, early identification of DLD is paramount. Educators must also be aware of DLD as a possible contributing factor in poor academic achievement and social-emotional well-being.

IASLT advocates for the importance of:

- Early referral, assessment, and identification
- Close collaboration between SLPs and educators to enhance the provision of services to all children with DLD in schools
- Ensuring that children with DLD receive an appropriate and effective individualized care plan to support their communication needs
- Assigning manageable caseloads to SLPs as required for the effective management of children with significant Language Disorder
- Increasing public awareness and recognition of DLD as a highly prevalent and lifelong neurodevelopmental disorder

UK (Royal College of Speech Language Therapists/RCSLT, 2020)

The RCSLT recommended the following:

- Use of the CATALISE definition (refer to section 7i below) of DLD to diagnose:
 - Children who have language difficulties in their home language that create barriers to communication or learning in everyday life
 - Language difficulties that are unlikely to resolve by age 5
 - Language difficulties that are not associated with a known biomedical condition

In addition, the RCSLT noted:

- Do not use the term ‘delay’ to describe language skills that fall below the expected level for children aged 5 years and above

- Poor phonological awareness alone is not sufficient for a DLD diagnosis
- Nonverbal IQ assessed by a psychologist is not needed to make a diagnosis of DLD
- SLPs should be involved with assessment and intervention of DLD at all levels of society across the lifespan

USA (American Speech Hearing Association/ASHA, 2023)

While individual US states recognize Speech Sound Disorders and Language Disorders as qualifying for Individualized Education Plans, DLD terminology is not yet specifically and consistently recognized.

In January 2023, ASHA wrote a letter to the Acting Assistant Secretary for the Office of Special Education and Rehabilitative Services, requesting that the U.S. Department of Education “highlight the importance of developmental language disorder (DLD) as an explicit consideration under the Individuals with Disabilities Education Act (IDEA)”.

ASHA also requested that the Department confirm that the IDEA does not prohibit the use of DLD in an IEP.

It was also noted that SLPs can use this information to spread awareness of and access to services for children with DLD. It also hoped to encourage states and school districts to review policies around the use of terms such as DLD.

A response from the U.S. Department of Education in May 2023 confirmed that DLD may be considered a disability under IDEA. However, the diagnostic term DLD does not yet appear to have been consistently adopted across states. ASHA’s Health Care and Education Policy team encourages SLPs to continue to advocate for children with DLD in schools.

4) The need for DLD to have its own separate designation

A designation specific to DLD is necessary to increase awareness and visibility of the diagnosis, help advocate for services for students with DLD, and support recognition and understanding of the profession of Speech-Language Pathology in British Columbia.

- DLD is a separate and different diagnosis from a Specific Learning Disorder (Archibald, 2022; refer to ‘Guidelines’ section below for more information on DLD versus Specific Learning Disorder).
- Having a specific designation for DLD would allow for better identification of the number of students in BC requiring SLP services.
- This information could then be used to better guide policy makers as to student needs.
- Currently there are not enough Canadian school SLPs to meet the needs of the many students who require and deserve services (e.g. Archibald, 2017; Cirrin et al., 2010; Ukrainetz, 2006) and British Columbia in particular lags behind other provinces in the number of SLPs per resident, at 25 SLPs per 100,000 population (Hyslop, 2023).
- Anecdotally, this has resulted in many SLPs feeling misunderstood and undervalued.
- Better identification of student needs would lead to an increased understanding of the SLP profession and Language Disorders and their impacts, which in turn would lead to increased advocacy for both student needs and SLP services alike.
- In recognising the depth of the SLP’s professional knowledge, SLPs may feel that they are a more valued member of the educational team, leading to increased job satisfaction and improved quality of life for both professionals and students.

5) The importance of ensuring students are legally identified with DLD by a registered Speech-Language Pathologist (SLP)

SLPs are the only professionals who have in-depth knowledge of language development and disorders as well as understanding of the most appropriate diagnostic assessment tools and intervention materials to identify and support students with DLD.

