

The hidden disorder in childhood

The speech, language and communication
in children referral pathway

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Learning objectives

- Identify indicators of concern for speech, language and communication difficulties.
- Describe the potential impact of speech, language and communication difficulties across the lifespan.
- Recognise the importance of speech pathology referral for children who have experienced family violence and/or complex trauma.
- Identify the steps in the Healthcare Pathway for clinical practice.

Speech, Language and Communication Pathway

Speech, Language, and Communication Difficulties in Children



Caution: This page is currently under review.
This version has not been signed off for release in HealthPathways yet.

STYLE-ALIGNED

DRAFT PHASE

First

See also:

- [Behavioural Concerns in Children](#)
- [Developmental Concerns in Children](#)

Background

[+ About speech, language, and communication difficulties in children](#)

Assessment

1. Discuss [talking tips](#) with new parents to promote early positive communication.
2. Ask about [+ speech, language, and communication skills](#) opportunistically when appropriate.

Terminology

Language: Understanding what others say and being able to express your thoughts, ideas and opinions clearly.

Speech: How your talking sounds, how intelligible you are.

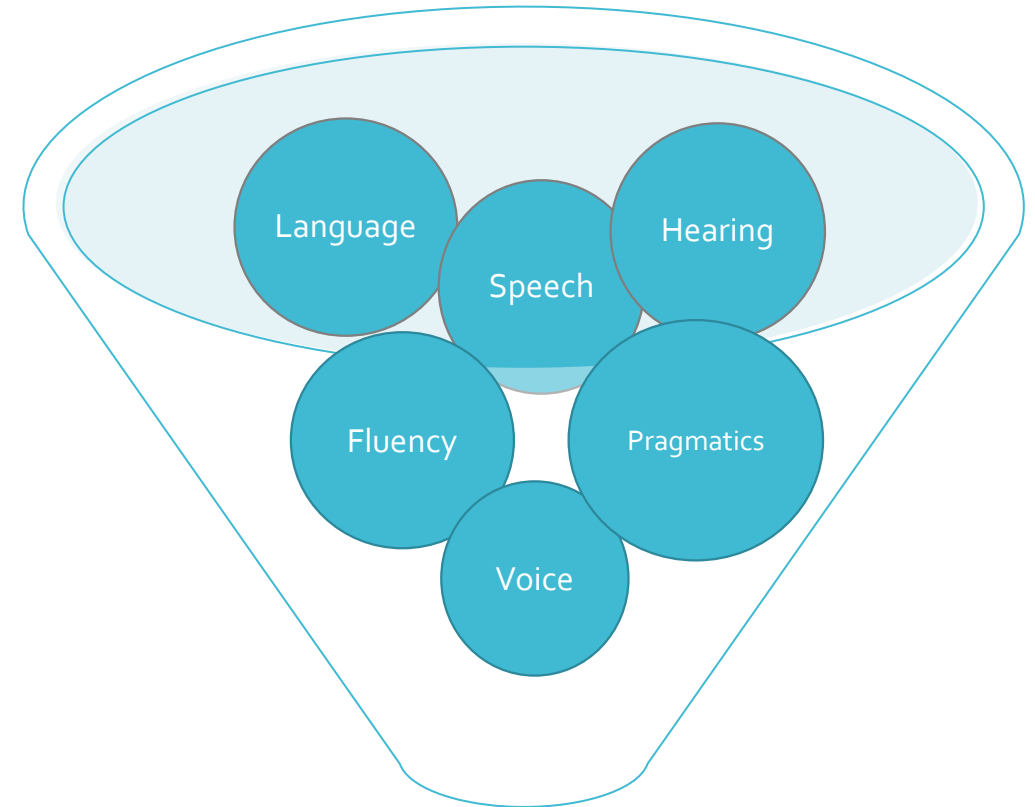
Hearing: Being able to hear words and sounds.

Fluency: Talking without stuttering.

Voice: How your voice sounds and whether you can use it how you want and need to.

Literacy & learning: Understanding written information, using written information to express yourself. Reading to learn.

Pragmatics: The ways we use language interactively for social purposes



Communication

Communication Disability – The hidden disorder in childhood

Largely unseen, often undiagnosed, an 'invisible' disability

10% of children
have long term
SLCN

Over 1 in 5 (22.7%) of
Australia's children are
not developmentally
on-track with their
communication skills at
school entry

Approximately two
children in every
classroom have
Developmental
Language Disorder

Why is early identification important?

