There is a LOT More to Language Disorder than Meets the Eye

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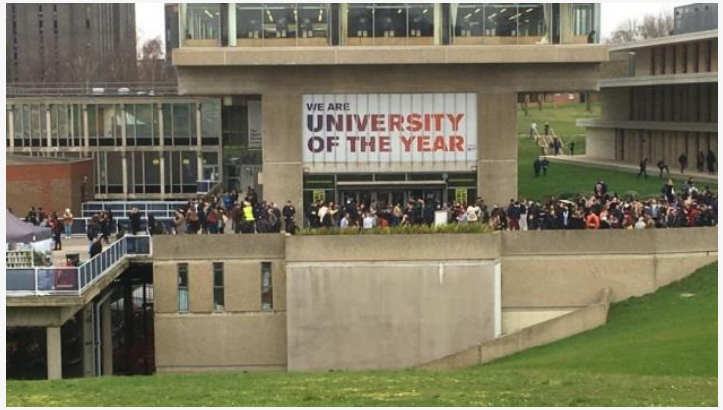
SITS Jubilee Congress – 60 years serving the language


Grattis

Tack för att du bjudit in mig till det här spännande evenemanget



University of Essex

Det är underbart att vara här med er alla

OUTLINE:

- The role of oral language as a foundation for a range of essential skills
- The nature of Language Disorder and differential diagnosis
- Impact of Language Disorder
- Longitudinal implications of Language Disorder
- Implications for Speech and Language Therapy practice


CASIO
10:58 50
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SNZ
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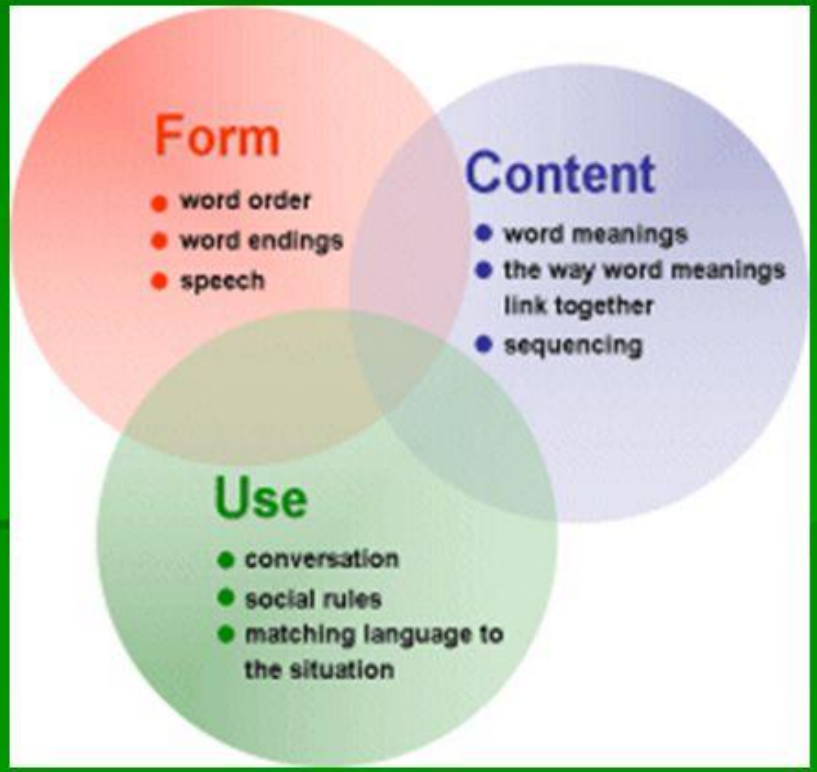
OFF
ALARM
ALARM
SET
SET
DEMO
RESET


ESPRESSO
MILK
HOT CHOCOLATE
JUICES

What is Oral Language?

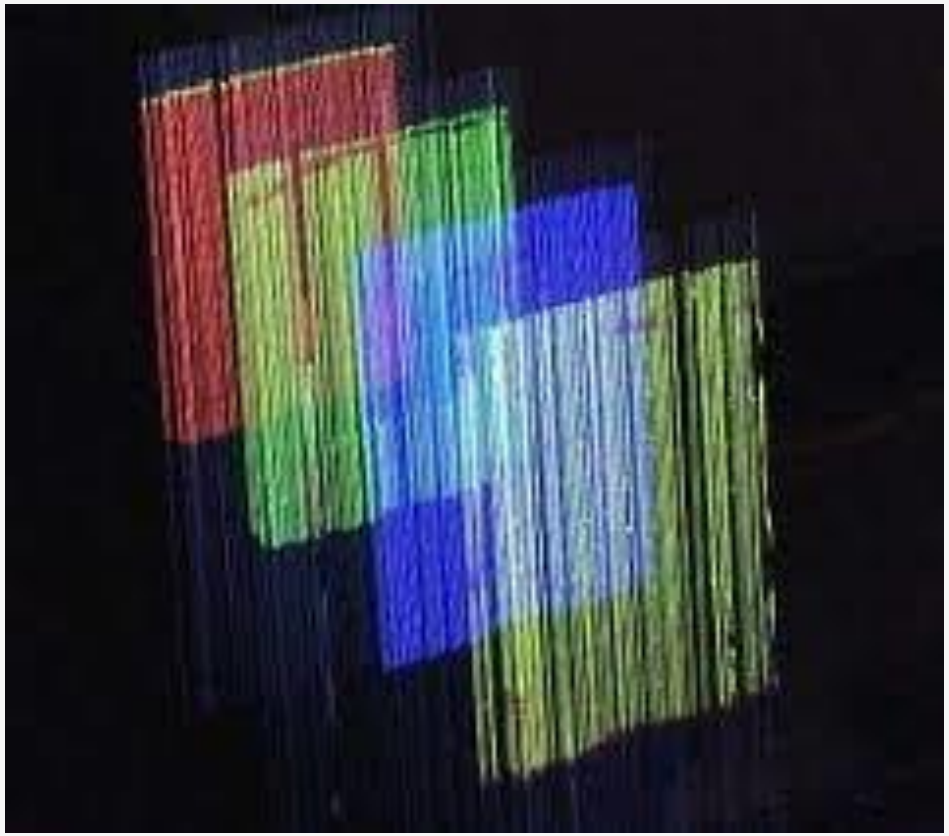
Inter-relationship between language areas Bloom and Lahey (1978)

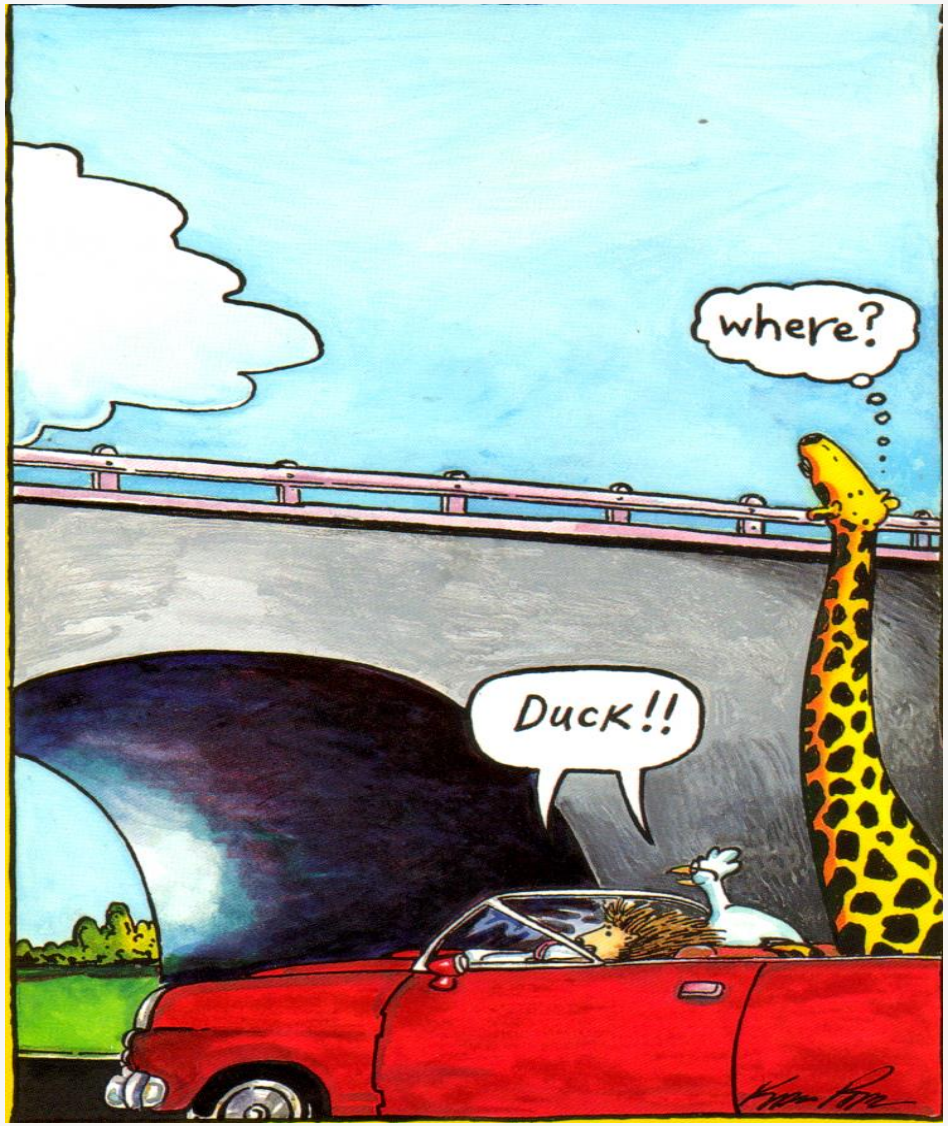
Syntax



Semantics

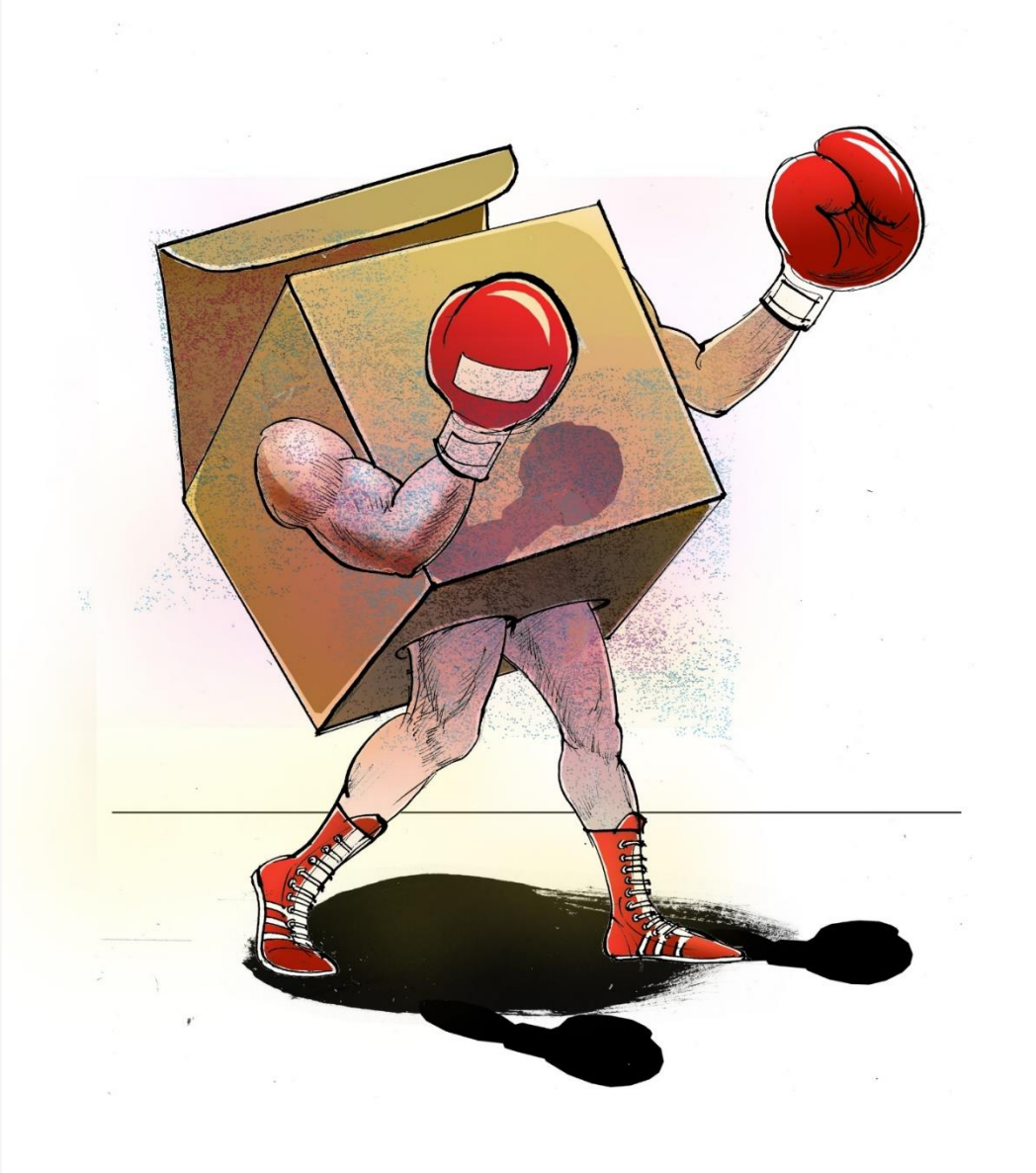
Pragmatics




where?
DUCK!!

It’s raining cats and dogs!

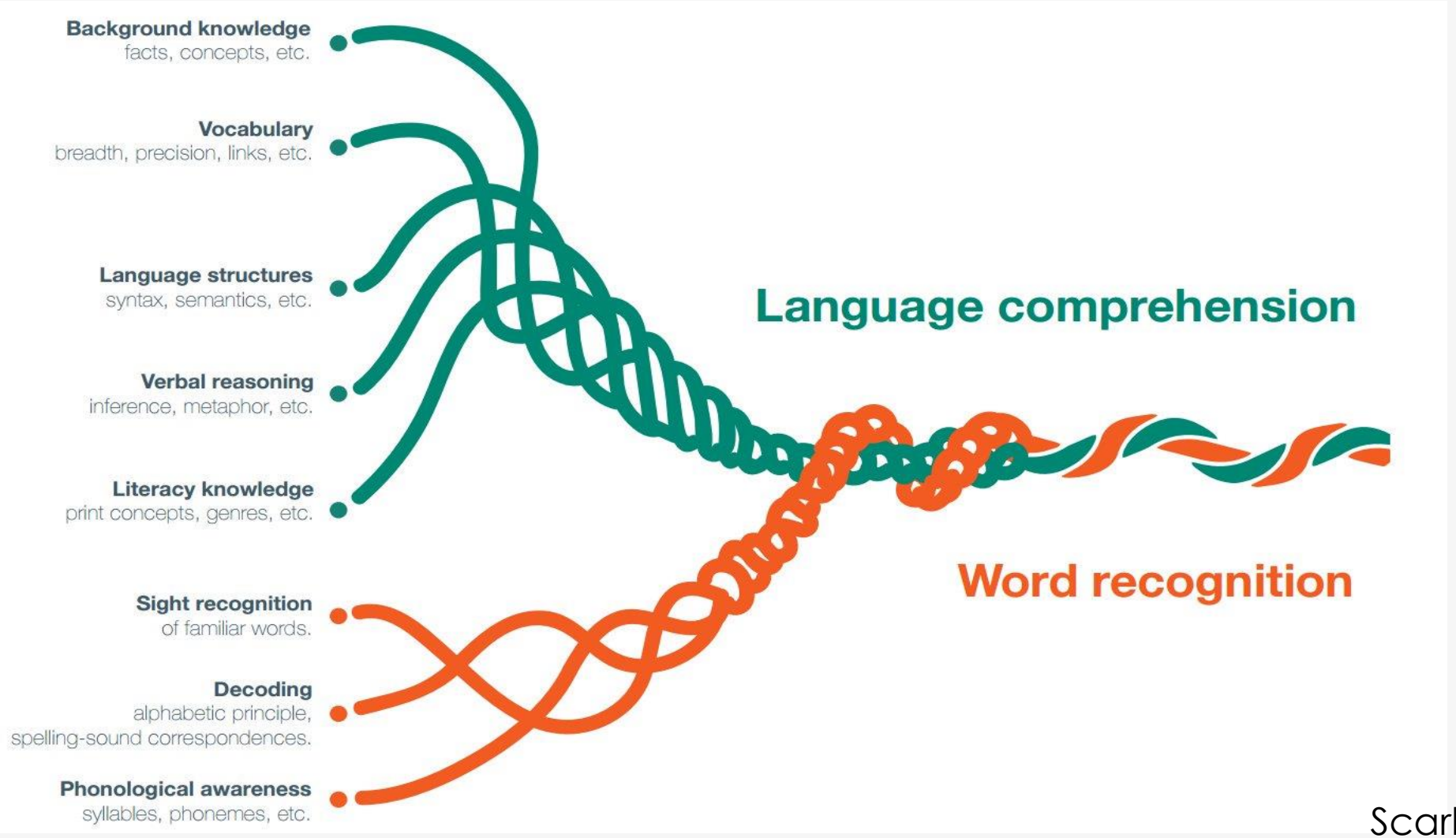
Box?



Language serves a critical foundation for a range of fundamental skills that we draw upon throughout our lives .

- **Organization**
- **Memory**
- **Executive Functions: predicting, planning, self regulating, perspective taking, empathising, problem solving**
- **Inferencing**
- **Literacy**
- **Emotion processing**
- **Socialization**
- **Social Cognition**

SKILLED READING:
Fluent execution and coordination of word recognition and comprehension



Scarborough (2001)

Employer Survey of Communication Skills

Top 5 Communication Priorities for Employers

The employee:

- ❑ checks when confused (39/53)
- ❑ works well in a team (31/53)
- ❑ is a good listener (29/53)
- ❑ is able to adjust her/his style of talking (24/53)
- ❑ is friendly and approachable (24/53)

(ICAN, 2017, p.7)

Speech Language and Communication Needs

- The majority of children develop language **with ease** and without any direct explicit intervention

- However some children experience **significant difficulties** in developing speech, language & communication

- These difficulties arise for many different reasons. There is no one manifestation of SLCN – **HETEROGENEOUS**

Children can experience difficulties with the **understanding (reception) and expression of language**.