- As of writing (October 2024), SLPs are registered with the College of Health and Care Professionals of BC (CHCPBC). Each profession regulated under the college must meet rigorous standards of practice and competency. For SLPs, this includes Master's level education in the assessment and treatment of communication disorders. Registrants also have an extensive number of applied clinical practice hours and have passed national or provincial registration examinations pertaining to speech, language, and communication. A [National Speech-Language Pathology Competency Profile](#) was also established to specify core standards of practice. DLD is specifically listed as one of the disorders in which SLPs are trained. SLPs are also regulated under the [Health Professions Act](#), the [Speech and Hearing Health Professionals Regulation](#), and [CHCPBC Bylaws](#). Registrants must demonstrate continued practice competency and currency and meet [Standards of Practice](#) and standards of professional ethics to ensure that they practice safely, effectively, and ethically (CHCPBC, 2024). SLPs are therefore the only professionals who have sufficient in-depth knowledge of language development and disorders as well as the appropriate training and tools to be able to diagnose DLD.

6) Official Position Statement

It is Speech and Hearing BC's position that a Ministry Designation be provided to students in BC schools who have been diagnosed with Developmental Language Disorder by a registered Speech-Language Pathologist, and that appropriate funding be allocated to appropriately identify and support these students' needs.

It is the position of this committee that the systemic barriers facing students with DLD in schools can be attributed to government policies, attitudes, practices, and lack of information.

7) Key Terms and Definitions

What is (Developmental) Language Disorder?

There are several definitions of a Language Disorder but three of the most widely known ones come from the Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence (CATALISE) multinational and multidisciplinary consensus study (2017), the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), and the *ICD-10* (World Health Organisation, 2024).

i) CATALISE definition (2017)

- The CATALISE panel was a multinational and multidisciplinary group of 57 experts including Speech Language Therapists/Pathologists, (Educational) Psychologists, Paediatricians, Psychiatrists, specialist teachers and charity representatives, led by researcher and Professor Dorothy Bishop to establish a clear and recognized consensus on the terminology and definitions surrounding 'Language Disorder' and 'Developmental Language Disorder'.

- They determined that Developmental Language Disorder occurred when people had “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”.

This category is further divided into two subtypes:

(1) Language Disorder associated with (differentiating biomedical condition) where a child has been diagnosed with another underlying condition known to impact language development (e.g., autism spectrum disorder);

(2) Developmental Language Disorder (DLD) when there is no such known condition.

Refer to ‘Guidelines’ section for more information.

It is this CATALISE definition that Speech-Language and Audiology Canada (2018) recommends be used by its members. The CATALISE consensus statement is also the primary terminology being taught in accredited SLP graduate training programs in Canada.

ii) *DSM-5 definition* (APA, 2013: ‘315.39 Language Disorder’)

- “The individual has a consistently hard time using language in different manners (speaking, writing, using sign language, or other) due to deficits in understanding or production that include:
 - Reduced vocabulary
 - Limited sentence structure or limited ability to put words together to form basic, grammatically correct sentences
 - Impairments in discourse, for limited ability to use vocabulary and connect sentences or to keep up in conversation
- The individual’s language capacity is significantly below what is expected at his or her age, which may result in hindered communication, social participation, and academic achievement.
- The symptoms set in during the individual’s early developmental period.
- These given difficulties are not the result of sensory impairment, motor dysfunction, or another medical condition, and cannot be attributed to intellectual disability or global developmental delay.
- Two different types of language learning skills should be assessed: expressive and receptive.”

iii) *ICD-11 definition* (2024)

The *International Statistical Classification of Diseases and Related Health Problems* (2024) is the 11th revision of a medical classification list by the World Health Organization (WHO). It recognizes DLD as a diagnosis and defines it as follows:

“Developmental language disorder is characterized by persistent deficits in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual’s ability to communicate. The individual’s ability to understand, produce or use language is markedly below what would be expected given the individual’s age. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection”.

Exclusions:

- Autism spectrum disorder (6A02)
- Diseases of the nervous system (08)
- Deafness not otherwise specified (AB52)
- Selective mutism (6B06)

What is a Ministry Designation?

The British Columbia Ministry Special Education Policy (2016) states that “All students should have equitable access to learning, opportunities for achievement, and the pursuit of excellence in all aspects of their educational programs.” To achieve this goal, the Ministry of Education provides additional funding for “students with special needs”, who may require additional support or accommodations to access the curriculum and participate in educational programming.

Funding is provided in two ways, a base allocation and additional supplementary funding.

- Base allocation is a standard amount provided per school-aged student in a school district. This includes students diagnosed with learning disabilities, mild intellectual disabilities, students requiring moderate behaviour supports and students who are gifted.
- Additional funding is provided for students with special needs categories that require additional costs for programming (Levels 1, 2 and 3 in the table below).