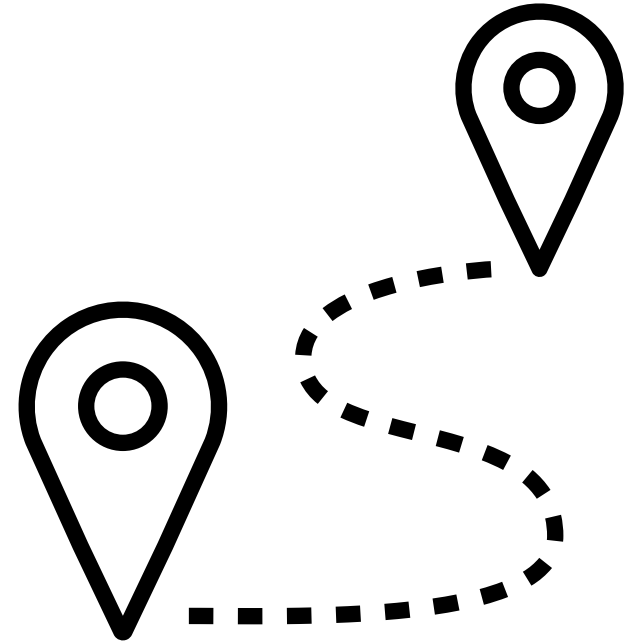
Cascading impacts of communication disability across the lifespan:

- 44% of Australian adults don't have the functional literacy skills they need to cope with the demands of everyday life and work.
- Individuals with low literacy are 1.5 to 3 times more likely to experience poorer health outcomes than those who do not have low literacy.
- 38% of Australians with communication disability are participating in the workforce, compared to 80% of people without communication disability.
- Language disorder increases the risk of developing a mental illness.
- Language difficulties have been found in up to 50% of young male offenders.

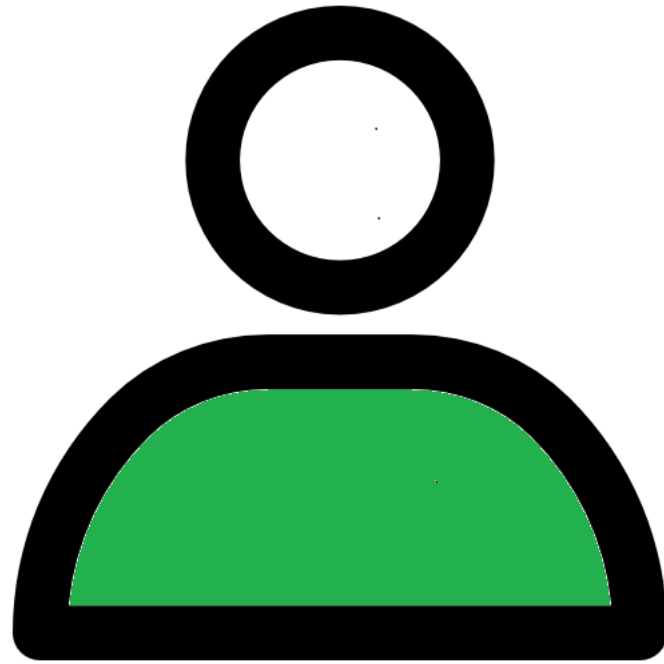
Opportunities for GPs and primary health providers to refer

'Touch points' across childhood where GPs and primary health professionals might identify speech, language and communication difficulties and have the opportunity to refer to speech pathology services.