BUT important to remember, students with SLCN may also have difficulties with:

- **Attention and concentration**
- **Organization**
- **Listening**
- **Memory**
- **Executive Functions: predicting, planning, self regulating, perspective taking, empathising, problem solving**
- **Inferencing**
- **Literacy**
- **Behaviour**
- **Social and emotional functioning**
- **Emotion processing**
- **Socialization**

So what is Language Disorder:

- There has been a lack of agreement about criteria and terminology for children with language difficulties
- This confusion with terminology has impacted on diagnosis, access to services and research
- In 2016, 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 Dorothy Bishop reached a consensus

CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. (Bishop et al., 2017)

So what is Language Disorder:

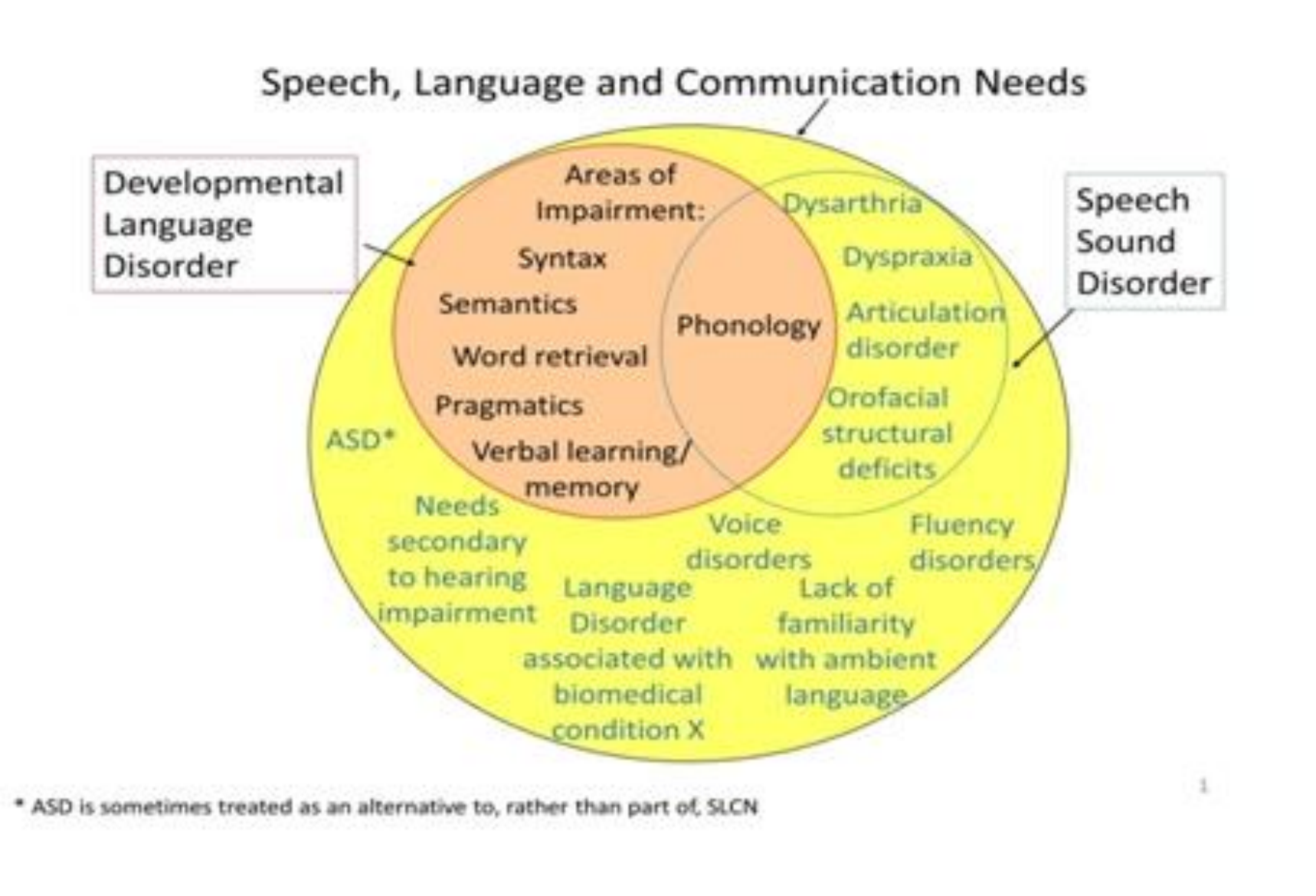
- The term '**Developmental Language Disorder**' (DLD) refers to a language disorder that is **NOT** associated with a known biomedical condition, including brain injury, acquired epileptic aphasia in childhood, certain neurodegenerative conditions, genetic conditions such as Down syndrome, cerebral palsy, sensori-neural hearing loss, autism spectrum disorder (ASD) and intellectual disability

CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. (Bishop et al., 2017)

So what is Language Disorder:

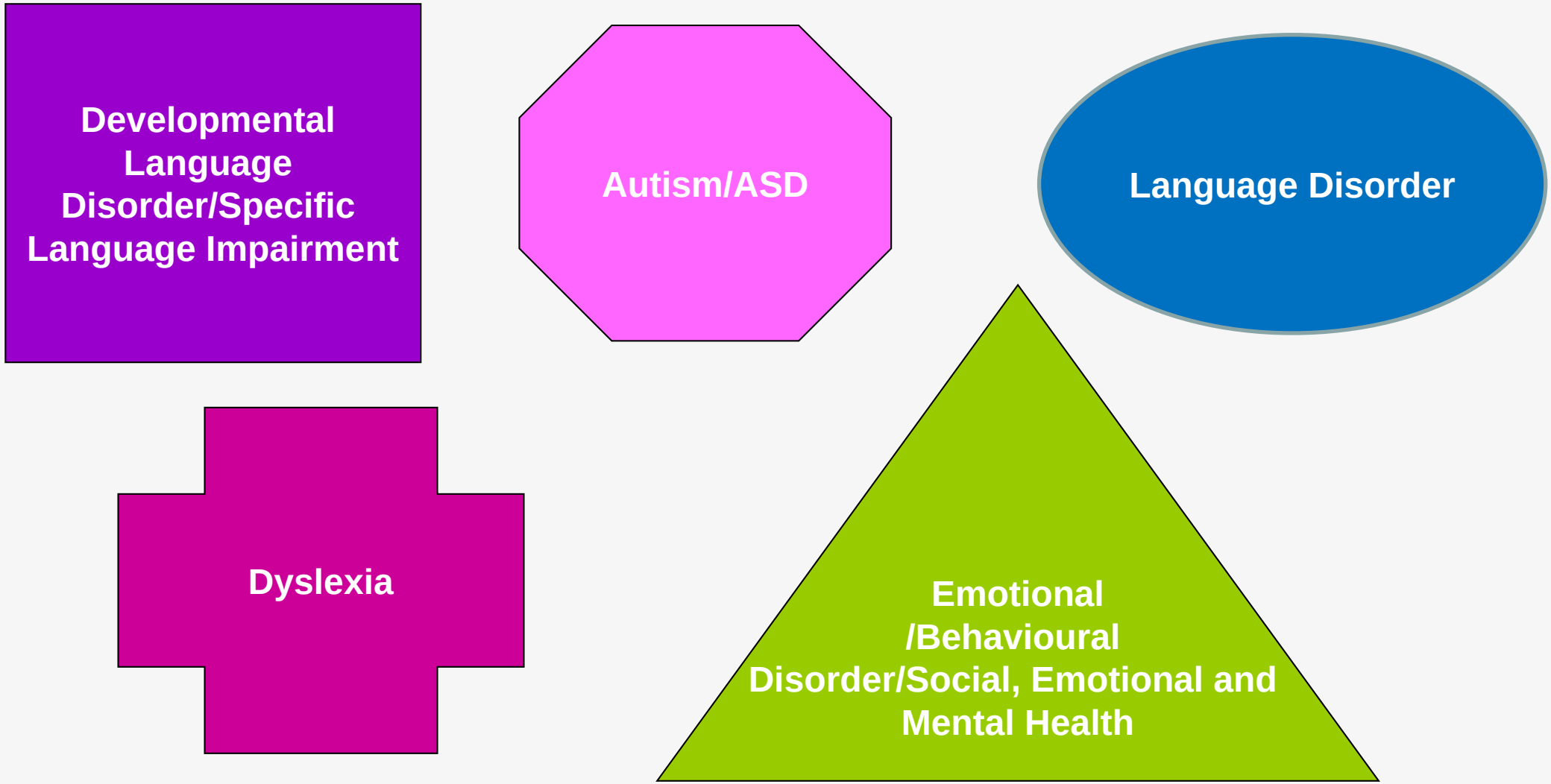
- The term '**Language Disorder**' refers to children, that may have other associated conditions, who present with language difficulties that create obstacles to communication or learning in **everyday life** and which we know from research, are **pervasive** and **long term**.

CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. (Bishop et al., 2017)



CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development. (Bishop et al., 2017)

Challenges of Differential Diagnosis



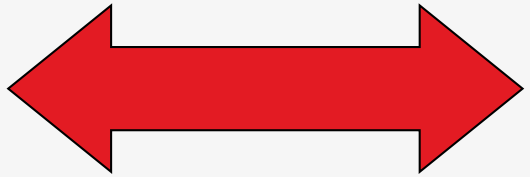
- Disorders are often co-morbid, and share similarities and have overlapping boundaries
- Children with **language disorder** have greater **social-emotional** difficulties than their peers
- Children with LD are also at increased risk for **reading** and **writing** difficulties
- Continuities between **autism** and **receptive language impairment** become increasingly evident over time (28-year follow up by **Michael Rutter** and colleagues of individuals with severe LI (Howlin et al., 2000; Clegg et al., ‘05)

- Individuals with a severe LI showed greater **social impairment** with advancing age

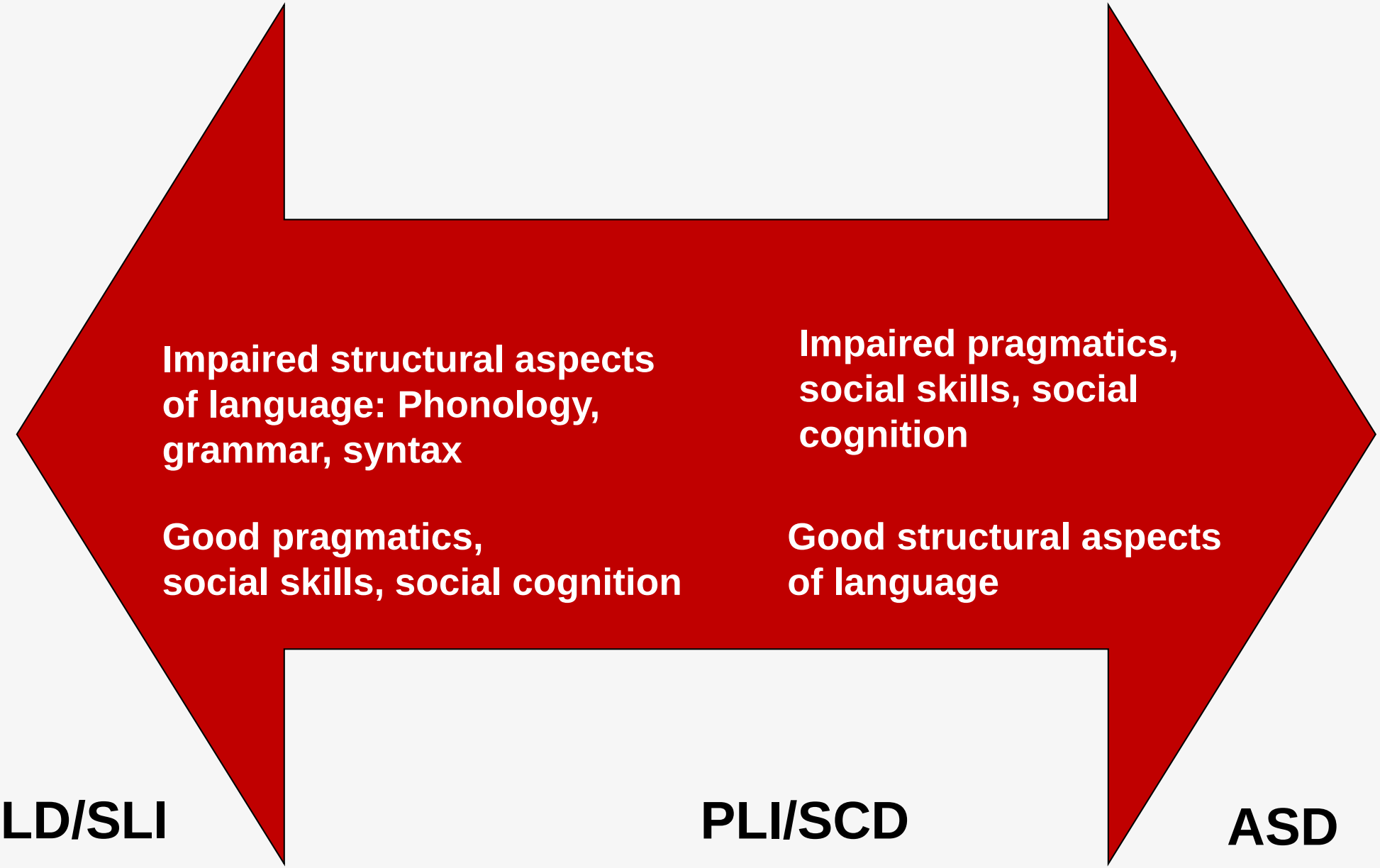
- There were increasing similarities with age between SLI and autism which arose because the **social and communicative deficits** in the LD group became more manifest

- It is therefore more helpful to view developmental disorders from a **continuous or dimensional** rather than **categorical** perspective

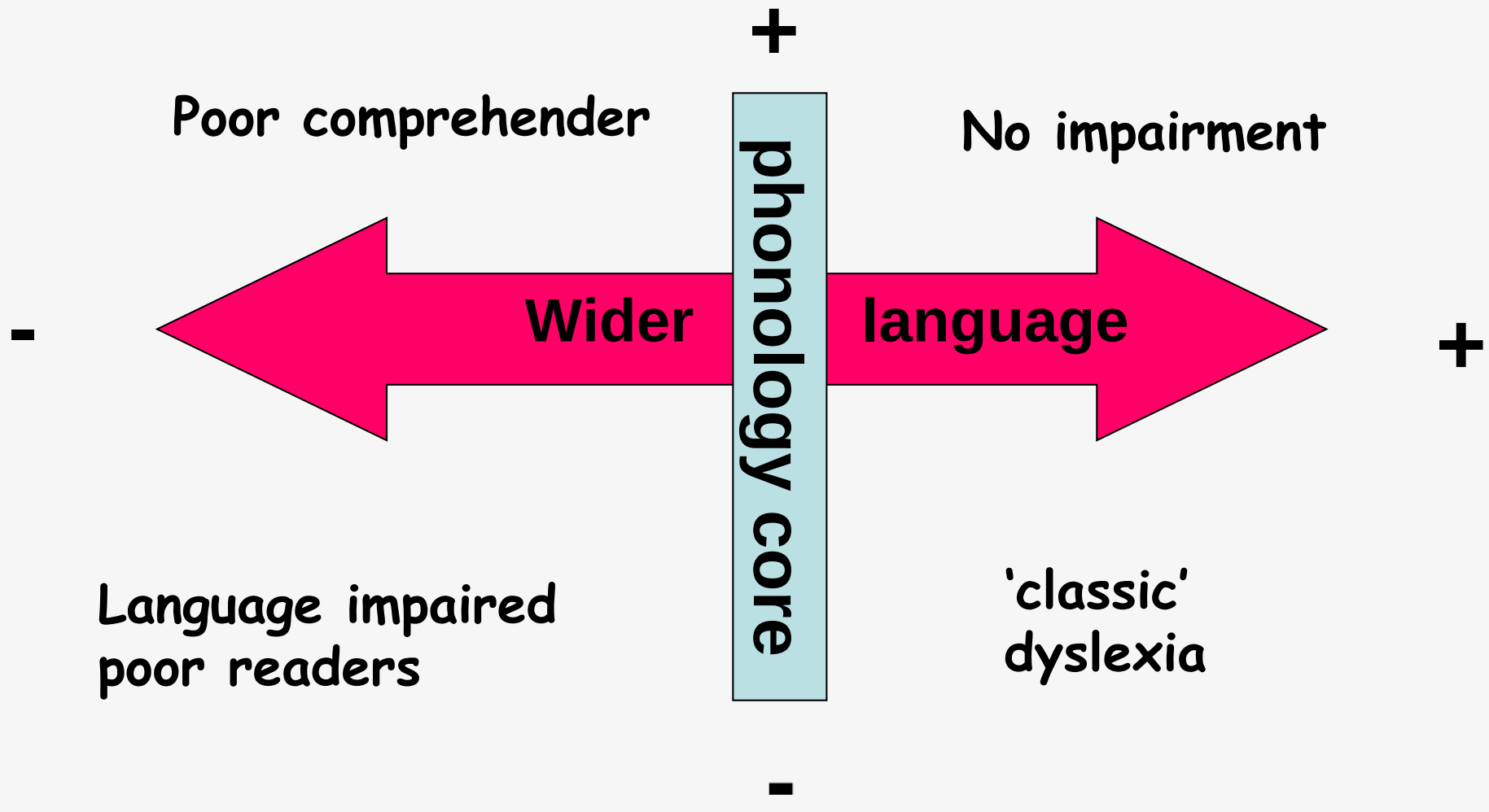
- Language skills are dimensional

intact  deficient

- A **dimensional approach** may also be more successful for planning interventions that are functionally significant


Impaired structural aspects of language: Phonology, grammar, syntax
Good pragmatics, social skills, social cognition
Impaired pragmatics, social skills, social cognition
Good structural aspects of language
DLD/SLI
PLI/SCD
ASD

Two-dimensional model of dyslexia and SLI (Bishop & Snowling, 2004)