Students are identified as meeting criteria for specific categories (i.e., designations) to assist school districts in identifying students’ needs and providing appropriate educational supports. Students who meet criteria and are designated receive an Individual Education Plan (IEP), a formal plan developed between a family and school and/or district support staff that describes goals and supports for a student with special needs. There are twelve current designation categories (below):

Low Incidence	Level 1	A	Physically Dependent – Multiple Needs
		B	Deaf-Blind
	Level 2	C	Moderate to Profound Intellectual Disabilities
		D	Physical Disability or Chronic Health Impairment
		E	Visual Impairment
		F	Deaf or Hard of Hearing
		G	Autism Spectrum Disorder (ASD)
Level 3	H	Students Requiring Intensive Behaviour Intervention or Students with Serious Mental Illness	
High Incidence	No supplemental funding; basic per-student allocation only	K	Mild Intellectual Disabilities
		P	Gifted
		Q	Learning Disabilities
		R	Students Requiring Behaviour Support or Students with Mental Illness

British Columbia Ministry of Education Special Education Manual, summary table (Burnaby School Psychologists, n.d.)

- The Special Education Policy Manual (2006) included reduced oral language (listening, speaking understanding) in its definition of a Learning Disability (category Q) because it was using the DSM-IV definition which included reference to a ‘Language Based Learning Disability’.

- Since that time the DSM-5 has been published and the definition of a Specific Learning Disorder has changed to encompass academic subjects (reading, writing, math) but not oral language.
- Students with oral language difficulties are therefore no longer encapsulated by the DSM-V definition and currently miss out on identification and service by way of a designation as a result.
- Given that behaviour is communication, and that 4 out of 5 children with emotional behavioural disorders are likely to have unidentified language deficits (Hollo et al., 2014), students who have DLD may currently be captured in the H (intensive behaviour or serious mental illness) or R (behaviour supports or mental illness) categories. This may be leading to well-intentioned but misguided support for students. Accurate identification of DLD along with an associated designation would ensure that these students are better understood and supported at school.

8) Guidelines

Several readily available evidence-based guidelines have been established for Canadian SLPs diagnosing Developmental Language Disorder (Archibald, 2024):

‘DLD’ vs ‘Language Disorder associated with [associated condition]’ summary

Child is referred to SLP → SLP diagnoses Language Disorder

- No concerns around any other biomedical condition → SLP diagnoses DLD.
or
- If concerns around a possible biomedical condition
 - i) If assessment will not occur ‘in a timely manner’ → SLP provides provisional DLD diagnosis.
 - ii) Assessment will occur ‘in a timely manner’ → SLP provides diagnosis consistent with outcome of biomedical assessment (‘Language Disorder associated with X’ diagnosis).

Appendix 1 contains information regarding possible diagnostic and additional statements.

DLD and low average test scores summary

Child is referred to SLP → results are not clearly indicative of a Language Disorder

- Consider additional testing (e.g., standardized, dynamic, parent/teacher checklists) and look at written language.
- Consider psychometric properties of the tests, previous assessments, information regarding the first language.
- Consider additional evidence such as opportunities for instruction, possible ADHD, no functional impact.

Appendix 2 contains further information regarding possible considerations for DLD and low average test scores.

DLD as a co-occurring condition vs ‘Language Disorder associated with [associated condition]’ summary

Child is referred to SLP → SLP diagnoses Language Disorder

- No concerns around any other biomedical condition → SLP diagnoses DLD
- Concerns around another condition that may impact language
 - i) Pattern of impairment of other condition does not include Language Disorder but the condition may impact language performance (e.g., ADHD, Dyslexia, Speech Sound Disorder, Specific Learning Disability) → SLP diagnoses DLD cooccurring with existing condition.

- ii) Pattern of impairment of other condition includes Language Disorder as part of a complex pattern of impairments (e.g., sensorineural hearing loss, ASD, Intellectual Disability, Cerebral Palsy) → SLP diagnoses Language Disorder associated with [X].

Appendix 3 contains further information regarding possible considerations for DLD as a co-occurring condition.

DLD in under 5s summary

Consider indicators of concern:

- *Low*: younger than age 2, language difficulties for fewer than 6 months, only phonology affected, language improves with existing or enhanced input → SLP uses the term 'Language difficulties (with monitoring)'.
- *Moderate* concern: age 3, expressive domain only → SLP uses the term 'Language difficulties/At risk for DLD'.
- *High* concern: age 4 or older, language difficulties existing for 6 months or more, many domains affected including expressive and receptive, no or little change with enhancements → SLP uses the term 'Probable DLD' or 'Probable Language Disorder' depending on possible other conditions.