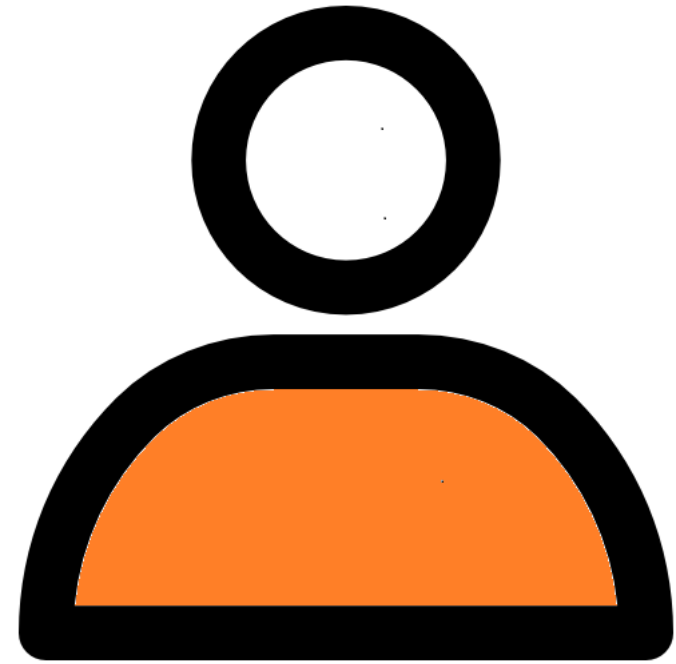
We will talk through how these align with the speech, language and communication in children healthcare pathway.



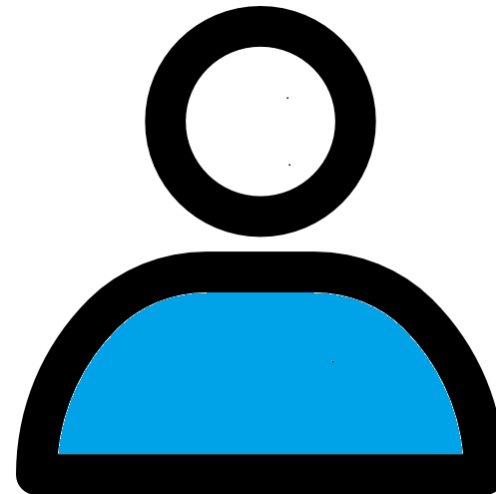
Introducing a family you work with



Mum - Chloe

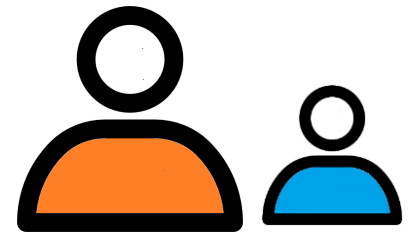


Dad - Shaun



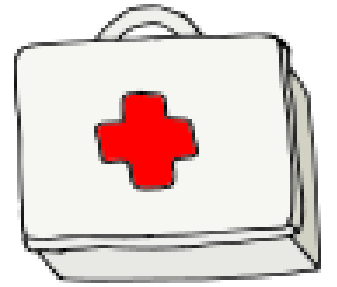
Son - Tommy aged 3 1/2

Episode of Care 1



- Chloe makes an appointment for support with what she describes as high levels of stress.
- She is experiencing low mood and insomnia.
- Chloe attends the appointment with her 3 ½ year old son – Tommy. You have previously treated Tommy for a middle ear infection.