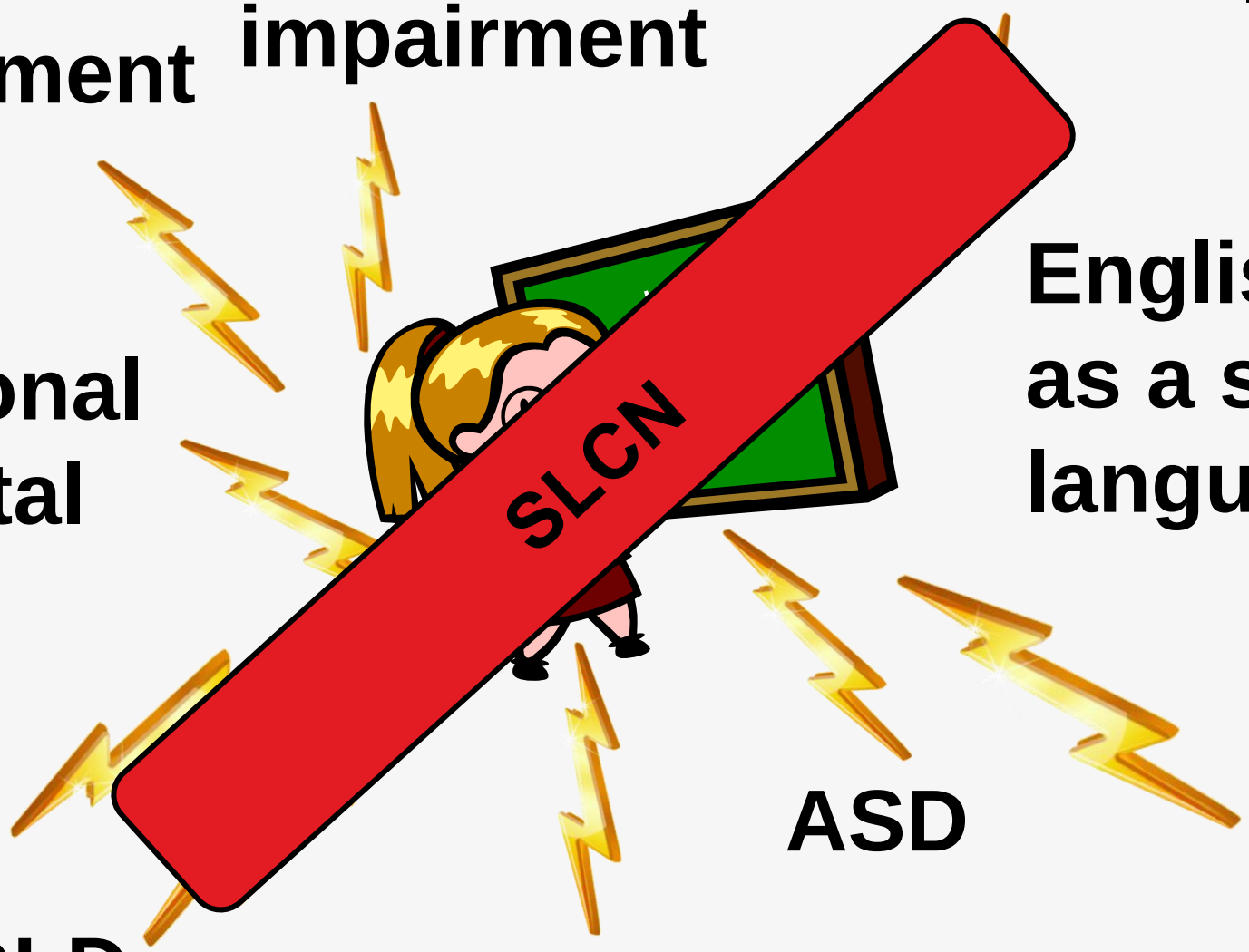


Visual impairment

Hearing impairment

Social deprivation

Social, Emotional & Mental Health



English/Swedish as a second language

LD

SLI/DLD

ADHD

ASD

Learning Disability

Speech, language and communication difficulties impact on ALL aspects of the education curriculum

AND

the child's overall development: academic, physical, social, psychological, emotional, vocational

What do we know?

- Studies show that early language and communication impairments do **NOT** disappear
- SLCN can be **pervasive** and **persist** into adolescence and adulthood
- They cause problems **accessing all subject areas of the curriculum**
- These language difficulties can significantly restrict the achievements of students and puts them at risk for **literacy**, **academic**, **social** and **emotional** difficulties

The Impact of Language Disorder

Education

Empoyment

The Impact of Language Disorder

Personal Development

Mental Health and Wellbeing

Relationships

The Impact of Language Disorder

Friendship

Quality of Life

Economic

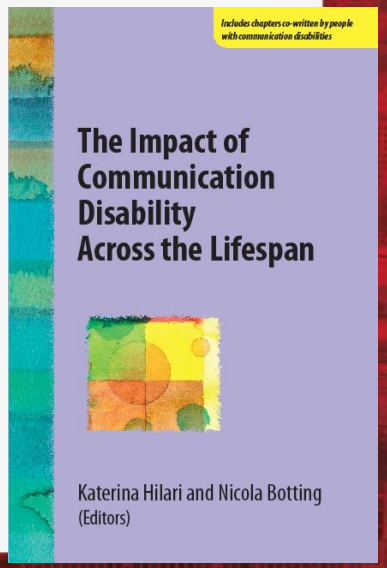
The Impact of Language Disorder

Financial

"*I am not a big fan of school. I don't have a lot of good memories. I think the only good times at school was with art and making textiles. I didn't have a lot of great friends. And I got bullied in school.*

I was going to mention about the homework. Because that what I really remember from school. The homework, it just took over my home life - evenings and weekends. And it just didn't make me socialize, like my friends, they socialized. So they can do their homework in their lunch time but they spent more time socializing when I spent all my time on homework. It just took over. I had to. It was real difficult. "

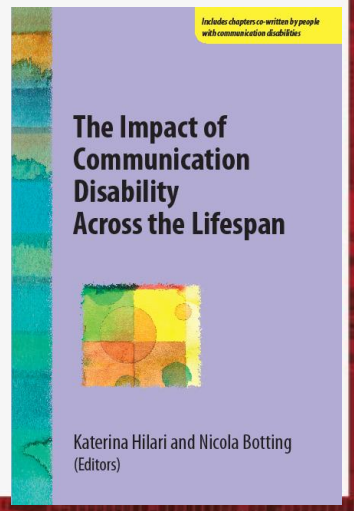
(Abigail Beverly from: Joffe et al, My Speech, Language and Communication – "A real kind of overwhelming kind of challenge sometime." The impact of Communication Disability across the Lifespan by Hilari and Botting, (2011)



“There were teachers who did not understand my difficulties

When I was in Secondary school in GCSEs we read this book called ‘Things Fall Apart’ by Chinua Achebe. And it was loads of African Nigerian terms and obviously no one could really say them and I hate reading out loud and I was picked to read out loud and I was struggling and the teacher snapped and said, “can someone else just take over”. I wanted to shoot the teacher.“

(Lavinia Scott from: Joffe et al (2011). **My Speech, Language and Communication – “A real kind of overwhelming kind of challenge sometime**.” The impact of Communication Disability across the Lifespan by Hilari and Botting, 2011)



help I'm sinking in words (vortex)

Abigail Beverly, 2011

“I’m not sure whether to stop pursuing things because I now recognize it’s likely to be harder for me, or do it anyway for the fulfilment of trying & hoping to achieve.”

K’s (an adult with DLD) talk to local ASLTIP (SLT) Group, 2017

From Sievers, 2019

“I was working in final placement was in a noisy office environment, I felt I needed to block my ears to read the computer screen but felt this was socially unacceptable, especially as I was new to the team. I blocked my ears for the first time in my last placement…I had bought ear defenders specifically for this noisy office placement but I never dared wear them.

Some of the placement people (junior doctors) talked so fast with so much information I find it very difficult to follow. I was like a rabbit in headlights. I needed to write it down and then I only will remember some of it. I say Can I check with you on that? (e.g. repeat please) and Can I come back to you? . I think they must find me very pedestrian.”

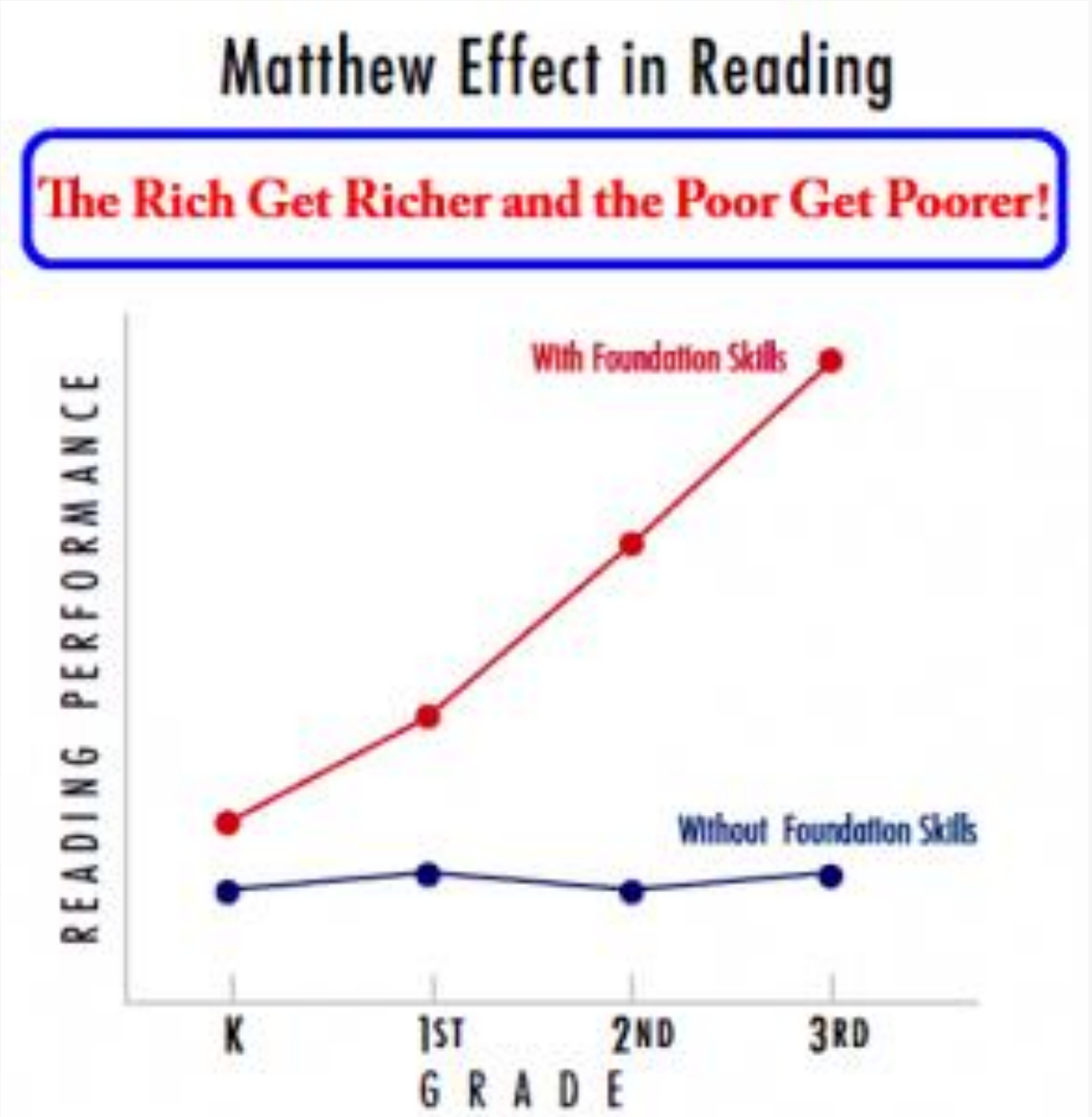
K’s talk to local ASLTIP group, 2017

From Sievers, 2019

Impact of SLCN on…

- **Literacy:** The relationship between written and oral language is complex but it is well accepted that children with SLCN are at risk for problems in reading (decoding and comprehension) and writing

- **Learning:** Children with primary SLCN achieve more poorly academically across the curriculum – **NOT** just in English. Since **LANGUAGE** is the tool necessary to learn, children with language difficulties may experience problems in any or all of the curricular subjects



Stanovich, 1986

Impact of SLCN on…

- **Social skills:** Children with SLCN show poorer **self esteem** and **social acceptance** than peers and increased risk of being **bullied** and **victimization**. The development of social skills is closely related to language and communication abilities

- **Emotional skills:** Emotional intelligence is considered to be largely dependent on language skills

- **Behaviour:** Behaving appropriately is often dependent on being able to think through problem situations and resolve conflicts, mediated through **language**. Often, **Behaviour = Language**

Language and Social, Emotional and Behavioural Functioning

- There is a strong relationship between language and **social, emotional and behavioural difficulties** (SEBD)

- Two thirds of 7-14 year olds with serious **behaviour problems** have language impairment (Cohen et al 1998)

- 65% of **young offenders** have SLCN, but in only 5% of cases the SLCN was identified prior to the offence (Bryan et al, 2008).

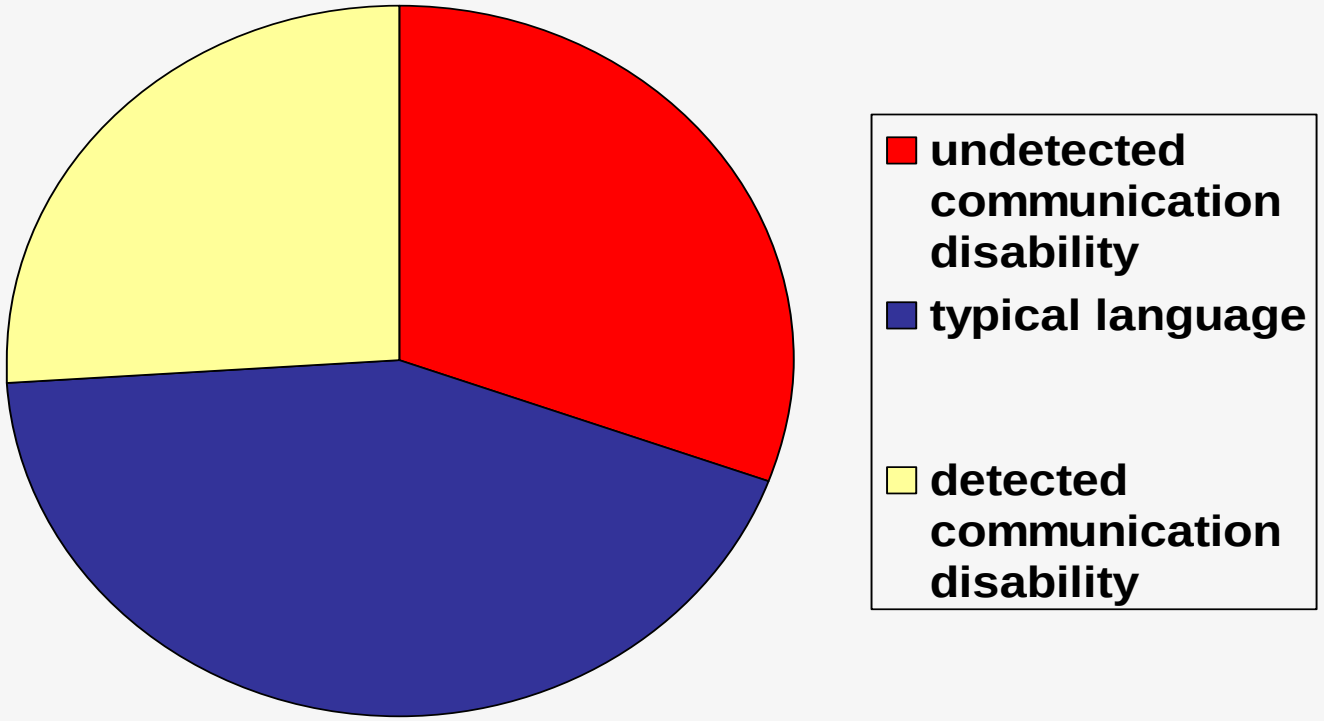
Language and Social, Emotional and Behavioural Functioning

- Speech and language skills predict **behavior** and **wellbeing**
- Poor communication is a risk factor for **mental health** and **wellbeing** (Snowling et al, 2006; Law et al., 2017)
- 40% of 7 to 14 year olds referred to **child psychiatric services** had a language impairment that had never been suspected (Cohen et al, 1998).
- Good language skills act as a '**protective factor**' which reduces the likelihood of poor school attendance, truancy, delinquency and substance misuse (Snow, 2000).

Language and Social, Emotional and Behavioural Functioning

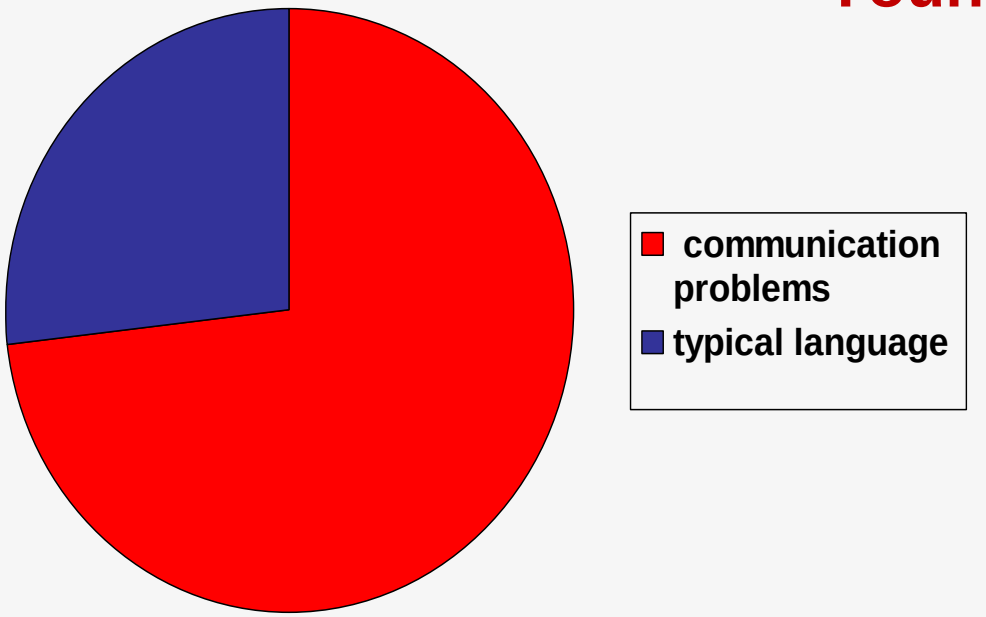
- Two thirds of 7-14 year olds with **serious behaviour problems** have language impairment (Cohen et al 1998)
- Victims of **bullying** and those who are both bullies and victims are more likely to have had limited early language skills than other children (Gutman and Brown, 2008)
- Without effective support, a third of children with SLCN need treatment for **mental health problems** (Clegg et al, 1999).
- Children with SLCN experience **more frequent bullying**, partly because of the way they speak but also because they often lack the skills to **negotiate social situations** (Conti-Ramsden, 2003).