Appendix 4 contains further information regarding possible considerations for DLD in under 5s.

DLD vs Specific Learning Disability summary

- DLD pertains to language (not phonology only). Difficulties may (or may not) be noticed early in development.
- SLD pertains to learning of academic skills (reading, writing, math). Difficulties manifest during the school years with formal instruction.

Archibald's (2024) recommendations include:

- Students with DLD should be assessed for dyslexia and reading comprehension difficulties.
- A child with dyslexia (word recognition/decoding difficulties) should minimally be referred for a DLD assessment. Students with other learning disabilities should be monitored and referred for a DLD assessment by an SLP if difficulties persist with verbally mediated tasks in various subject areas.

Appendix 5 contains further information concerning DLD vs. Specific Learning Disability.

9) Recommendations

- Given the prevalence of Language Disorders in the general population, the recognition of Language Disorders in five Canadian provinces and in multiple other countries, and the effects of Developmental Language Disorder (DLD) on learning, understanding and communication, we recommend that the BC Government, through the Ministry of Education and Child Care (MoECC) and its successor(s):
 - formally and legally recognize Developmental Language Disorder (DLD) as a diagnosis
 - ensure that this diagnosis can only be given by a registered SLP
 - recognize that the SLP has professional autonomy and expertise in choosing the tools they use to assess and diagnose DLD
 - provide students with a diagnosis of DLD with their own separate designation of 'Communication Disorder – Developmental Language Disorder'

- allocate appropriate instructional time, funding, and resources for supporting students with DLD
 - Given the functional, academic, and societal impact of unrecognized DLD, a minimum of level 3 funding is strongly recommended.
- SLPs in BC schools use the CATALISE definition of DLD and consider further evidence (notably by Dr. Archibald) when providing a diagnosis of Developmental Language Disorder.

