SLI, PLI, LLD, or DLD?
A debate on terminology in child language research programs.

Amanda Owen Van Horne, Susan Ebbels, Sean Redmond, & Liza Finestack
Disclosures & Conflicts of Interest

• All of the authors draw salaries from their respective universities or schools
• Susan Ebbels and Sean Redmond served on the CATALISE consortium
• Susan Ebbels devised the SHAPE CODING™ system and her employer provides/sells related training, resources and apps
• Sean Redmond & Amanda Owen Van Horne currently have US federal grant funding (NIH/NSF) for research on this population.

Social Media

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• Photos and videos of the slides and the presenters are acceptable to all presenters
• Please credit the presenters when you share slides or other information from this presentation.
Developmental Language Disorder

Consensus Umbrella Term
DLD includes SLI – all children previously called SLI can also be called DLD

DLD ≠ SLI – the diagnosis of DLD is inclusive of children with lower IQs and with co-occurring conditions (e.g., ADHD, DCD, dyslexia).

Focus on functional impact & persistent deficits is highlighted
• A brief history of terminology ~ based on Leonard, 1998 p 5-8 & 2014, p 7-11)
Setting the Stage

DLD – Bad First Impressions

• Didn’t solve any of the problems we face in the USA
  – New term to introduce to practitioners
  – Still not a federally recognized term under IDEA
  – Difficult to get insurance coverage for things that are “Developmental”
• Just another term to use in searches ~Jingle Jangle
Roadmap for our Session

- Susan Ebbels – The Delphi Process & Diagnostic Criteria for DLD
- Sean Redmond – A Cautionary Tale – What Do We Stand To Lose?
- Liza Finestack – DLD: How Can We Interpret the Results?
- Amanda Van Horne – DLD – Funding, Advocacy, and Public Communication
Reaching consensus on identification and terminology for problems with language development: CATALISE

Susan Ebbels (with thanks to Dorothy Bishop)
@SusanEbbels @deevybee

Director of Research and Training
Moor House Research and Training Institute, UK
@MHResTrain
Department of Language and Cognition, UCL
CATALISE: How it happened

• Special issue of International Journal of Language and Communication Disorders

• Internet forum/Twitter debate

• Delphi: CATALISE
  a) On criteria (published 2016)
  b) On terminology (published 2017)
Delphi approach to building consensus

Assemble a group of experts and use the Delphi method to have an online discussion.

Key feature of Delphi: everyone rates and comments on initial set of statements, and sees everyone else’s responses, but whole process is anonymous.
Full details online

CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children

D. V. M. Bishop, Margaret J. Snowling, Paul A. Thompson, Trisha Greenhalgh, CATALISE consortium

Published: July 8, 2016 • https://doi.org/10.1371/journal.pone.0158753

Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology

Dorothy V.M. Bishop, Margaret J. Snowling, Paul A. Thompson, Trisha Greenhalgh, and the CATALISE-2 consortium

First published: 30 March 2017 • Full publication history
DOI: 10.1111/jcpp.12721 • View/save citation
# International Expert Panel

- English-speaking countries
- Authors of the commentaries in the IJLCD special issue
- Additional panel members recruited from under-represented categories

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CATALISE Phase 1: Identification
Delphi for CATALISE 1: criteria

76 candidate statements

Reviewed by subset of panel

46 Round 1 statements

Panel comments and ranks for relevance/validity

Moderators edit statements

27 Round 2 statements (S4) with background (S5)

Panel comments and ranks for validity

Moderators edit statements

Panel sent feedback on ratings (S3)

Panel sent feedback (S6)

Manuscript with summary findings

I JLCD commentaries and articles

Twitter debate

RCSLT online forum
CATALISE 1: Criteria for identification
Concern about speech, language or communication
OR
Behavioural or psychiatric difficulties

'Late talker' under 2 yr old

Reassess later
CATALISE 1: Criteria for identification - summary

Refer for evaluation

Assessment of speech, language and communication

- Concern about speech, language or communication
  - OR
  - Behavioural or psychiatric difficulties
  - 'Late talker' under 2 yr old

- Need information from multiple sources: caregiver report, observation, standardized tests, language learning context
- Language is complex: need to consider content, form and use; receptive as well as expressive
- Pragmatics and phonology as well as grammar/vocabulary
- Verbal learning and memory as well as static performance

Reassess later
Refer for evaluation

Concern about speech, language or communication
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Identification of additional factors