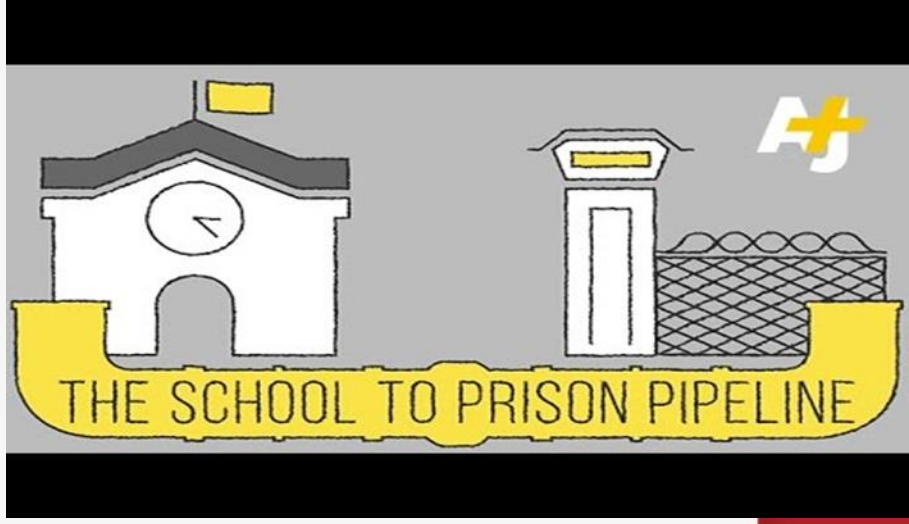
Children and young people with Behaviour Emotional and Social Disorder



Cohen et al 1998
(sample=380)

Young Offenders





Bryan 2004
(sample =30)

The prevalence rate of language and communication difficulties in **incarcerated young people** is reported to be between 60% and 90% (Hughes et al., 2017

Language and Social, Emotional and Behavioural Functioning

- Poor language and communication skills in school leavers reduces the probability of **getting into employment** (Conti-Ramsden et al., 2017).

- The changing jobs market means that **communication skills**, along with influencing skills, computing skills, and literacy skills, have shown the greatest increase in **employer-rated importance** over the last 10 years (UK Commission for Employment and Skills, 2010)

- 47% of employers in England report difficulty in finding employees with an **appropriate level of oral communication skills** (UK Commission for Employment and Skills, 2009).

Adapted from paper prepared by Jean Gross, Communication Champion, 2010

Language and Social Disadvantage

- Language skills are a **critical factor in social disadvantage** and in the **perpetuation of poverty** across generations

- On average a toddler from a family on welfare will hear around **600 words per hour**, with a ratio of two prohibitions ('stop that', 'get down off there') to one encouraging comment. A child from a professional family will hear over **2000 words per hour**, with a ratio of six encouraging comments to one negative (Hart and Risley, 2003).

- Children from low income families are **16 months in vocabulary** behind children from high income families. This gap is larger than gaps in other cognitive skills (Waldfogel and Washbrook, 2010).

Adapted from paper prepared by Jean Gross, Communication Champion, 2010

Language and Social Disadvantage

- More than half of children starting nursery school in **socially disadvantaged areas** of England have **delayed language** with average cognitive skills (Locke et al, 2002)

- A survey of two hundred young people in an inner city secondary school found that 75% of them had **speech, language and communication problems** that hampered relationships, behaviour and learning (Sage, 1998)

- **Looked after children**, particularly those raised by neglectful or abusive parents, have a high risk of speech, language and communication difficulties (Cross, 1999; Clegg and Spencer, 2019).

- Vocabulary at age 5 has been found to be the **best predictor** (from a range of measures at age 5 and 10) of whether children who experienced social deprivation in childhood were able to **escape this poverty** in later adult life (Blanden, 2006).

Adapted from paper prepared by Jean Gross, Communication Champion, 2010

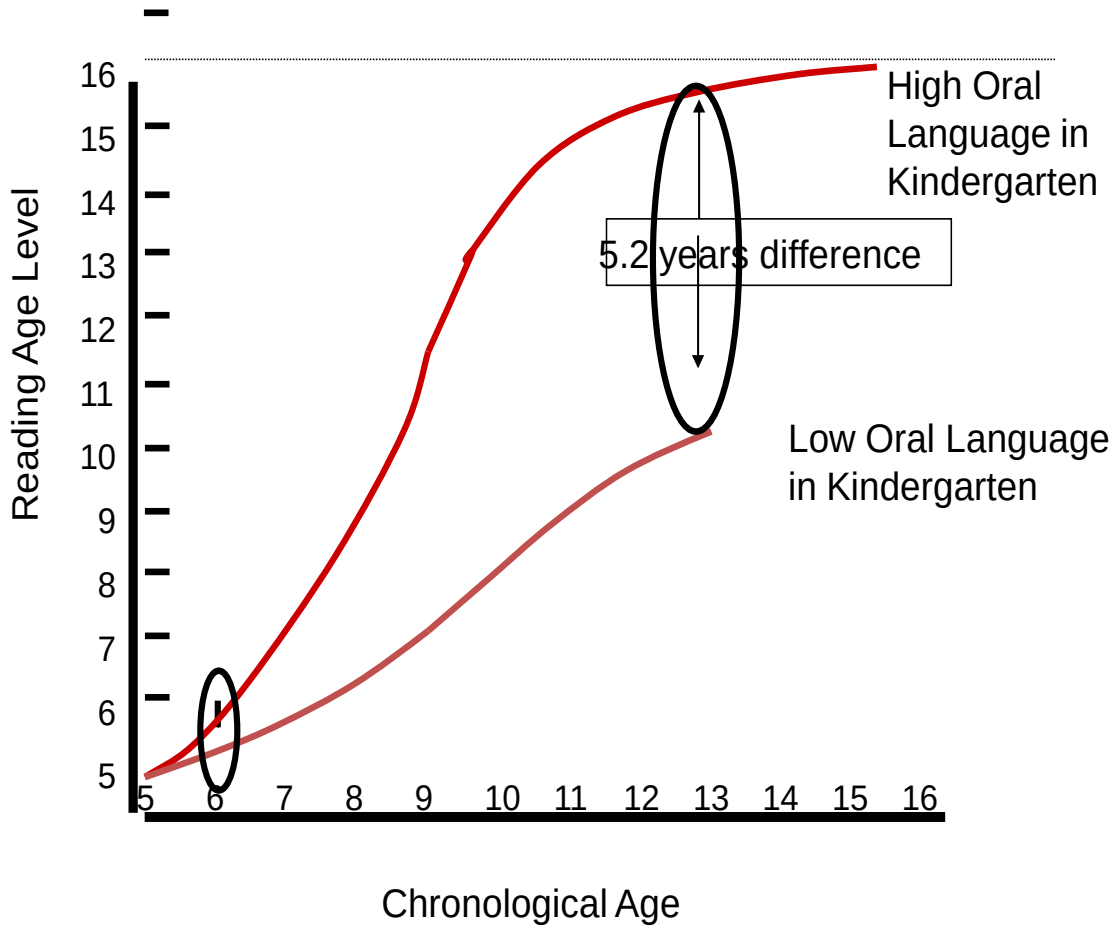
Language and Social Disadvantage

- We may ask **why poor language** affects the life chances of children from poor income families so dramatically

- One reason may be because **poor language has been found to predict literacy skills**. Early speech, language and communication difficulties are a very **significant predictor** of later literacy difficulties (Snowling et al 2006).

- At the age of six there is a **gap of a few months** between the reading age of children who had good oral language skills at 5 years, and those with poor oral language skills at 5 years. By the time they are 14, this gap has widened to **five years'** difference in reading age (Hirsch, 1996)

Adapted from paper prepared by Jean Gross, Communication Champion, 2010


Reading Age Level
16
15
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11
12
13
14
15
16
Chronological Age
High Oral Language in Kindergarten
5.2 years difference
Low Oral Language in Kindergarten

Hirsch, 1996

WORD GAP BY AGE 3

MAKE • MAN • MANY • MAY • ME • MEN • MILK • MONEY • MORNING • MOTHER • MOMMY
A • ABOUT • AFTER • ALL • ALWAYS • AM • AN • AND • ANY • APPLE • ARE • AROUND
MUCH • MUST • MY • MYSELF • NAME • NEST • NEVER • NEW • NIGHT • NO • NOT
ASK • ATE • BACK • BE • BEAR • BECAUSE • BED • BEEN • BEFORE • BELL • BEST
BETTER • BIG • BIRD • BIRTHDAY • BLACK • BLUE • BOAT • BOTH • BOX • BOY
BREAD • BRING • BROTHER • BROWN • BUT • BUY • BY • CAKE • CALL
RAIN • RAN • READ • RED • RIDE • RIGHT • RING • ROBIN • ROUND
CAN • CAR • CARRY • CAT • CHAIR • CHICKEN • CLEAN • COAT
CORN • COULD • COW • CUT • DADDY • DAY • DID • DOES
DOG • DOLL • DONE • DON'T • DOOR • DOWN • DRAW
DRINK • DUCK • EAT • EGG • EIGHT • EVERY • EYE
FIND • FIRE • FIRST • FISH • FIVE • FLOOR
RUN • SAID • SAW • SAY • SCHOOL • SEE
FLOWER • FLY • FOR • FOUND • FOUR
GIRL • GIVE • GO • GOES • GOING
GOOD • GOOD-BYE • GOT • HAD
HAND • HAS • HAVE • HEAD
HELP • HER • HERE • HILL
HIM • HIS • HOLD • HOT
HOUSE • HOW • HURT
IF • IN • INTO • IS
IT • ITS • JUMP

ON AVERAGE

ECONOMICALLY ADVANTAGED CHILDREN KNOW

1100 WORDS

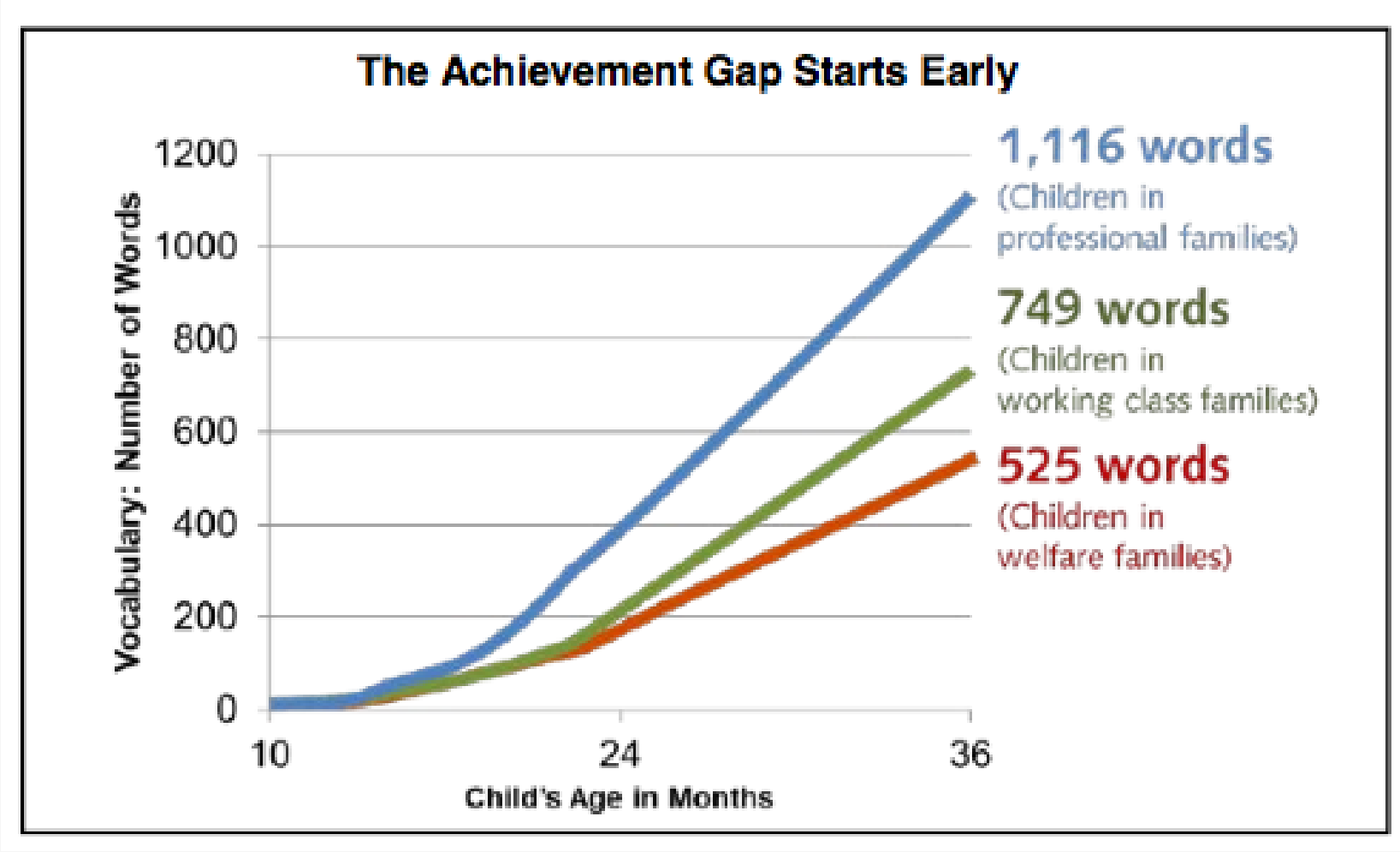
ECONOMICALLY DISADVANTAGED CHILDREN KNOW

500 WORDS

ZERO TO THREE®
National Center for Infants, Toddlers, and Families

RALLY4BABIES.ORG

SOURCE: ADAPTED FROM BETTY HART AND TODD R . RISLEY, *MEANINGFUL DIFFERENCES IN THE EVERYDAY EXPERIENCE OF YOUNG AMERICAN CHILDREN* (BALTIMORE, MD: PAUL; H. BROOKES, 1995).



Figurelli, 2015, http://inservice.ascd.org/the-matthew-effect/

Language is an important child wellbeing indicator

“ **Early language acquisition impacts on all aspects of young children’s non-physical development**. It contributes to their ability to **manage emotions** and **communicate feelings**, to **establish** and **maintain relationships**, to **think symbolically**, and to **learn to read and write**.

We believe the fundamental link between language and other social, emotional and learning outcomes makes **early language development a primary indicator of child wellbeing**.”

Law et al., 2017, p. 5, https://www.eif.org.uk/files/pdf/language-child-wellbeing-indicator.pdf

Longitudinal implications of language impairment?

- Language impairments are often **persistent** and **pervasive**

- Children with SLI are at increased risk for **literacy and academic** difficulties, both **decoding** and **comprehension** (Bishop and Adams, 1990;Catts, 1993; Joffe, 1998; Dockrell & Lindsey, 2000; Snowling et al, 2000; Catts et al., 2001; Clegg et al, 2005)

- They continue to have significant **language** difficulties into **adolescence and adulthood** (Hall & Tomblin, 1978; Aram et al., 1984; Beitchman et al., 1996; Stothard et al., 1998; Conti-Ramsden et al., 2001; Clegg et al., 2005)

- They show lower **self perception, self esteem, confidence** (Dockrell & Lindsey, 2000; Lindsey et al, 2002; Durkin et al., 2017)

- They show higher incidence of long-term **behavioural and social difficulties** (Botting et al., 2000); and reported difficulties making friends (Clegg et al., 2005; Lyons & Roulstone, 2016; 2018).

- Few studies have followed up **vocational outcomes**: high dismissal from work and high incidence of manual and unskilled labour (Clegg et al, 2005; Conti-Ramsden et al., 2017))

Long term seminal longitudinal studies of pre-schoolers with speech, language and communication needs

Michael Rutter and colleagues report on a landmark 28-year follow up of individuals with an early diagnosis of severe language impairment and autism.

Michael Rutter and colleagues report on a landmark 28-year follow up of individuals with an early diagnosis of severe LI.

Their findings show (Howlin et al., 2000); (Clegg et al., 2005):

- By the time that they reach adulthood, individuals with a severe LI show even **more social impairment** than they did in middle childhood

- Mean scores on receptive vocabulary at age 36 was at the 12-year level

- As social demands increased with age, **social deficits** became more apparent
- At the 36-year follow-up, the average reading level was about **9 years**
- There were increasing similarities with age between SLI and autism which arose because the **social and communicative deficits** in the SLI group became more manifest
- The SLI group showed '**theory of mind**' deficits that were similar to those seen in individuals of normal IQ with autism

Journal of Child Psychology and Psychiatry, 46, 128–149.

Conti Ramsden and colleagues followed up children with SLI in the Manchester Language Study

Conti-Ramsden and Durkin (2008) conducted an interesting study to explore **behavioural independence** in young people, as this is a key element of adolescent development.

- The study explores the impact of **language ability** on **independence.**

- They report data from a longitudinal and follow-up study of 120 adolescents with a history of specific language impairment (SLI), as well as from a cross sectional study of a comparison group of 118 typically developing (TD) young people

- Parental and self-report measures were used to examine **independent functioning** related to everyday living at the end of compulsory education (16 years of age)

- Results showed that adolescents with SLI are **less independent** than their TD peers

- level of independence is associated with **poor early language** and **poor later literacy skills – vicious cycle**

- They concluded that **language and literacy** play a larger role in **adolescent independent functioning** than nonverbal abilities in both TD adolescents and adolescents with SLI.