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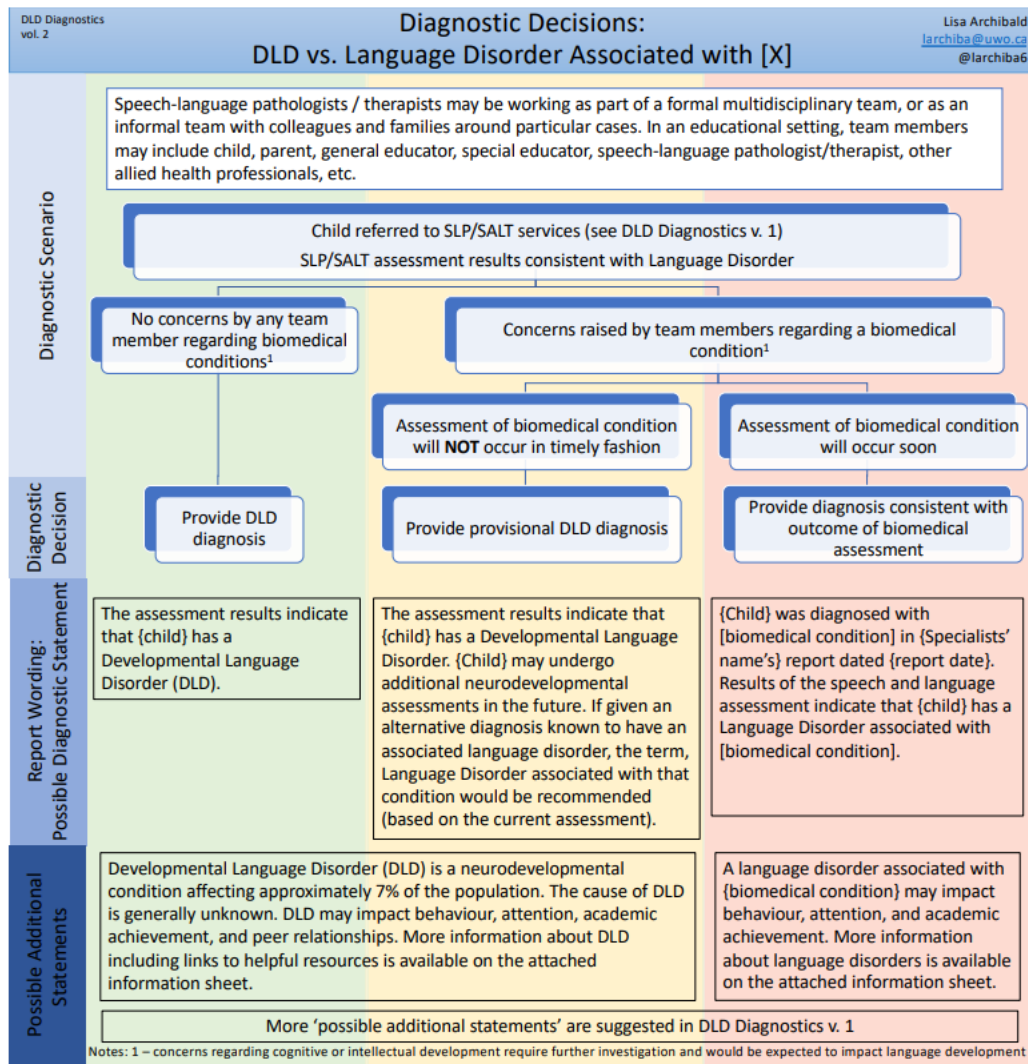
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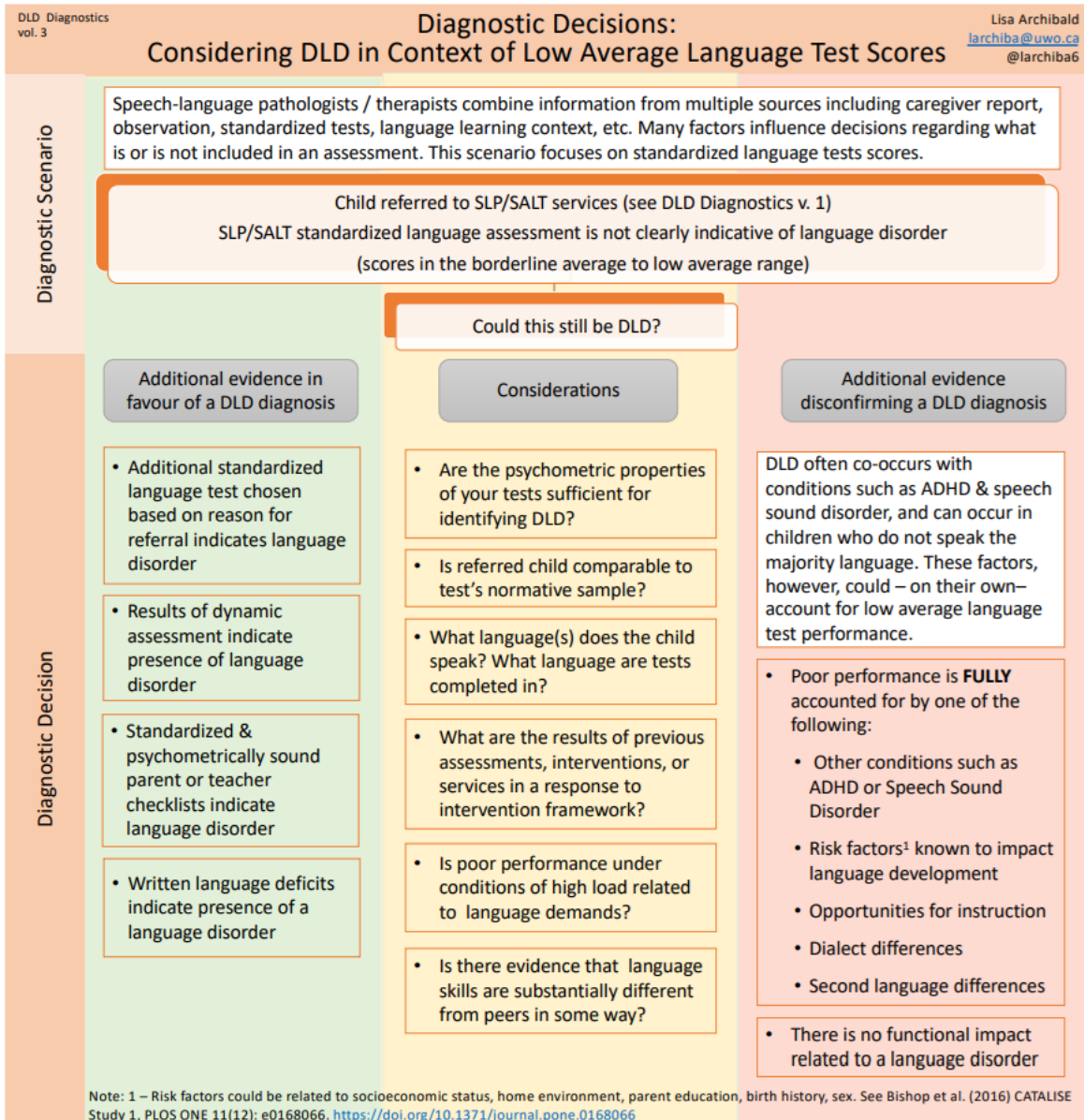
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Appendices (Graphs, Charts, Related Documents)