- Co-occurring problems in motor skills, attention, reading, social interaction, nonverbal skills and behaviour problems.
- Check for associated known conditions – genetic syndromes, ASD, acquired brain injury, hearing loss

Reassess later
CATALISE Phase 2: Terminology
Two terms rejected at an early stage:

Developmental dysphasia

Language Delay
Developmental dysphasia

• Advocated for by some family support groups, who saw it as a good ‘meme’ – just like ‘dyslexia’

• Very unpopular with professionals
  – Misleading – suggests neurological damage
Language delay

- ‘Delay’ vs ‘disorder’ distinction has been around for a very long time but rejected by CATALISE panel: confusing and unevidenced

- ‘Delay’ confusing in implying language will eventually ‘catch up’.

- Bishop & Edmundson (1987): children with a ‘spikey’ profile had milder problems and better prognosis than those with a ‘flat’ profile – yet the former group (seen as ‘disordered’) often get better access to intervention.

- In addition, it is sometimes argued that a distinctive profile of ‘language delay’ is caused by poor environment, but comparisons of children from deprived/non-deprived backgrounds don’t support this.

CATALISE 2: Items focused on terminology

Round 1

Items 13-15 proposed specific labels: virtually equal 3-way split!

Strongly agree  Agree  Neutral  Disagree  Strongly disagree
3 terms over which panel were split

Specific Language Impairment (SLI)

Primary Language Impairment

Developmental Language Disorder
Specific language impairment (SLI)

Advantages
• Most common term in academic settings, though less widely used in clinical and educational practice in UK.

Disadvantages
Too exclusive: ‘Specific’ often taken to mean that child
(a) has a substantial discrepancy between language and nonverbal ability and
(b) has no other difficulties
– this excludes many children from services
• Research on genetics and intervention does NOT support distinguishing children with and without verbal-nonverbal discrepancy
Primary language impairment

• Not widely used: 362 hits on Google scholar search
• Used by Boyle et al (2007) to refer to language difficulties that are not secondary to another condition, without requiring a discrepancy with nonverbal ability

PROBLEMS
• People may think ‘primary’ refers to primary school-aged
• People may interpret to mean language is the child’s primary problem – subtly different meaning from ‘not secondary to other condition’
• Not always easy to judge if a language problem is secondary to another problem
• Potential for confusion with ‘pragmatic language impairment
Developmental language disorder

• Advantages
  – Descriptive, without implying anything about causes
  – This term will be used in ICD-11 (and also more compatible with DSM5 ‘language disorder’)

• Disadvantages
  – Objections to ‘disorder’; too medical, disease focused; implies qualitative rather than quantitative differences between children
  – May encourage old idea of ‘delay’ vs. ‘disorder’
  – Affected children grow up: ‘developmental’ may be seen as inappropriate for teenagers/adults
What was the consensus?
The Bottom Line: Consensus on terminology
Child with language difficulties that:
• impair social and/or educational functioning
• with indicators of poor prognosis

Starting point
Language Disorder is a subset of broader category of SLCN

- Language Disorder
- Speech, Language and Communication Needs
Child with language difficulties that:
- impair social and/or educational functioning
- with indicators of poor prognosis

Language disorder

Associated with biomedical condition, X*

Developmental language disorder (DLD)

Language disorder associated with X*

Important!
Not exclusionary factors.
Child eligible for assessment/intervention

*‘Associated with’ does NOT mean ‘explained by’
What is included in ‘biomedical disorder’?

Language disorder associated with

- Known genetic condition (e.g. Down syndrome, Klinefelter syndrome)
- Acquired brain injury
- Sensorineural hearing loss
- *Intellectual disability
- *Autism spectrum disorder

*Included because of growing evidence of genetic basis for these conditions

Remember:
Not exclusionary factors.
Child eligible for assessment/intervention
Why are these differentiated from DLD?