Journal of Speech, Language, and Hearing Research • Vol. 51 • 70–83

Durkin et al., (2017): as part of the Manchester Language Study, explored **social confidence** in early adulthood in young people with and without a history of language disorder.

- They assessed **self-esteem**, **shyness** and **social self efficacy** in young people with a history of LD and a group of age-matched peers at 17 and 24 years of age.

- Results showed that participants with LD scored **lower than controls on self-esteem and self efficacy**, and **higher on shyness**.

- **Language ability** in adolescence **predicted shyness** in young adulthood, and **shyness** was negatively associated with **self-esteem**. A direct association between **language ability** in adolescence and **self-esteem** in young adulthood was also found.

- Young people with a history of LD are more likely to be **less socially confident** than their peers in adulthood, and interventions should focus on **increasing social confidence**.

Conti-Ramsden et al (2017) in another study with the same cohort, explored the **employment outcomes** for Young Adults with DLD.

- Young People with a history of DLD more commonly have **less skilled employment** and more rarely achieve **professional roles**.

- At the individual level there is **considerable variation** with smaller proportions of young adults with a history of DLD showing good educational and employment outcomes.

- There are positive aspects to early adult outcomes for some young people with a history of DLD

Johnson et al (2010) recently reported a 20-year follow up of a group of children with language impairments

Johnson et al (2010) recently reported a 20-year follow up of a group of children with language impairments

The aims of this study were to:

- profile the family, educational, occupational, and quality of life outcomes of young adults at 25 years of age (*N* = 244) from the Ottawa Language Study, a 20-year, prospective, longitudinal study of a community sample of individuals with (*n* = 112) and without (*n* = 132) a history of early speech and/or language impairments

- to use data from earlier phases of the study to **predict important, real-life outcomes** at age 25.

Results of the study include:

- At age 25, young adults with a history of language impairments showed **poorer outcomes in multiple domains** (communication, cognitive/academic, educational attainment, and occupational status) than their peers without early communication impairments and those with early speech-only impairments

- However, those with language impairments did not differ in **subjective perceptions of their quality of life** from those in the other 2 groups

❑ Objective outcomes at age 25 were **predicted differentially by various combinations of multiple, interrelated risk factors**, including poor language and reading skills, low family socioeconomic status, low performance IQ, and child behavior problems

❑ **Subjective well-being**, however, was primarily associated with **strong social networks** of family, friends, and others.

American Journal of Speech-Language Pathology • Vol. 19 • 51–65 •


eLCiSS
Enhancing Language and
Communication
in Secondary Schools

Snapshot of ELCISS 2 study where Literacy was explored:

- 69 students with a mean age of 12.4 (SD: 9.7) years were recruited from four mainstream secondary schools in an outer London region

- Teaching staff selected students with poor language and/or educational attainment

- **Less than 10%** of these students were receiving speech and language therapy support.

ELCiSS
Enhancing Language and Communication in Secondary Schools

LANGUAGE	Mean (SD); Average= 10 (SD = 3)
Clinical Evaluation of Language Fundamentals (CELF) Recalling sentences	**5.4 (3.1)**
CELF Listening to paragraphs	**4.0 (2.7)**
LITERACY	**Mean (SD) Av = 100; SD = 15**
Wechsler Individual Achievement Test (WIAT) - Word Reading	85.8 (13.2)
WIAT Pseudo-word reading	**82.9 (15.3)**
WIAT Reading Comprehension	**81.6 (15.8)**
WIAT Reading Composite	**80.9 (14.6)**

STUDENT PROFILES

- 351 secondary school students with mean age of **12.08** years
- Male : Female 226:132 (**63% : 37%**)
- Only **3.4%** of this group have a Special Educational Needs statement, i.e. a **legal requirement for additional specialist support**
- **60% -** scored below average in the English class-based test
- **40% -** scored low average in the English class-based test

ELCiSS
Enhancing Language and Communication in Secondary Schools

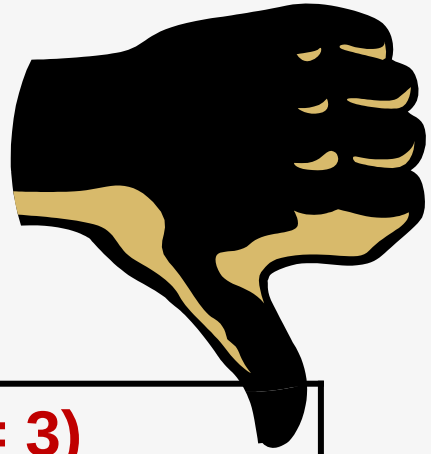
Non verbal abilities

Wechsler Intelligence Scale Subtests	Standard scores (mean = 10, SD = 3)
Picture Completion	8.2 (2.6)
Picture Arrangement	7.5 (3.6)
Block Design	7.1 (3.1)
Coding	8.5 (2.9)
Digit Span	8.5 (2.7)

Language abilities

Understanding Vocabulary – single word level	
British Picture Vocabulary Scale Standard scores (average = 100, SD = 15)	85.1 (12.3) range: 44-144
Test of Word Knowledge (TOWK) receptive vocabulary average = 10, SD = 3:	7.5 (2.2) 3-17

Language abilities



Expressive Language (average = 10, SD = 3)		
Test of Word Knowledge – expressive vocabulary	5.7 (1.7)	range: 3-13
Clinical Evaluation of Language Fundamentals – Recalling Sentences	6.3 (2.8)	1-15
CELF - Formulated Sentences	6.0 (3.0)	1-14

Language abilities

Multiple Meanings/Figurative Language (average = 10, SD = 3)		
Test of Word Knowledge – multiple contexts	6.1 (2.1)	3-12
TOWK – figurative language	6.1 (1.8)	3-13

Social, Emotional and Behavioural Functioning

- We used **Strengths and Difficulties Questionnaire** (SDQ: Goodman, 1997) SEB functioning

- The questionnaire is aimed at **4-16 year olds** and is one of the few measures of this type with **norms for adolescence**

- The questionnaire can be completed by **all informants**, namely the young people themselves (from age 11 onwards), the parents and the teachers.

Social, Emotional and Behavioural Functioning

- The SDQ has twenty-five questions that are divided into five clinical scales:

  - **Hyperactivity:** This scale has 5 questions relating to overactive behaviour, impulsivity, and attention span.

  - **Emotional symptoms:** This scale has 5 questions probing how often the student feels worry, tearful, nervous, clingy and scared amongst others

  - **Conduct problems:** 5 questions related to temper, obedience, fighting, telling lies or cheating and stealing

Social, Emotional and Behavioural Functioning

- **Peer relationship problems:** 5 questions probing whether a student ever feels: solitary/ alone, liked/ picked on by other children or whether they get on better with adults than children

- **Prosocial behaviour:** This scale probes at positive behaviours and aims to capture information about whether the child: shares readily, is caring when others are ill, is considerate of other peoples feelings, and volunteers to help people

- **Impact Scale:** the impact the difficulty has on everyday life

Social, Emotional and Behavioural Functioning

- Each question has a statement such as ‘I have more than one good friend’ for which the rater marks ‘not true’, ‘somewhat true’ or certainly true’
- The score ranges between 0 to 10 for each scale. This score can be compared to the norms to indicate whether the score falls in the ‘**normal**’, ‘**borderline**’ or ‘**abnormal**’ range
- Goodman states that up to 80% of the population will fall in the ‘normal’ range for any one scale, 10% will be ‘borderline’ and 10% ‘abnormal’

Borderline Abnormal **Abnormal**

	STUDENT (N = 348)	
Emotional	9%	13% ★
Conduct	14%	24% ★
Hyperactivity	12%	27% ★
Peer	11%	7%
Total Difficulties	20%	16% ★
Pro Social Behaviour	8%	6%

	Borderline	Abnormal		Borderline	Abnormal
	STUDENT (N = 348)			PARENT (N = 226)	
Emotional	9%	13%	★	13%	26% ★
Conduct	14%	24%	★	11%	24% ★
Hyperactivity	12%	27%	★	12%	24% ★
Peer	11%	7%		14%	22% ★
Total Difficulties	20%	16%	★	14%	23% ★
Pro Social Behaviour	8%	6%		2%	5%

	Borderline	Abnormal	Borderline	Abnormal	Borderline	Abnormal
	STUDENT (N = 348)		PARENT (N = 226)		TEACHER (N = 232)	
Emotional	9%	13%	13%	26%	9%	9%
Conduct	14%	24%	11%	24%	12%	21%
Hyperactivity	12%	27%	12%	24%	3%	32%
Peer	11%	7%	14%	22%	10%	16%
Total Difficulties	20%	16%	14%	23%	17%	24%
Pro Social Behaviour	8%	6%	2%	5%	25%	25%

	Borderline	Abnormal	Borderline	Abnormal	Borderline	Abnormal
	STUDENT (N = 348)		PARENT (N = 226)		TEACHER (N = 232)	
Emotional	9%	13%	13%	26%	9%	9%
Conduct	14%	24%	11%	24%	12%	21%
Hyperactivity	12%	27%	12%	24%	3%	32%
Peer	11%	7%	14%	22%	10%	16%
Total Difficulties	20%	16%	14%	23%	17%	24%
Pro Social Behaviour	8%	6%	2%	5%	25%	25%

	Borderline	Abnormal	Borderline	Abnormal	Borderline	Abnormal
	STUDENT (N = 348)		**PARENT** (N = 226)		**TEACHER** (N = 232)	
Emotional	9%	13%	13%	26%	9%	9%
Conduct	14%	24%	11%	24%	12%	21%
Hyperactivity	12%	27%	12%	24%	3%	32%
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Conduct	14%	24%	11%	24%	12%	21%
Hyperactivity	12%	27%	12%	24%	3%	32%
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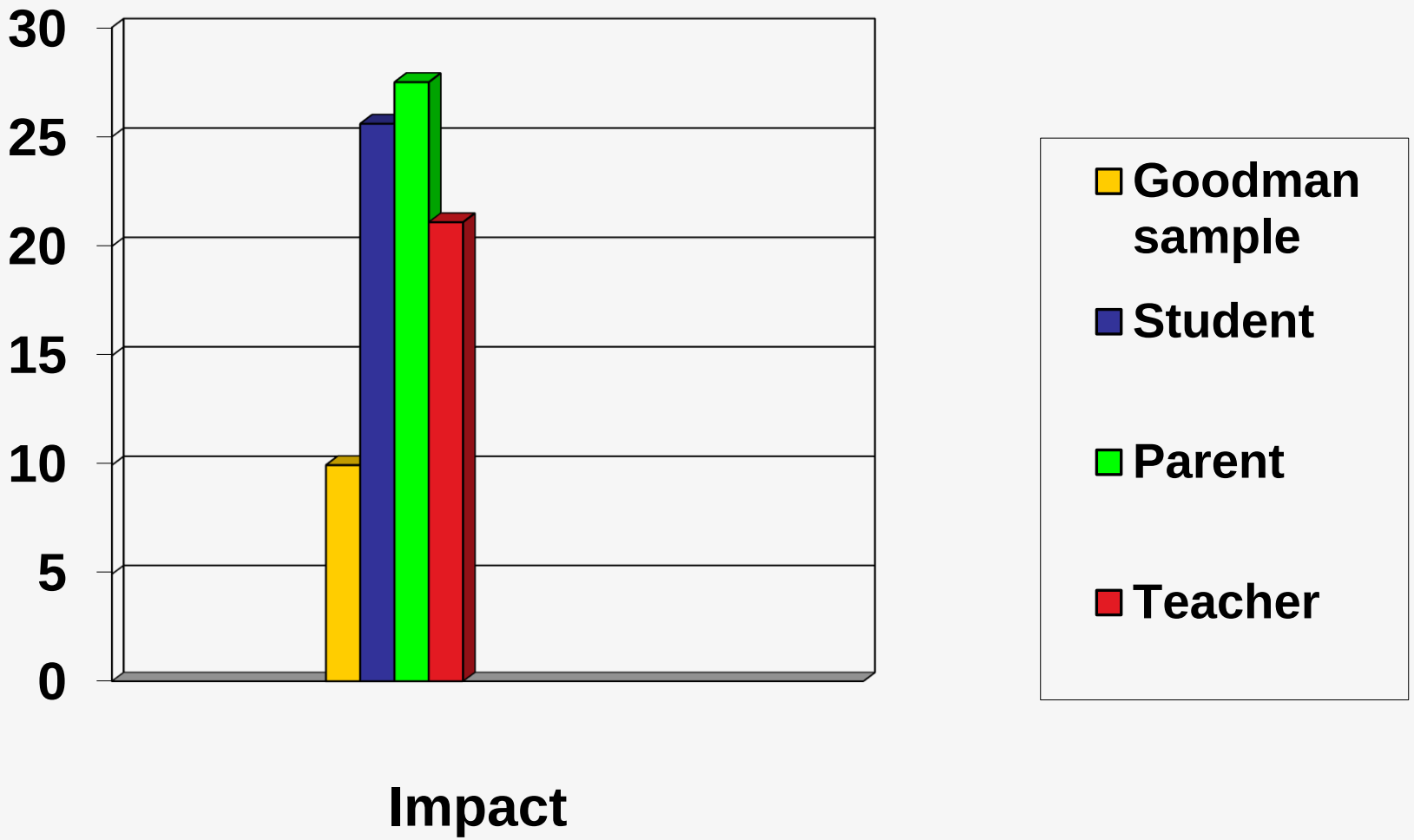
Pro Social Behaviour	8%	6%	2%	5%	25%	25%


30
25
20
15
10
5
0
Goodman sample
Student
Parent
Teacher
Impact

The prevalence and nature of speech, language and communication needs in long-term unemployed adults: a role for the speech and language therapist?

Joffe and Wallinger, 2019

Why do speech, language and communication skills matter in adulthood?

They are important because being able to communicate competently is essential to **wellbeing** and is key to **securing and sustaining employment** (Ehren and Murza, 2010; ICAN, 2017).

Aims

- To investigate the **self-rated** prevalence of **speech**, **language and communication needs** in a group of **young people** and **older adults** who have been unemployed for **6 months or more**

- To investigate the **nature** of any self-reported **SLCN**

Methods

Recruited 149 long-term unemployed adults
(18 – 64 years)

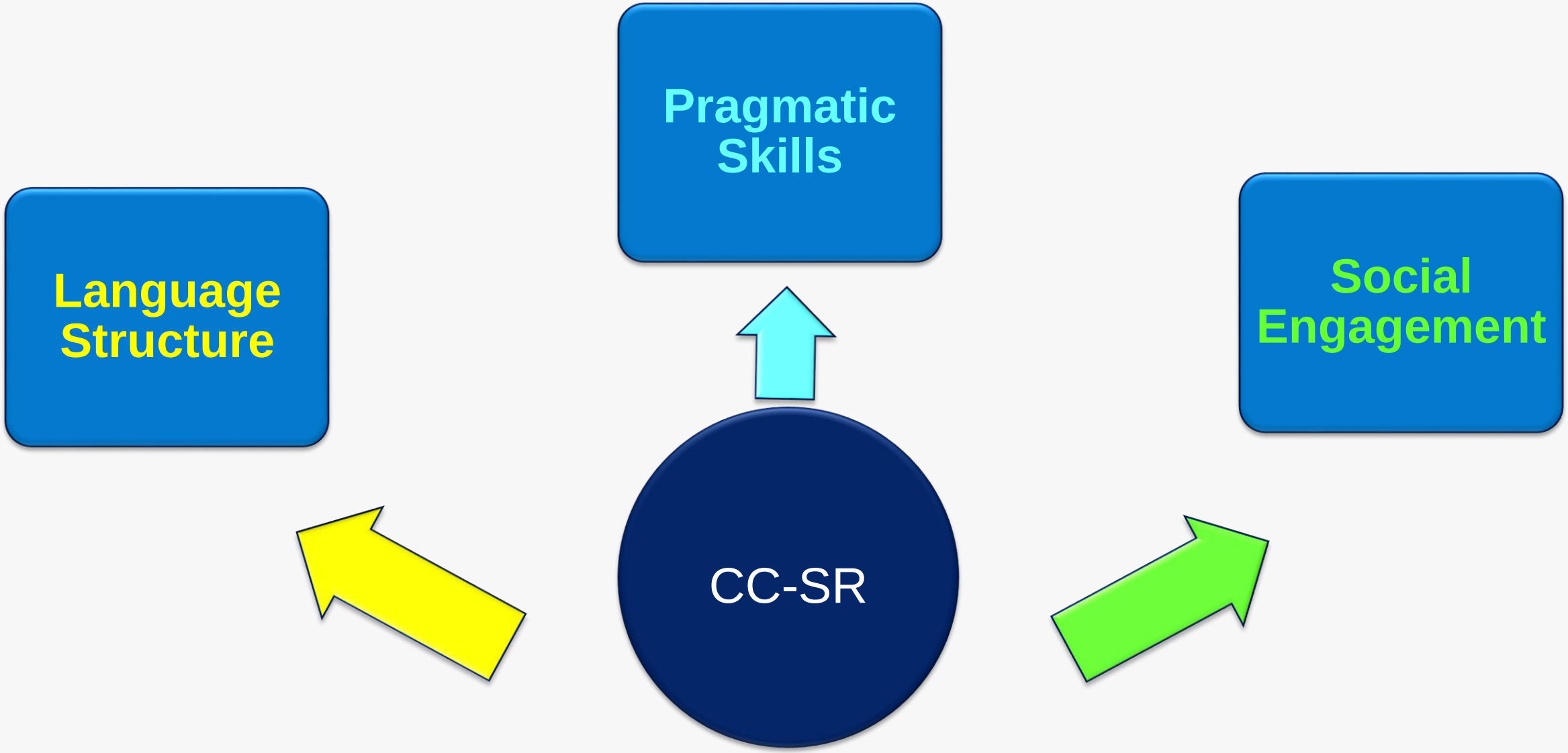
From a provider of UK employability services

‘The Communication Checklist – Self Report’ (Bishop et al., 2009)

Language Structure **Pragmatic Skills** **Social Engagement**

Quantitative data collected

The Communication Checklist – Self Report



Bishop, Whitehouse and Sharp, 2009

Language Structure Composite

Primarily investigates speech, grammar and semantics (the meanings of words)

“I make mistakes saying long words.”