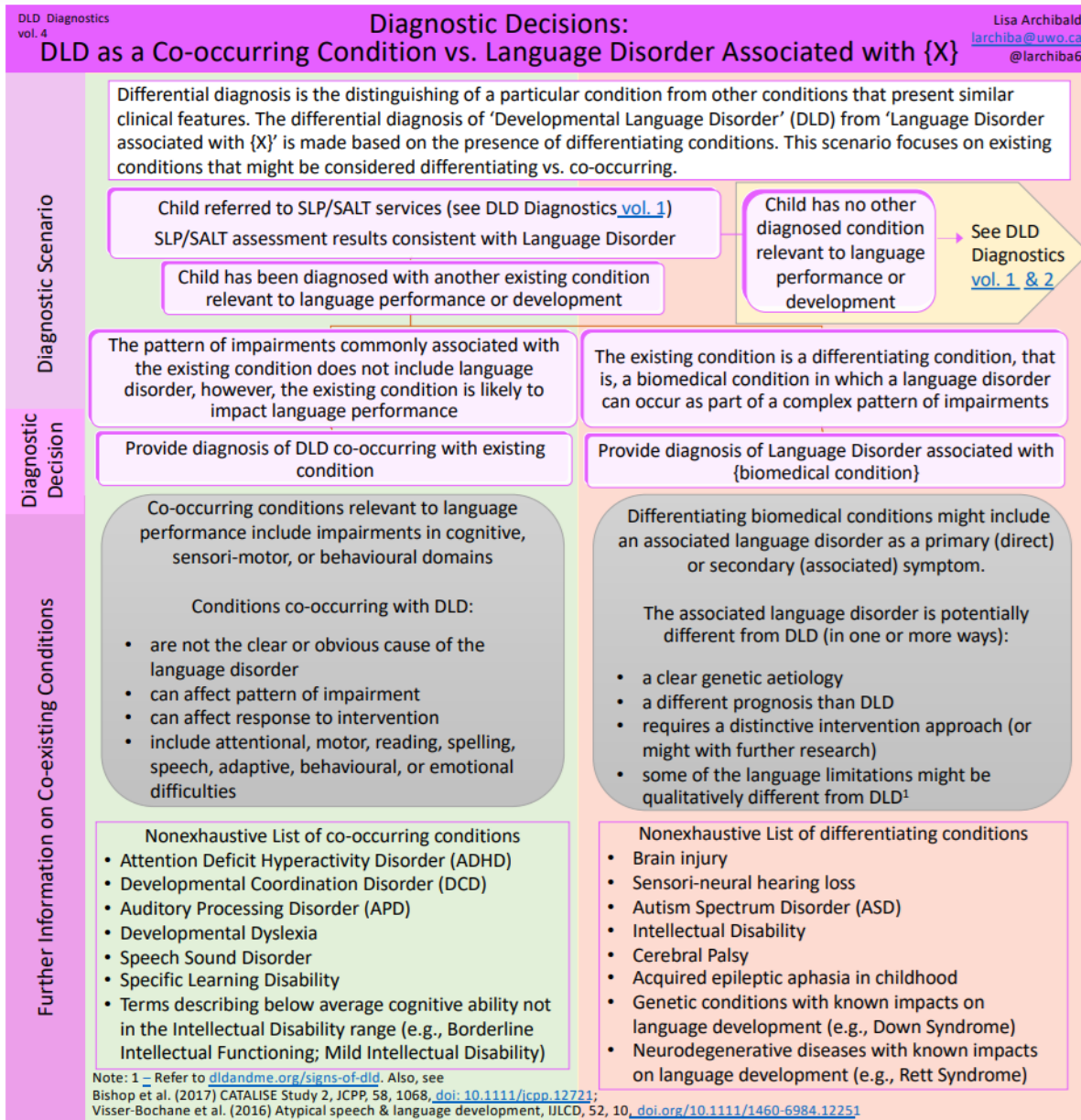
Appendix 1: DLD vs. language disorder associated with [X] (Archibald, 2024)



Appendix 2: DLD and low average test scores (Archibald, 2024)