- Additional problems associated with the biomedical condition likely to have an important influence on nature and prognosis of language problems

- Assumption (though little evidence!) that the associated condition may require a different intervention pathway

- For research on aetiology, inclusion of cases with known biomedical conditions would muddy the picture

- May need to add that condition should pre-date language problems
The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study

Courtenay Frazier Norbury, 1,2 Debbie Gooch, 1,2 Charlotte Wray, 2 Gillian Baird, 3 Tony Charman, 4 Emily Simonoff, 5 George Vamvakas, 6 and Andrew Pickles 6

1Psychology and Language Sciences, University College London, London; 2Department of Psychology, Royal Holloway, University of London, London; 3Newcomen Centre, St Thomas’ Hospital, London; 4Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London; 5Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London; 6Department of Biostatistics, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK

Language disorder

Associated with biomedical condition, X*

Developmental language disorder (DLD)

Language disorder associated with X*

9.92%

7.58%

2.34%
DLD is a subset of Language Disorder

Speech, Language and Communication Needs

Language Disorder

Developmental Language Disorder

Language Disorder

DLD is a subset of Language Disorder
What is new?

- Developmental language disorder (DLD) to replace SLI
- Disorder defined in terms of **functional impairment** and **poor prognosis**
- Rather than exclusionary factors, ‘Language disorder (associated) with X’ – also need assessment/intervention
- Does not use invalid delay/disorder distinction
- Does not use social background as criterion
- Additional disorders as descriptors rather than exclusionary factors
- Does not use nonverbal IQ as criterion
- cut-off points are completely arbitrary!
This definition of DLD very broad: need additional information

Nature of language impairments
- Phonology
- Syntax
- Semantics
- Word finding
- Pragmatics/language use
- Verbal learning & memory

Decided against subtypes – too many children don’t fit neatly!

Risk factors
- Family history
- Poverty
- Low level of parental education
- Neglect or abuse
- Prenatal/perinatal problems
- Male

Co-occurring disorders
- Attention
- Motor skills
- Literacy
- Speech
- Executive function
- Adaptive behaviour
- Behaviour
Terminology vs Intervention

• In an ideal world, intervention and educational provision should be based on a detailed understanding of the child’s full profile of strengths and needs.

• Therefore, in the ideal world, changes in terminology / criteria should have no effect on intervention or educational provision, as the children’s needs have not changed.
Conclusion

Remember! Not a single, homogenous condition, and no label is perfect.

Hope is that we can agree to go with the consensus and so move forward to raise awareness, improve services to children, and do much-needed research.
What DLD used to mean....

These books included chapters on dyslexia/developmental reading disorder, autism, fragile X, Down syndrome, Williams syndrome, pragmatic language impairment, AAC, etc....
.... 2018: the view from *JSLHR*

1. Some authors are staying with **SLI**... but getting pressure from reviewers to adopt the new DLD term

2. Others are adopting broad phenotype \( \text{DLD}_1 = \{\text{SLI} + \text{NLI} + \text{PLI/(P)CD} + \text{Co-LI}\} \)

3. Many are adopting narrow phenotype \( \text{DLD}_2 = \text{SLI} \)
   
   3a. ".... children with DLD (formerly known as SLI)...
   
    3b. Don’t mention SLI in their rationale/review - *But* cite SLI literature as if it was always DLD??

At least for the short term, the evidence base for DLD *is the literature on SLI*. This connection should be explicitly presented to readers.
Implications of Broad Phenotype

• **Profile A:** Nonverbal SS: 78, CELF SS: 90, "clinically significant pragmatic symptoms"

• **Profile B:** Nonverbal SS: 90, CELF SS: 78, "no significant pragmatic problems"

• Both could be classified as “DLD”. Depending on the ratio of A:B recruited into any given study sample, we would expect different answers to questions like: “How does DLD status impact an individual’s risk for ADHD”?

• Normally, “normal” means within normal limits…. except here it doesn’t.
  
  – In profile A standard score of 78 is considered “OK/normal…”
  
  – In profile B standard score of 78 now represents a signal of a “significant deficit”.

  – Also, studies routinely include “normal” comparison groups with mean scores ~ 115
Why does this matter?

**Prevalence?** DLD₁ ~10-15%; DLD₂ ~7%

**Sex Ratio?** DLD₁ relatively high M:F ratio; DLD₂ lower M:F ratio

**Behavioral risk?** DLD₁ higher than DLD₂

**Proper Comparison Group?**
- DLD₁ = broad “typical language” group [include cases of “low cognition”+ other clinical]
- DLD₂ = “typically developing” group *but* set upper performance limits

**Symptom progression?** DLD₁ more severe and slower language growth than DLD₂
Intervention here?
Percent Correct Finite Irregular Past Tense

Mean % Correct

Grade

Kdg  1st  2nd  3rd  4th

Intervention here?