“People tell me that I don’t use proper sentences.”

“I use words like ‘thing’ and ‘it’, and people don’t know what I am talking about.”

Bishop, Whitehouse and Sharp, 2009

Pragmatic Skills Composite

Identifies unusual use of language or interactions that may appear to be peculiar, or inappropriate, to others.

“People laugh at things I say when I don’t mean to be funny.”

“I am told that I keep talking about things that others are not interested in.”

“I give people detailed information when a more general comment would be fine.”

Bishop, Whitehouse and Sharp, 2009

Social Engagement Composite

Is sensitive to non-verbal communication and active engagement in social communication.

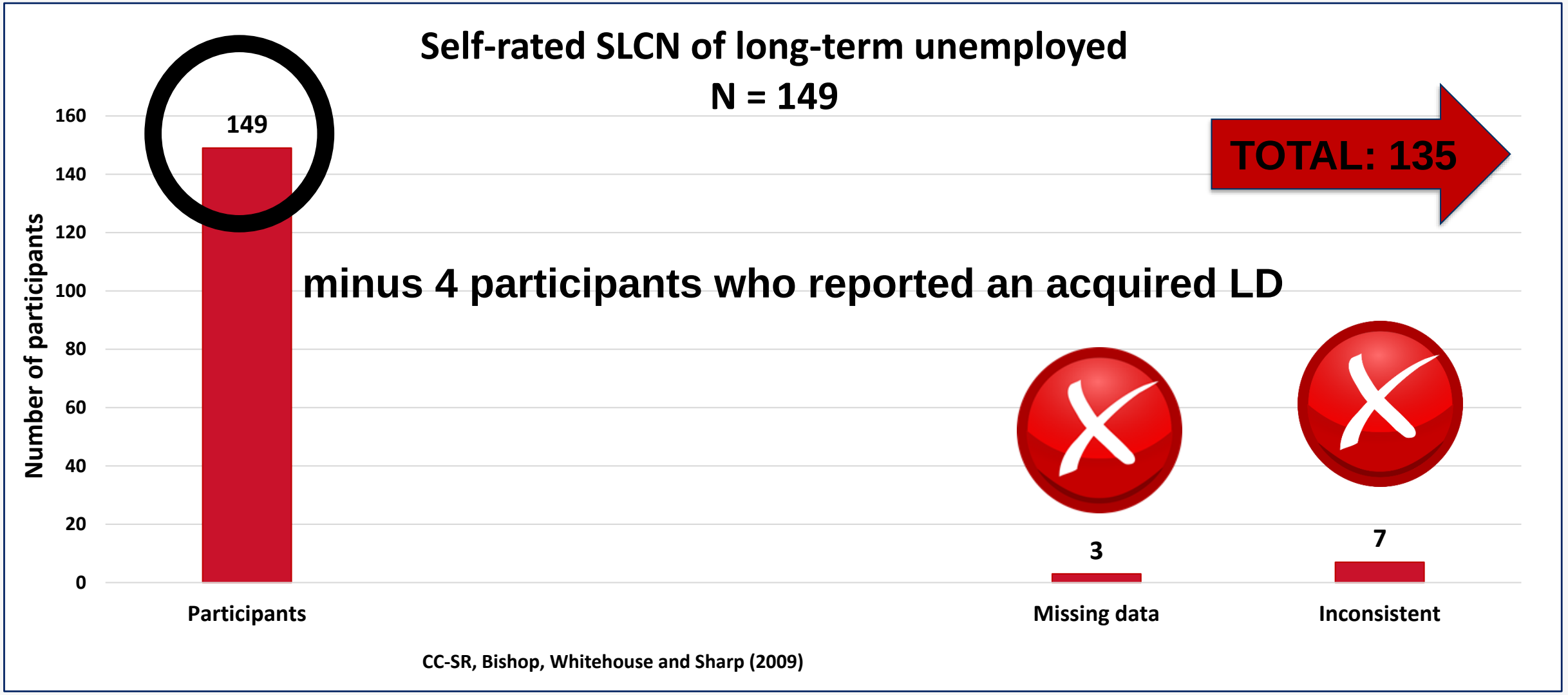
“I feel anxious when I am with other people.”

“I am told that I stand too near to people when I talk to them.”

“I don’t look at people when I am talking to them.”

Bishop, Whitehouse and Sharp, 2009

149 long-term unemployed adults agreed to self-rate their communication skills

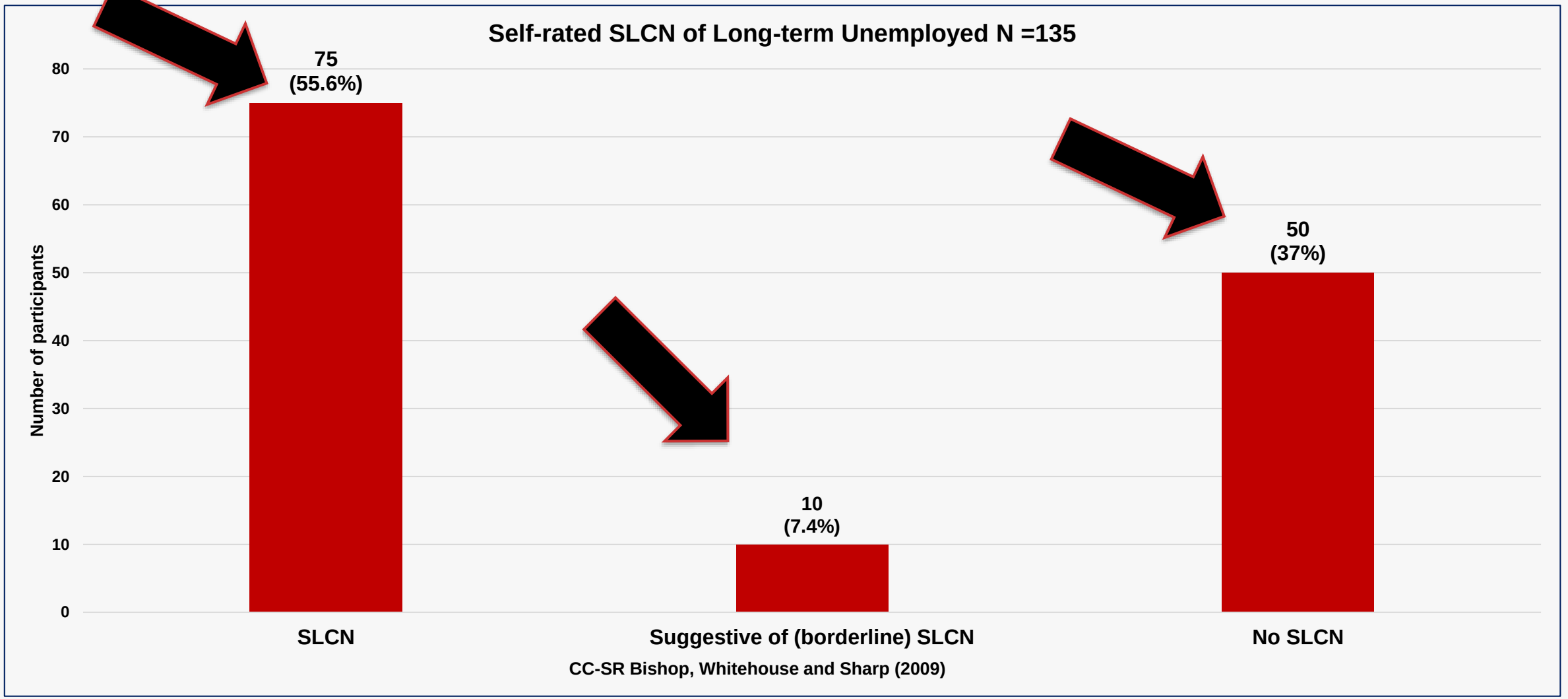


CC-SR, Bishop, Whitehouse and Sharp (2009)

Mean age of participants – 39.99 years (N = 135)

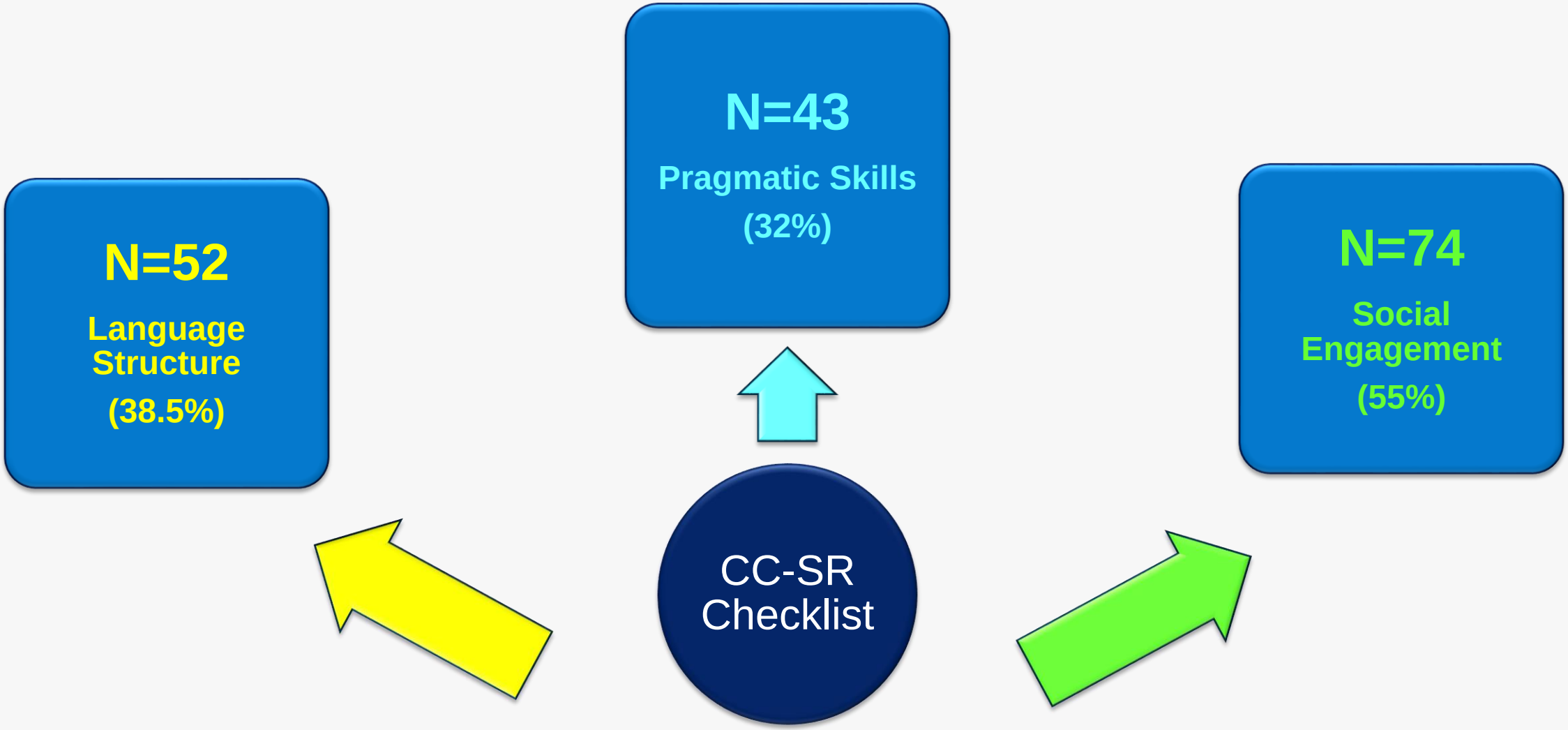
Age-bands	Female 18 – 62 years	Male 18 – 64 years	Total
18 – 25 years	12	21	33
26 years and over	52	50	102
Total	64	71	N = 135

Prevalence of SLCN: 55.6% – 63%



Specific areas of difficulty reported

(Mean 10, SD 3)



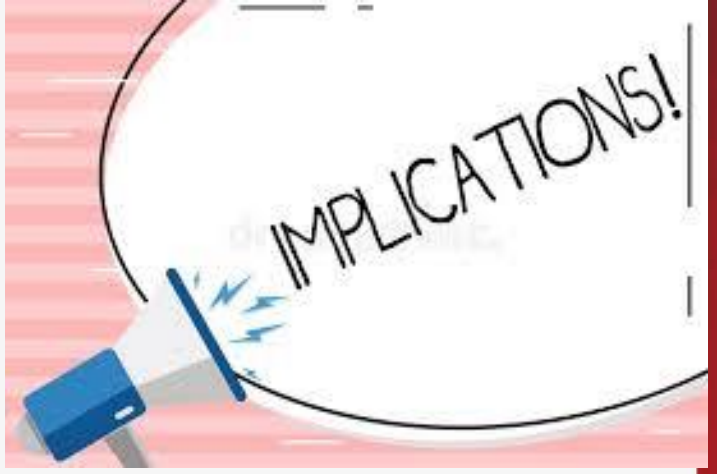
The **nature** of the **SLCN** reported by participants are likely to **impact on key communication** skills identified by employers, and will be a barrier to a range of essential skills and activities in the workplace including:

- checking when confused
- working well in a team
- being a good listener
- adjusting her/his style of talking
- being friendly and approachable

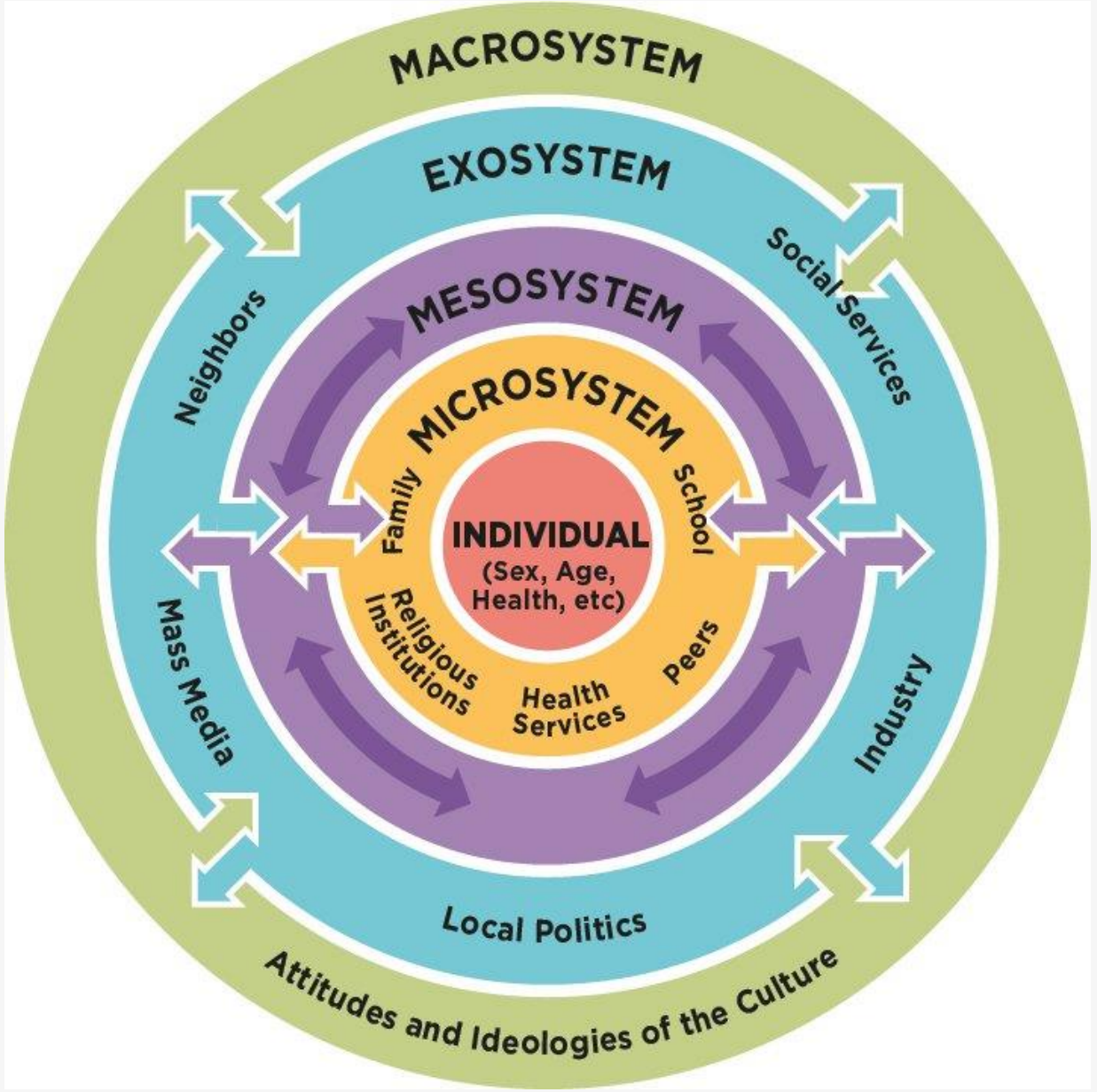
What Now?

If there indeed is a LOT more to Language Disorder than meets the eye,
what are the implications for our practice?

Implications:



- The importance of **early Identification** and **intervention**
- The **continuation of support** and **specialist services** in adolescence and adulthood, throughout the lifespan
- **Expansion of areas** in assessment and management focusing on **broader language, communication and cognitive skills**, and **life skills**
- Incorporating a **holistic integrative** and **inclusive model of service delivery** drawing on Bronfenbrenner's **ecological systems theory**.