Appendix 3: DLD as a co-occurring condition vs 'language disorder associated with [associated condition]' (Archibald, 2024)



Appendix 4: DLD in under 5s (Archibald, 2024)

DLD Diagnostics vol. 5		Diagnostic Decisions: Language Difficulties or DLD in Under 5-year-olds			Lisa Archibald larchiba@uwo.ca @larchiba6	
Diagnostic Scenario	The SLP/SaLT assessment determines that a child under 5 years has language difficulties with a significant impact on everyday interactions & no known biomedical condition. Given the variability in language development at this age, what considerations might help the clinician decide if the problem is likely persistent and a diagnosis of DLD is warranted?					
	Indicators of relatively low concern		Indicators of moderate concern		Indicators of quite high concern	
Diagnostic Considerations	Age in years when assessed ¹					
	up to 2		3		4+	
	Time over which re-assessment has indicated continued language difficulties ²					
	less than 6 months			6 months or more		
	Language domains impacted ² :					
	Phonology Morphosyntax		Semantics Word finding		Pragmatics Verbal learning & memory	
	Phonology only		Few domains Expressive only		Many domains (see note (a)) Receptive & expressive deficits	
	Risk factors ³ : Family history of communication or reading disorders Low level of parental education/vocabulary Socioeconomic disadvantage			Low birth weight or responsiveness Others: birth order, male, shyness		
				Many (see note (b))		
	Early gesture or language indicators ⁴					
			At 12 months, few words used meaningfully or understood without gestures, limited pointing or holding out arm to show object		At 24 months, no word combinations	
Later preschool language indicators ¹						
Retells main events in story (even with morphosyntactic & phonological errors)					Unable to retell simplified sequence of story events (even with pictures)	
Malleable factors ⁵ : Language & literacy home environment (e.g., toy talk: <i>When my child looks at a toy, I talk about it</i> ; shared book reading; many books available; interactions during screen time) Variability in language input (i.e., informal play opportunities; attends childcare centres) Intervention						
Language improves with existing or enhanced inputs		Not available		No change when enhanced or change requires considerable effort		
Diagnostic Decision	Determining best label to use: Consider the range in which the majority of indicators fall...					
	Language Difficulties (with monitoring)		Language Difficulties / At risk for DLD (address malleable factors & monitor)		Indicators of a differentiating condition (see note (c), also vol. 2 & 4)?	
					No: (Probable) DLD	Yes: (Probable) Language Disorder
Notes: (a) – Ref. 1 reported isolated impairments to have good outcomes & most stable profile when phonology, morphology, syntax & semantics impacted; (b) – 3-4 risk factors increase concern but are not sufficient (on their own) to determine diagnosis; (c) - very severe impairment; qualitative differences from DLD; concerns in domains beyond language (e.g., difficulty imitating body movements ⁶)						
References: 1.Bishop & Edmundson, 1987, JSHD, 52:16-73 (participants: 3.9-4.2yrs); 2.Bishop et al, 2016, PLoS ONE, 11/7:e0158753; 3.Eadie et al, Pediatrics, 147/2:e20201712; McKean et al, 2015, PLoS ONE, 10/8:e0134251; McKean et al, 2016, IJEC, 48:329-51; Rudolph, 2017, AJSLP, 26:991-1010; 4. McKean et al, 2016; Rudolph & Leonard, 2016, JEL, 38:41-58; 5.McKean et al, 2016; Collisson et al, 2016, J Peds, 172, 168-74; 6.Dohmen et al, 2016, ADLI, 1:1-15						

Appendix 5: DLD vs Specific Learning Disability (Archibald, 2024)