SLI  NLI  Typically developing
“The lack of evidence of an effect isn’t the same as evidence that there isn’t an effect”
“Children with NLI appear to be relatively less responsive to interventions targeting reading skills than children with SLI (Bowyer-Crane, Snowling, Duff, & Hulme, 2011), and there is also some evidence that children with SLI and NLI respond differentially to language intervention strategies (Goorhuis-Brouwer & Knijff, 2002)....

“...Other studies have reported similar language gains between SLI and NLI participants when a common language treatment was provided (Bowyer-Crane et al., 2011; Cole, Dale, & Mills, 1990; Fey, Long, & Cleave, 1994)....

“.....However, the presence of small study samples and moderate treatment effects prevents a definitive synthesis. Additional investigations are needed to more clearly delineate the impact of low nonverbal abilities on children’s responses to interventions.”

Redmond (2016)
How to avoid a self-inflicted reproducibility crisis

• Recognizing the risk brought in by current DLD jangle is real
  – Failures to replicate results of existing studies
  – Failures to create results others can reproduce
  – “False signals” of discoveries of nonverbal mechanisms underlying language impairment – good for authors’ CVs but bad for the field.

• Controlling for biases
  – Confounding bias – requires measurement of potential confounds in both groups
  – Ascertainment bias – can’t be solved by regressions
  – Hot-stuff bias – new psychological constructs are initially psychometrically fragile

https://catalogofbias.org/biases/
How to avoid a self-inflicted reproducibility crisis

• Providing detailed participant profiles to translate across DLD$_1$ and DLD$_2$
  – Invoking DLD term shouldn’t be a license to stop measuring nonverbal IQ and other potential confounders
  – The SLI designation should be maintained as a subtype of DLD when it is scientifically appropriate – separate the DLD slogan from the DLD science

• Selecting comparison groups based on questions
  – Cases of “typically developing/above average” aren’t always appropriate.
  – Consider clinical cases (e.g. ADHD, DCD) with spared language as the stronger test
DLD: How can we interpret the results?

Lizbeth H. Finestack, Ph.D., CCC-SLP
Department of Speech-Language-Hearing Sciences

ASHA 2018
Studies out there...

• Recent studies using DLD terminology

• What does DLD look like in these studies?
Changes in English Past Tense Use by Bilingual School-Age Children With and Without Developmental Language Disorder

Peggy F. Jacobson and Yan H. Yu


History: Received February 3, 2017; Revised July 31, 2017; Accepted May 26, 2018
DLD Criteria

• At least two of the following:
  – (a) current or previous enrollment in a speech-language therapy program—13 of 17 (76%) met this criterion,
  – (b) grade retention and/or enrollment in a remedial reading program—12 of 17 (73%) met this criterion, and
  – (c) performance below 1.5 SD on the Sentence Recall subtest of the Clinical Evaluation of Language Fundamentals—Fourth Edition (CELF-4; Semel, Wiig, & Secord, 2006) or below the second stanine on the CELF-4 (Spanish version)—15 of 17 (88%) met this criterion.

– All exclusionary criteria for DLD were met.
## Nonverbal Cognitive Abilities

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An Application of Network Science to Phonological Sequence Learning in Children With Developmental Language Disorder

Sara Benham, Lisa Goffman, and Richard Schweickert


*History:* Received January 29, 2018; Revised March 28, 2018; Accepted May 6, 2018
Table 1. Group performance on behavioral assessments.

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Note. Standard scores are presented for these three tests. DLD = developmental language disorder; TD = typically developing; CMMS = Columbia Mental Maturity Scale; SPELT-P2 = Structured Photographic Expressive Language Test–Preschool: Second Edition; BBTOP-CI = Bankson–Bernthal Test of Phonology-Consonant Inventory.
Immature Auditory Evoked Potentials in Children With Moderate–Severe Developmental Language Disorder

Elaine Y. L. Kwok, Marc F. Joanisse, Lisa M. D. Archibald, and Janis Oram Cardy


History: Received November 9, 2017; Revised March 20, 2018; Accepted April 4, 2018
DLD Criteria

• CELF-4 Core Language below 85 (i.e., more than 1 SD below the mean) and
  – -1 SD = mild DLD (11th and 16th percentiles)
  – -1.25 SD = moderate–severe DLD (at or below the 10th percentile).