Bronfenbrenners ecological systems theory, 1979

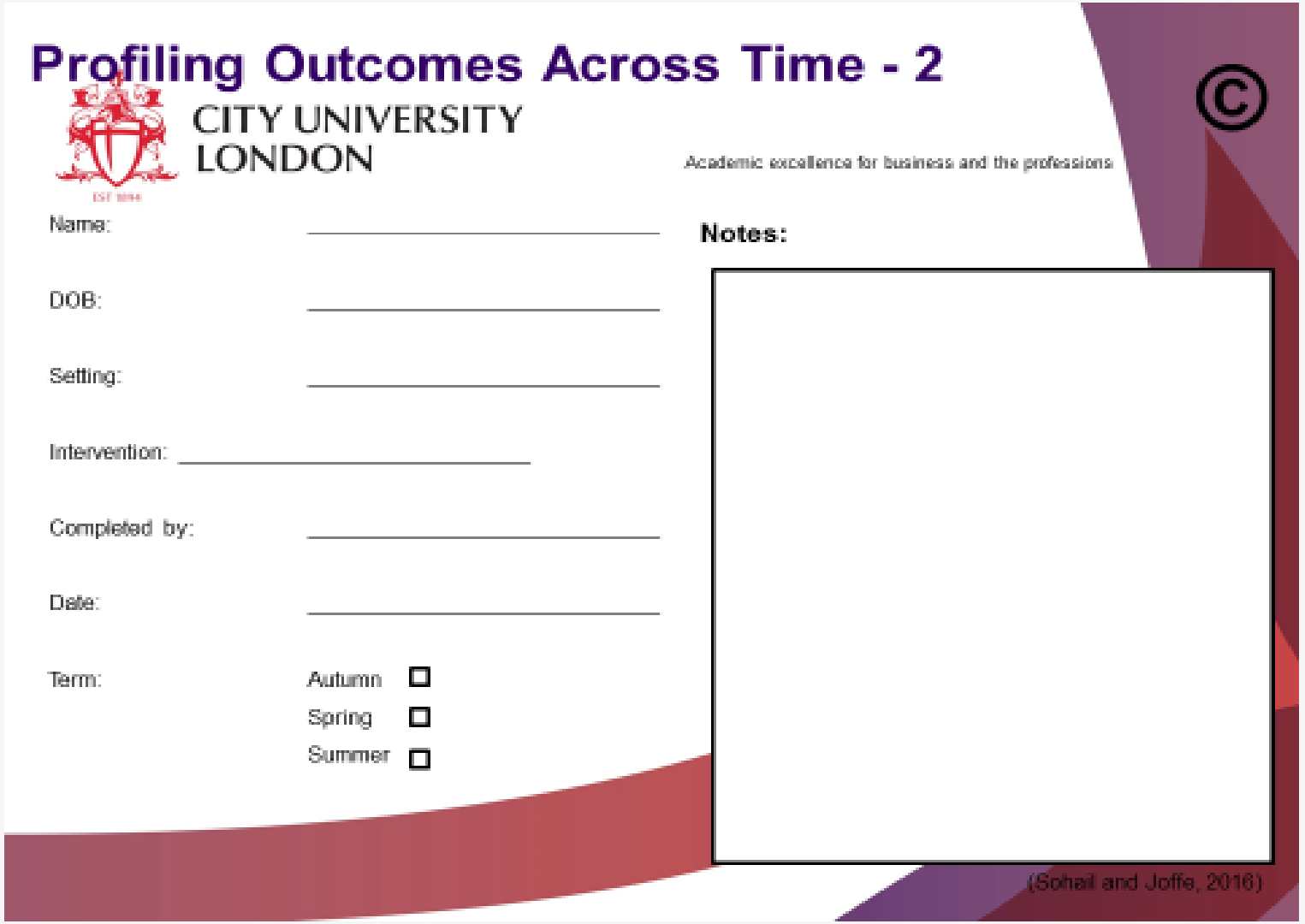

Wellbeing

- **Therapy Outcome Measures (TOMS):** describes the relative abilities and difficulties of a client in the four domains of

  - **impairment**
  - **activity**
  - **participation**
  - **wellbeing**

Enderby P, and John A. (2015). *Therapy outcome measures for rehabilitation professionals* 3rd edition. Guilford: JR Press, http://tinyurl.com/n7kzc2k

POAT - 2 (Profiling Outcomes Across Time) tool:



Profiling Outcomes Across Time - 2

CITY UNIVERSITY LONDON

Academic excellence for business and the professions

©

Name: _____

DOB: _____

Setting: _____

Intervention: _____

Completed by: _____

Date: _____

Term: Autumn ☐ Spring ☐ Summer ☐

Notes:

(Sohail and Joffe, 2016)

Sohail and Joffe, 2016

The **POAT – 2** consists of a series of nine rating scales including:

- Pre-verbal communication
- Talking and listening
- Speech
- Fluency
- Voice
- **Social skills**
- **Emotional well-being**
- **Behaviour**
- Eating and drinking.

TALKING AND LISTENING

	Never	Rarely	Sometimes	Frequently	Always	N/O
Listens & pays attention	☐	☐	☐	☐	☐	☐
Understands one or two words or short sentences	☐	☐	☐	☐	☐	☐
Understands long sentences	☐	☐	☐	☐	☐	☐
Talks using one or two words or with short sentences	☐	☐	☐	☐	☐	☐
Talks using long sentences	☐	☐	☐	☐	☐	☐
Uses lots of different words	☐	☐	☐	☐	☐	☐
Understands words with different or hidden meanings, for e.g. figurative language	☐	☐	☐	☐	☐	☐
Struggles to find the right word *	☐	☐	☐	☐	☐	☐
Talks appropriately with other people	☐	☐	☐	☐	☐	☐
Shows frustration when not understood	YES ☐	NO ☐	NOT OBSERVED ☐			

* = please note change in scoring: never = 5; rarely = 4; sometimes = 3; frequently = 2; always = 1

(Sohail and Joffe, 2016)

EMOTIONAL WELL-BEING

	Never	Rarely	Sometimes	Frequently	Always	N/O
Shows feelings appropriately	☐	☐	☐	☐	☐	☐
Shows good self esteem	☐	☐	☐	☐	☐	☐
Shows appropriate levels of confidence	☐	☐	☐	☐	☐	☐
Participates/engages appropriately in class	☐	☐	☐	☐	☐	☐
Joins in & participates appropriately in the playground	☐	☐	☐	☐	☐	☐
Participates in extra-curricular activities	☐	☐	☐	☐	☐	☐
Shows an appropriate level of interest in a hobby/hobbies	☐	☐	☐	☐	☐	☐
Shows an awareness of what is happening around them	☐	☐	☐	☐	☐	☐
Has friends	☐	☐	☐	☐	☐	☐
Is happy	☐	☐	☐	☐	☐	☐
Is aware & responsive to people's feelings	☐	☐	☐	☐	☐	☐

Bullies others	YES ☐	NO ☐	NOT OBSERVED ☐		
Is being bullied	YES ☐	NO ☐	NOT OBSERVED ☐		

(Sohail and Joffe, 2016)

EXPANDING ROLES OF SLT

Changes in our role as an SLT…

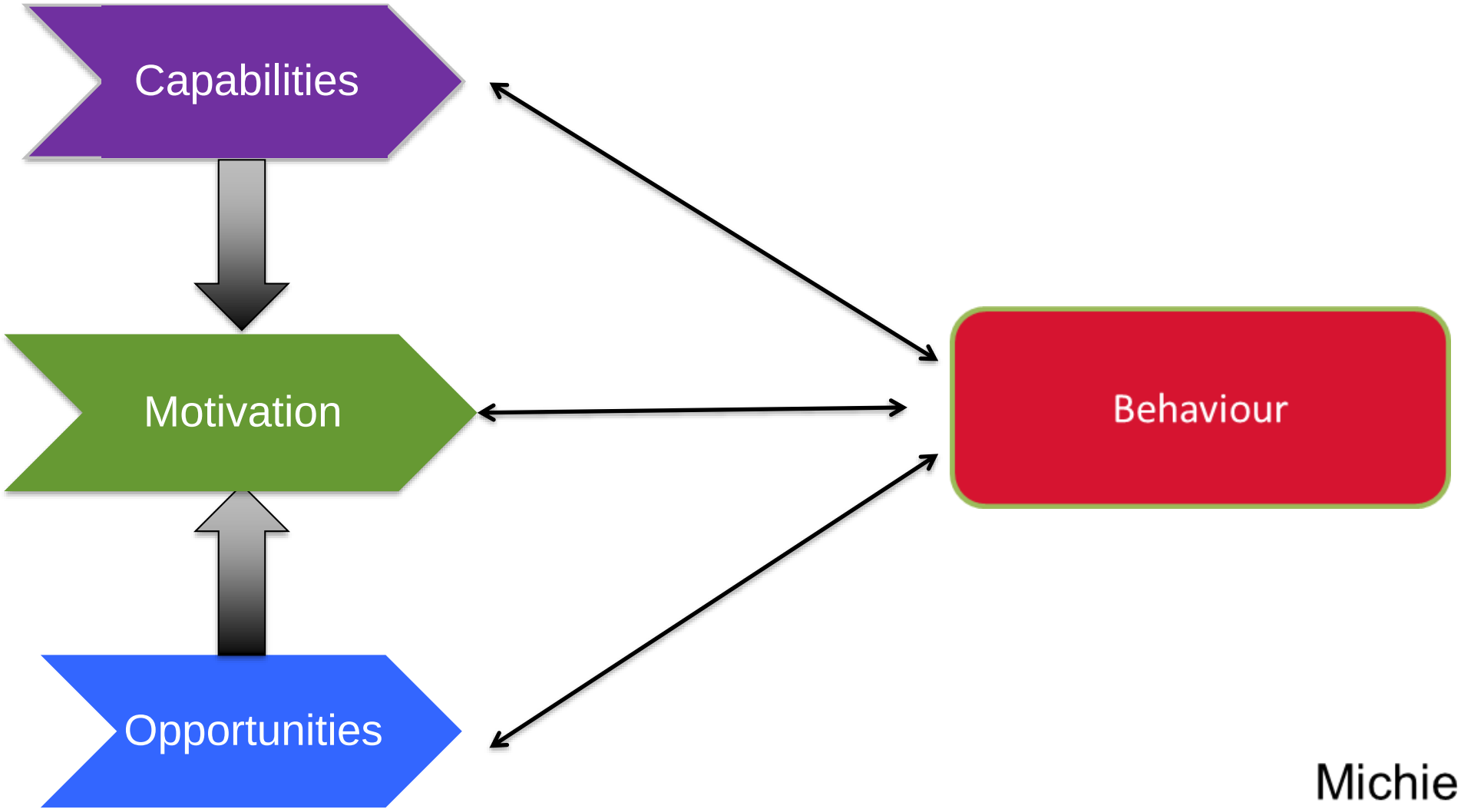
- Expansion of our **clinical areas** and **client groups** to meet the **ever-changing needs** of our communities, for example, working with:

  - youth justice,
  - adults with DLD,
  - children and young people in care
  - children in palliative care
  - minority groups, and,
  - other vulnerable populations

Changes in our role as an SLT…

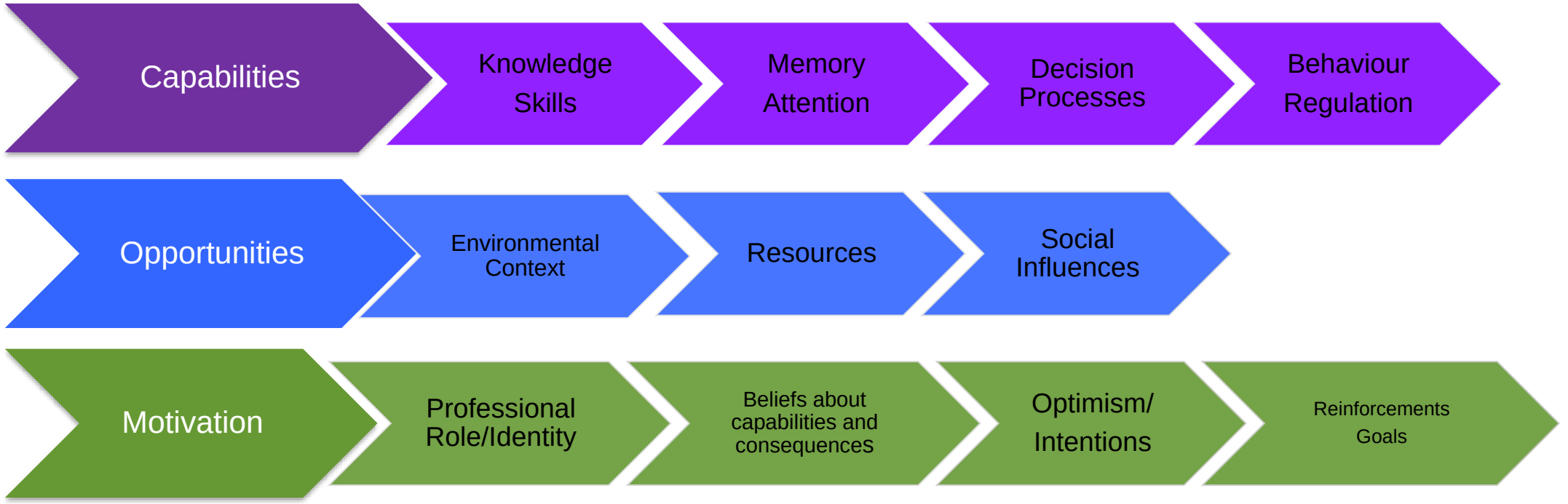
- Expansion of our clinical focus to include **implementation science** and **behaviour change**

COM-B Model of Behaviour Change



Michie et al (2011)

Mapping COM-B with Theoretical Domains Framework (TDF) domains




PREVENTION
EDUCATION
INTERVENTION


supports
promote
providing
access
understand
information
vulnerable
empower
defend
rights
enables
variations
genuinely
wishes
particularly
aims
many
society
people
otherwise
voice
views
choices
speaking
person
services
express
concerns
seeks
advocacy


Empower People
Inspire People
Leadership
Lead Change
Shared Vision


TECHNOLOGY
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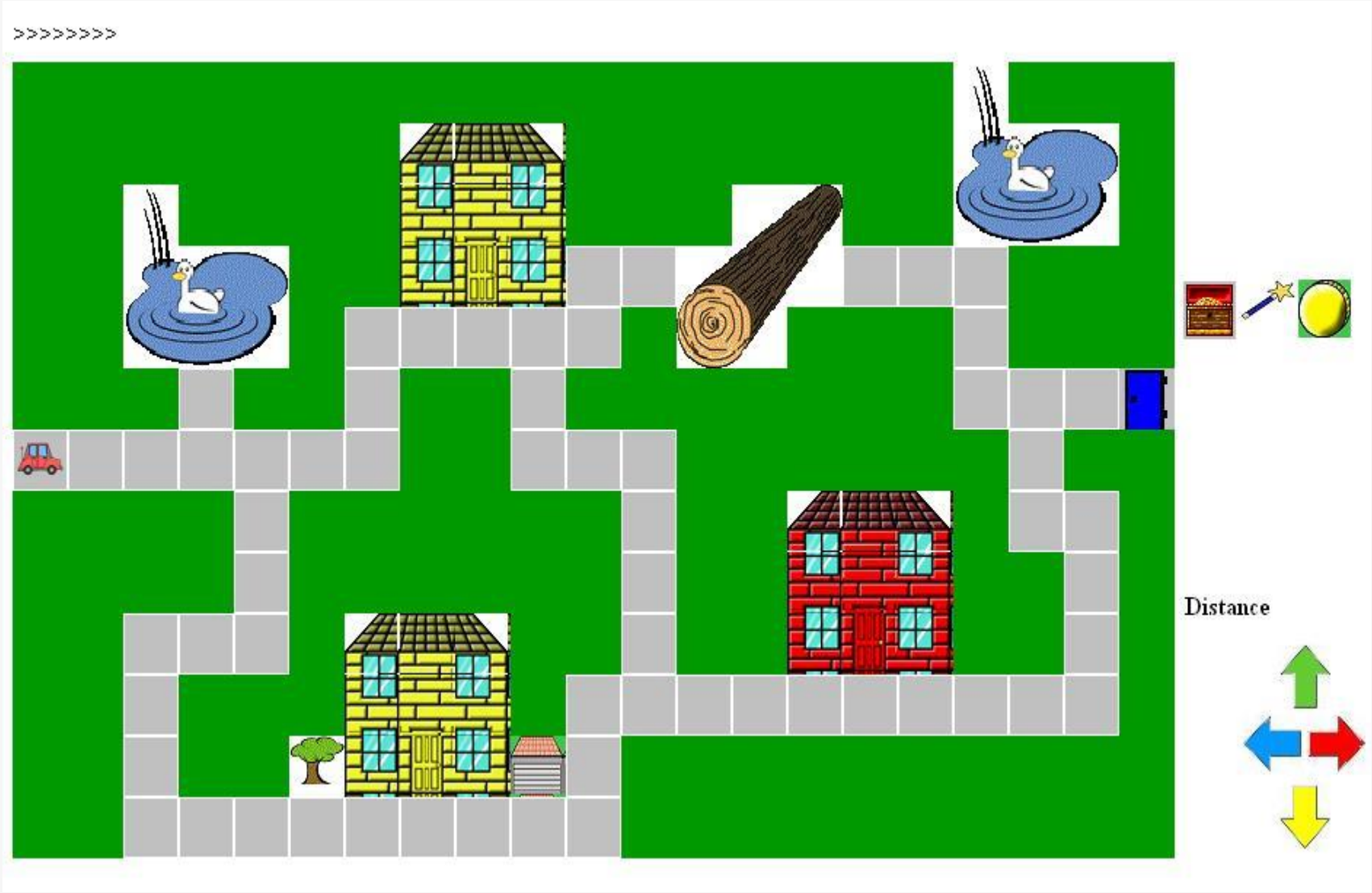
E-PLAYS: The 'Maze Game‘ (Murphy et al., 2019)

A collaborative problem-solving e-task to improve **social communication skills and collaborative working** in children with social communication impairments.