DLD Diagnostics vol. 6		Diagnostic Decisions: DLD, Specific Learning Disorder, Learning Disability: What's the difference?		Lisa Archibald larchiba@uwo.ca @larchiba6	
Commonalities	<p>Developmental Language Disorder (DLD) and Specific Learning Disorder are neurodevelopmental disorders. Although their precise etiology is unknown, in both cases, the primacy of biological factors (i.e., combined effects of many genes) is assumed to interact with nonbiological factors. These disorders commonly co-occur. A dual diagnosis is warranted when clinical judgment & assessment findings indicate each condition restricts daily activities including learning. Ideally, children making slow educational progress should receive a comprehensive, interdisciplinary assessment of language, cognitive, overall development, and academic achievement.</p>				
		<p>Developmental Language Disorder</p>	<p>Specific Learning Disorder</p>		
Definitions, Criteria, DLD-Dyslexia Relationship	<p>Persistent language difficulties with a significant impact on everyday interactions or school learning that emerges in the course of development (CATALISE, but also consistent with the ICD-11 category of the same name). This definition is consistent with DSM-5 Language Disorder, and includes pragmatic language skills (see also, Social Pragmatic Communication Disorder)¹.</p>		<p>Persistent difficulty learning and using academic skills (word reading, reading comprehension, spelling, written composition, math) identified no earlier than 6 months after targeted instruction begins (DSM-5). The ICD-11 category, Developmental Learning Disorder, is largely consistent except for the inclusion of a mismatch with expected general level of intellectual functioning.</p>		
	<p>An impairment in phonology only (& no other components of language) would not be diagnosed as DLD (CATALISE), but could indicate a Speech Sound Disorder (speech perception and production difficulty) or Dyslexia (word recognition difficulty).</p>		<p>If the Specific Learning Disorder manifests in word recognition (defined in the DSM-5 as difficulties with accurate or fluent word recognition, poor decoding, and/or poor spelling abilities), it is often called Dyslexia.</p>		
Key differences: (1) How & when; (2) Oral & written	<p>DLD pertains to language learning. The human brain is predisposed for language acquisition, which means that language learning happens largely without explicit instruction. Difficulties arise early on but may not raise concern for a variety of reasons (variability in early language development; assuming child will 'catch up'; difficulties seeming 'not too bad'). Many individuals with DLD go undiagnosed or mis-diagnosed.</p>		<p>Specific Learning Disorder pertains to academic learning, which requires formal instruction, effort, and lots of practice². Difficulties arise during the school years, however, they may not be apparent until academic demands exceed the individual's capacity in affected domains. Difficulties persist despite high quality classroom instruction & more intensive intervention targeting the particular skills with which the individual is struggling.</p>		
	<p>'Language is literacy is language'³. DLD can be expected to impact both oral and written language (and related academic skills including math). In older individuals, difficulties may be more evident in written language tasks such as reading comprehension & written composition.</p>		<p>Specific Learning Disorder pertains to the learning of written language (and other academic skills including math). Oral language impairments are not part of the diagnosis. However, some oral language manifestations could include poor academic vocabulary related to lack of reading, or disorganized expression related to poor inferencing or metacognitive skills.</p>		
Refer	<p>Minimally, a child with DLD should be assessed for dyslexia⁴ and reading comprehension. A lack of response to individualized instruction (with sufficient dosage) targeting educational skills would be a reason to refer an assessment of learning.</p>		<p>Minimally, a child with dyslexia should be assessed for DLD⁴, as should those with dyscalculia or dysgraphia. Difficulties with academic progress especially verbally-mediated tasks across subject area would be a reason to refer for a language assessment.</p>		
Educational Identification	<p>In some educational jurisdictions and countries, educational support is provided based on the presence of a disability (or other educational identification label) rather than a disorder</p>				
	<p>Disorder – A condition with a presumed biological origin often for which no specific cause is known, and which impairs individual functioning and capacity.</p>		<p>Disability – A state of functioning (disability) arising due to a mismatch between an individual's capacities and the demands of the environment.</p>		
	<p>Some educational identifications are specific to speech & language (e.g., speech language communication needs (SLCN); speech/language impairment). A child with DLD may be identified for services using any of these speech & language labels.</p>		<p>Many definitions of learning disability (see below) implicate MANY conditions that can interrupt learning including DLD, Specific Learning Disorder, ADHD⁵, and others. Children with DLD or Specific Learning Disorder may be identified as having a Specific Learning Disability.</p>		
<p>Specific Learning Disability⁶ – As a result of a disorder involving language or learning processes, an individual experiences (or manifests) difficulties with regular educational curricula involving the abilities to listen, think, speak, read, write, spell, or do math.</p>					
<p>Key take aways: (1) Specific Learning Disorder & Specific Learning Disability are not synonymous even though they overlap strongly (2) DLD, Specific Learning Disorder, and other disorders can manifest as a Specific Learning Disability</p>					

1-Redmond, 2020; 2SHR, 63, 3273-76; 2-Share, 2021, Br 56, 11, 151Q; 3-Snow, 2016, USIP, 18, 216-228; 4-Adri & Hogan, 2019, PHBS, 210-217; 5-Attention Deficit-Hyperactivity Disorder; 6-IDFA (USA)

Recommended Review Schedule

To be determined in conjunction with SHBC.

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