• WASI Performance IQ (PIQ) standard score at or above 85 (i.e., no more than 1 SD below the mean).
Recent Studies Expanding Criteria

Do results vary based on nonverbal cognitive abilities?
Effective Use of Auditory Bombardment as a Therapy Adjunct for Children With Developmental Language Disorders

Elena Plante, Alexander Tucci, Katrina Nicholas, Genesis D. Arizmendi, and Rebecca Vance

History: Received July 31, 2017; Revised October 4, 2017; Accepted December 1, 2017
DLD Criteria

• Normal nonverbal cognitive skills (70 + 1 SEM on the Nonverbal Scale of the Kaufman Assessment Battery for Children–Second Edition; Kaufman & Kaufman, 2004) and

• Score of 87 or less on the Structured Photographic Expressive Language Test–Preschool 2 (SPELT-P 2; Dawson et al., 2003).
Nonverbal Cognitive Ability

- Two participants in the Auditory Bombardment First Group had non-verbal IQs < 85 (SS = 83 and 79).
Evaluation of an Explicit Intervention to Teach Novel Grammatical Forms to Children With Developmental Language Disorder

Lizbeth H. Finestack

History: Received September 8, 2017; Revised February 28, 2018; Accepted April 12, 2018
DLD Criteria

• Currently receiving speech-language, reading, or special learning services or identified as at risk for needing special services;

• Scored above −2 SDs (standard score > 70) on the Leiter International Performance Scale–Revised (Leiter-R; Roid & Miller, 1997) test of nonverbal IQ; and

• Obtained a standard score on the Structured Photographic Expressive Language Test–Third Edition (SPELT-3; Dawson, Stout, & Eyer, 2003) equal to or below 95.
Recent Studies Expanding Criteria

Do results vary based on nonverbal cognitive abilities?
Answer?

- Preliminary evidence suggests that it may not matter.
- But, more research is needed as current studies have not been sufficiently designed or powered to answer the question.
- Also need more research focused on characterizing and better understanding the whole range of DLD, including children with nonverbal IQ < 85
How does the new DLD terminology impact research?

**Significant**
- Research Describing/Comparing Disorder Profiles
- Research Seeking Mechanistic Explanations
- Assessment Research

**Little**
- Treatment Research
- Research on Functional Impact
- Research of Implementation within Public Systems
- Research on Policy Outcomes
Future Research

Population

Research Question
The University of Minnesota is an equal opportunity educator and employer.
Is DLD a useful term in the Public Sphere?
Disorders, Advocacy, & Research Dollars

Figure 1. Regression of log publication index on log severity, with 95% confidence interval shown with dotted lines.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0015112
Disorders, Advocacy, & Research Dollars
Autism as an Example

• Increased Federal funding & Private Foundation $$ over a 10-15 year period
  – Increased diversity of NIH institutes funding autism research
  – Recognized as both a health and educational concern
  – Shift in the types of things funded – increased clinical-translational work, while maintaining basic science
• Included broadening and changing diagnostic criteria
• Let to Increased Community Awareness
• Self-advocacy & accommodations
DLD & Public Advocacy

• Advocacy gives us a space to
  – Improve diagnostic practice
  – Improve access to treatment
  – Improve treatment quality

Use of a broader phenotype may make it harder to identify and trial best practices

BUT

Acknowledgement that function is critical for diagnosis and treatment may advance standard of care more than theory.
DLD & Public Awareness Campaigns

• Public Awareness Campaigns are Focusing on
  – Prevalence
  – Functional Impact
  – Assessment
  – Treatment
  – #dldawarenessday, #devlangdis, #DLDabc

• RADLD.org  DLDandMe.org
  – Show Individuals with DLD Engaged in Self-Advocacy
  – Burgeoning Parent Support Groups
Focus on Function Opens Other Public Conversations
- Gives the public a reason to care about what we do
- Show that this is more than ‘just’ an esoteric discussion about language & the brain
- Atheoretical term may be more accessible to the public/be more permanent
DLD & Public Advocacy
Universal Design

- All disabilities - 65-70% prevalence

Moncrief et al (2018):
- DLD – 20-50% prevalence

https://ici.umn.edu/products/impact/301/Pathways-to-Justice/#Pathways-to-Justice
Bryan, Freer, & Furlong, 2007
• **DLD is** the International Consensus Term

• Does DLD provide advantages over SLI?

• (How) does the new enthusiasm behind DLD change your research/practice?

• (How) will you be advocating for this group of children?