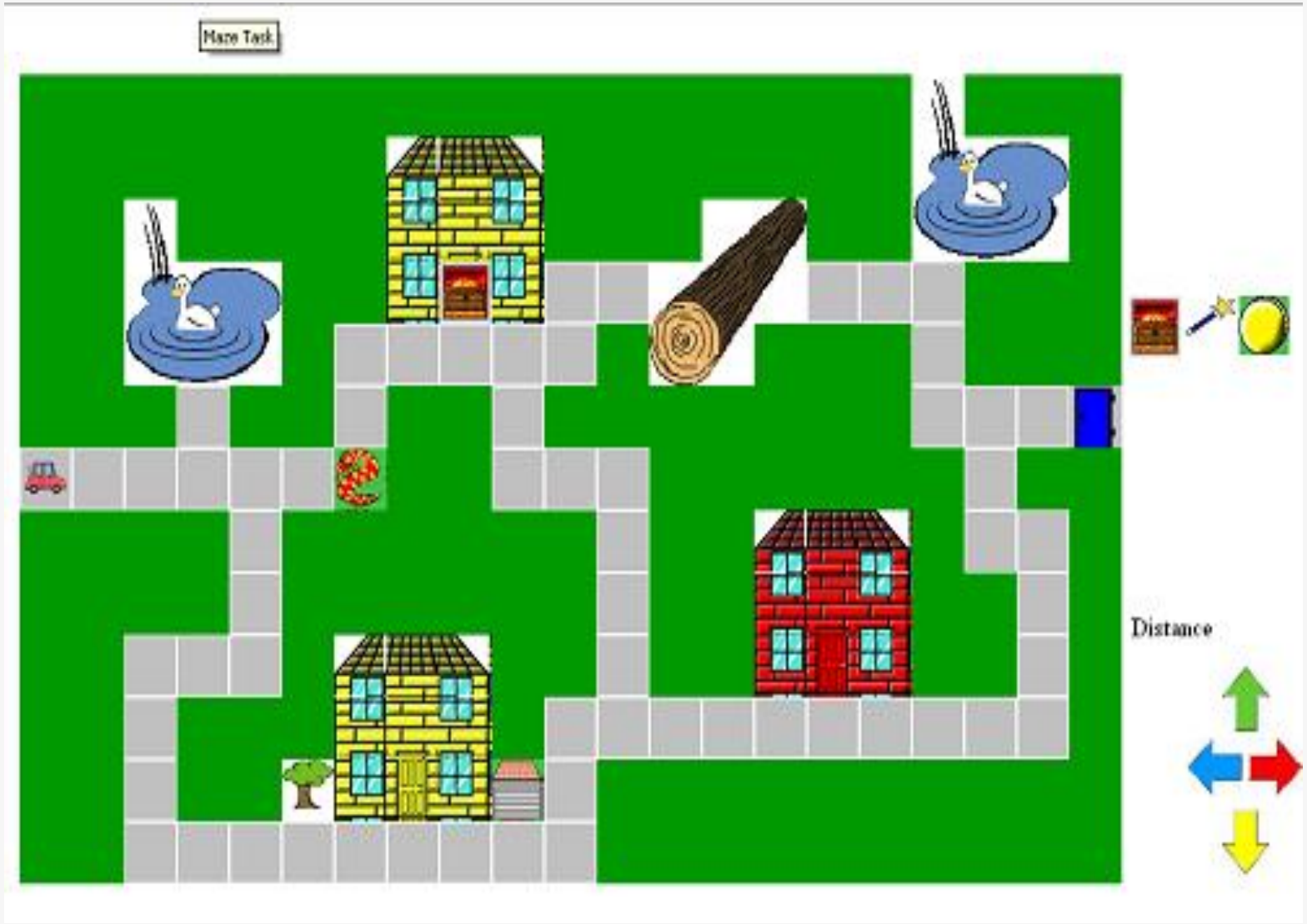
Pilot research showed children with language disorder offered more explanation, gave explicit directions and guidance and addressed questions clearly to their work partners (peers) after playing the game.

This task uses two computer laptops. Children work in pairs with each child sitting at one screen, with the laptops facing each other. In this way, children can see their own screen, but not that of their work partner.

Children working as a pair on computerised 'Maze Game'.



Driver's view: Obstacle (snake) is unseen; reward (treasure chest) is also unseen.



Navigator's view: Obstacle (snake) is visible; reward (treasure chest) is also visible.

An intervention for people with aphasia delivered in a novel **virtual reality platform called EVA Park**. (led by Jane Marshall and colleagues in language and communication science and Computer Interaction Design at City University of London)

EVA Park

- An enclosed island built with Open Sim
- Contains distinct regions, e.g.:
  - Houses
  - A Cafe
  - A Tropical Bar
  - A Versatile Counter (e.g. for booking a holiday)
  - A Health Centre
  - A Hair Dressers
  - A Disco
- Election narrative


DRINKS
16oz only
Frosted Latte
vanilla, mocha, peanutbutter mocha, green tea
decaf vanilla, decaf mocha
Non-Coffee
vanilla bean, strawberry cream, orange creamsickle
Fruit Tea Blast
strawberry, wildberry, mango, peach
there is an assortment of teas, juices and
waters in the beverage cooler
- and we can ice most hot drinks -
UNATTENDED
CHILDREN
WILL BE GIVEN
ESPRESSO
AND A FREE
KITTEN


Health
Centre
HOT DRINKS
COLD DRINKS
UNATTENDED
CHILDREN
WILL BE GIVEN
ESPRESSO
AND A FREE
KITTEN

Changes in our role as an SLT…

- Working with and through **others** as appropriate, including teachers, parents, other family members, peers, and wider community

- Working across different **contexts**

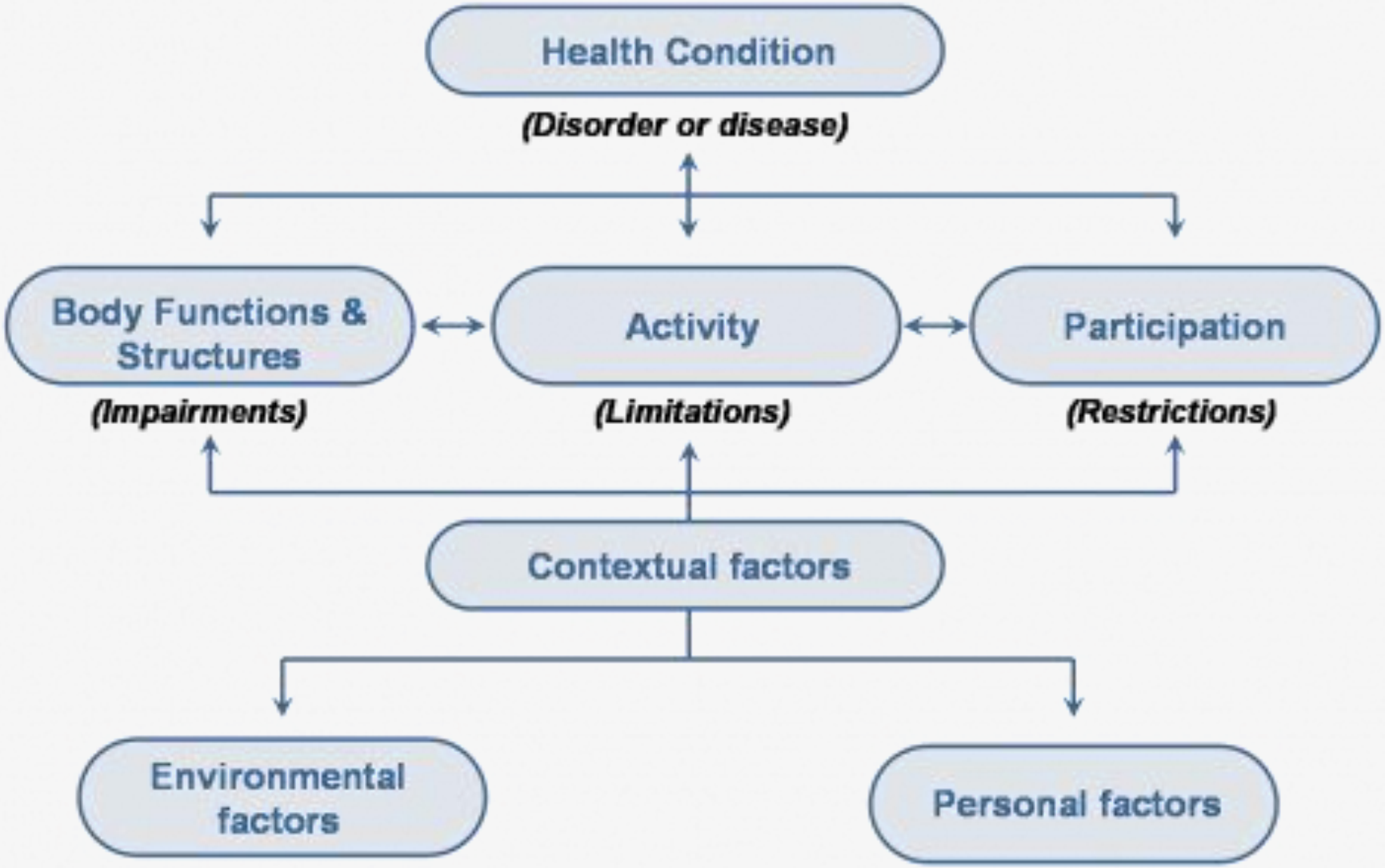
Changes in our role as an SLT…

- Focus of our work has shifted, expanded and grown more **holistic**, including a focus on:

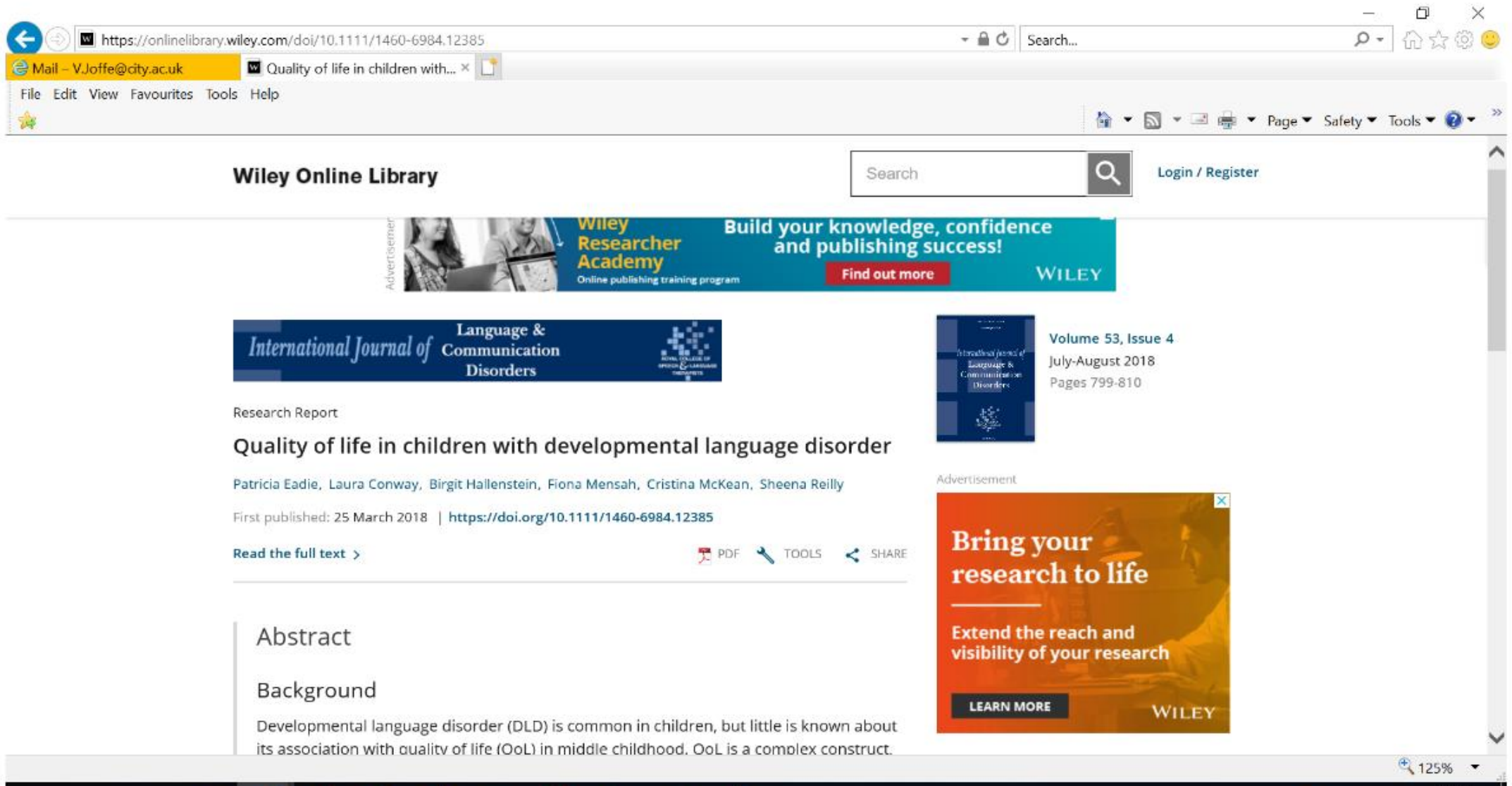
  - Quality of Life
  - Wellbeing
  - Friendships
  - Resilience
  - Employment

Socio-Ecological Model

(From Bronfenbrenner, 1977)


Health Condition
(Disorder or disease)
Body Functions & Structures
(Impairments)
Activity
(Limitations)
Participation
(Restrictions)
Contextual factors
Environmental factors
Personal factors


Wellbeing



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Research Report

Quality of life in children with developmental language disorder

Patricia Eadie, Laura Conway, Birgit Hallenstein, Fiona Mensah, Cristina McKean, Sheena Reilly

First published: 25 March 2018 | https://doi.org/10.1111/1460-6984.12385

Abstract

Background

Developmental language disorder (DLD) is common in children, but little is known about its association with quality of life (QoL) in middle childhood. QoL is a complex construct.

Well-Being and Resilience in Children with Speech and Language Disorders

Lyons, Rena; Roulstone, Sue

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Purpose: Children with speech and language disorders are at risk in relation to psychological and social well-being. The a study was to understand the experiences of these children from their own perspectives focusing on risks to their well-bei protective indicators that may promote resilience. Method: Eleven 9- to 12-year-old children (4 boys and 7 girls) were rec using purposeful sampling. One participant presented with a speech sound disorder, 1 presented with both a speech and disorder, and 9 with language disorders. All were receiving additional educational supports. Narrative inquiry, a qualitativ was employed. Data were generated in home and school settings using multiple semi-structured interviews with each chi 6-month period. A total of 59 interviews were conducted. The data were analyzed to identify themes in relation to potentia factors to well-being and protective strategies. Results: Potential risk factors in relation to well-being were communicatio impairment and disability, difficulties with relationships, and concern about academic achievement. Potential protective st

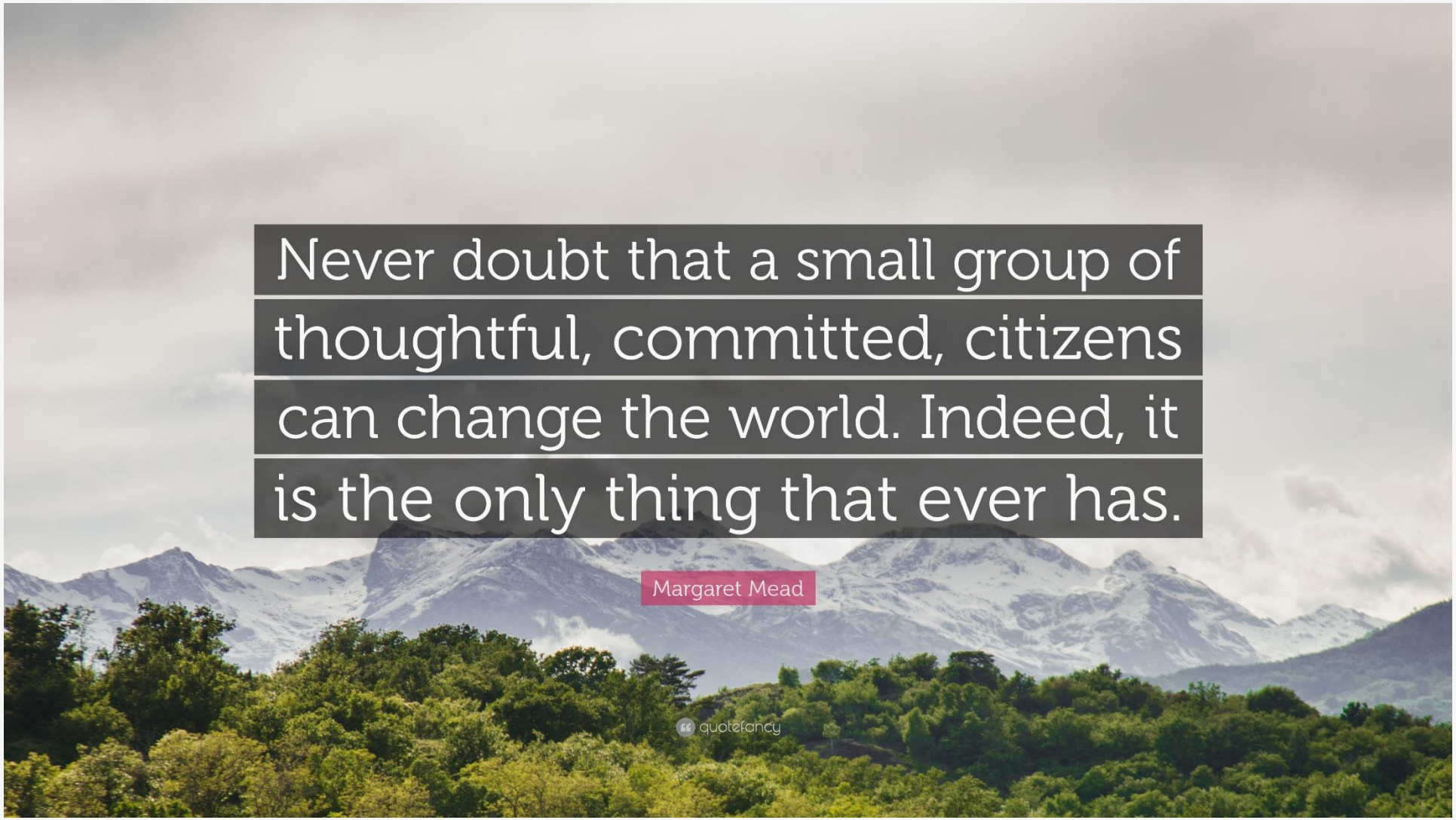
SEEK HELP FROM ALL CORNERS

Make Connections


WHEN YOU CHANGE THE WAY
YOU LOOK AT THINGS
THE THINGS YOU LOOK AT
CHANGE


"The best way to predict your future is TO CREATE it."
Abraham Lincoln
22 Nov 2012 11:24 am

What will this look like in your practice?


Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.
Margaret Mead
quotefancy

Tack för att du lyssnar

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