Your Consultation



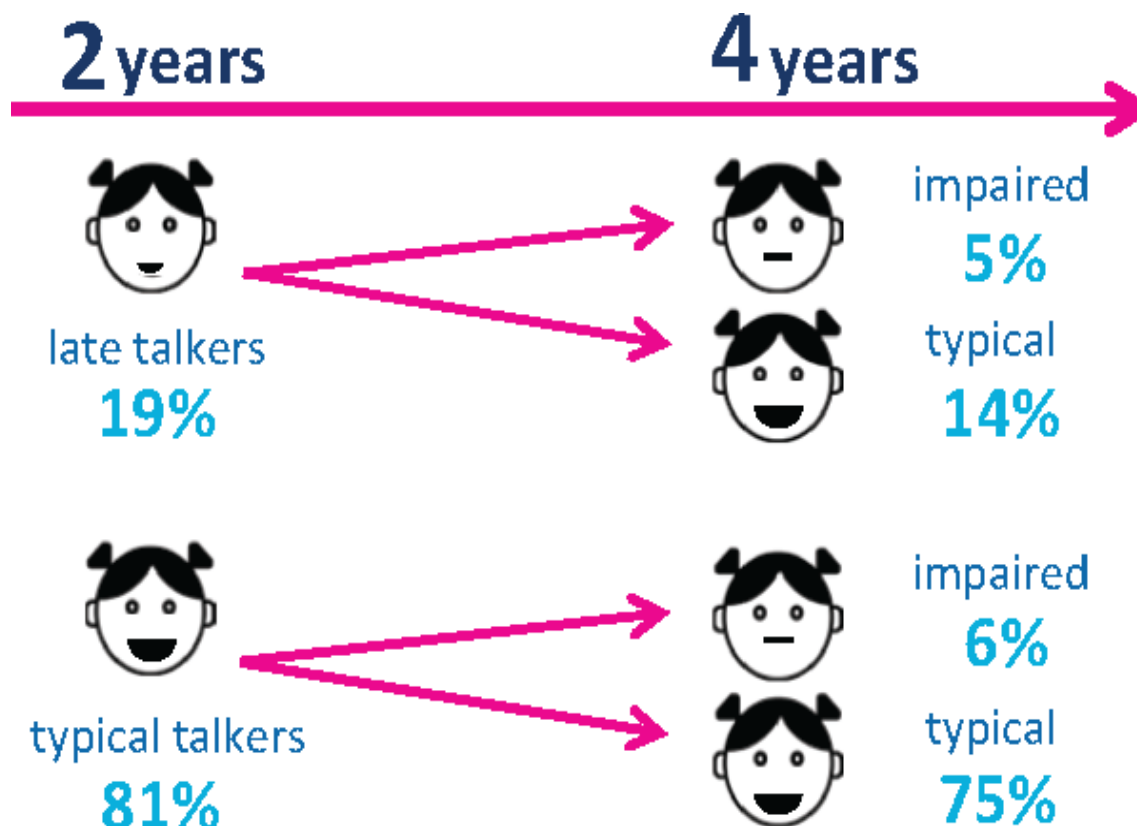
During your initial appointment with Chloe you observe:

It is hard to talk with Chloe because Tommy is very 'busy'. You notice that he isn't playing with the toys, rather throwing them around the room.

Tommy doesn't seem to do what Chloe asks him to do and Chloe seems frustrated about this.

Tommy communicates with Chloe by pointing. The only word you hear is "mum"..

“Late talker”
OR “Late
language
emergence/
late bloomer”?



Next steps

After you have addressed Chloe's concerns request Chloe makes another appointment for Tommy to discuss his communication skills.

Ask:

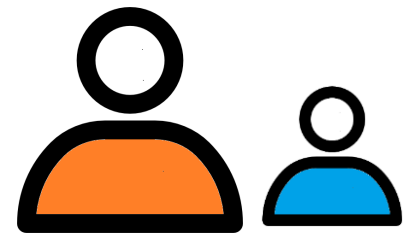
- Are there concerns about Tommy's speech, language and communication development?
- Is his communication today representative?
- Is there a family history of speech, language and/or learning difficulties?

Observe & assess: General health, specifically ear health and functioning, his communication and symbolic play skills against expected milestones, check global development across domains.

Manage: Treat and refer as needed-

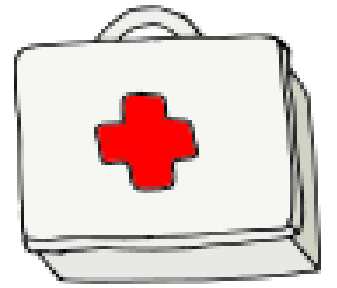
- Refer for hearing test as indicated
- If ongoing issues, consider ENT referral
- Discuss your concerns and support referral to speech pathology

Episode of Care 2



- You later see this family when you work with Chloe for prenatal care.
- Tommy is now 5 years old. Chloe mentions that he goes to Preschool 3 days per week.
- During the appointment, you start a conversation with Chloe after noticing bruising – she discloses that her partner has trouble with his anger, but it's not a regular thing and she doesn't feel unsafe.

Your Consultation



During this appointment you observe:

Tommy often answers his Mum with short phrases such as 'Nah', 'No way' and 'go away'. He talks in a loud voice. Chloe reports that sometimes he yells so much, he loses his voice.

Tommy seems happy to talk with you, but doesn't really hold a conversation – you have to ask lots of questions to keep the conversation going.

Chloe mentions that Tommy will start school next year, even though his preschool doesn't think he is ready. Chloe reports that staff described him as 'not as mature as his peers'.

Chloe reports that she is concerned that Tommy is still not talking as well as his peers. She demonstrates frustration with constantly repeating herself.

Next steps

Initial needs = Chloe's pre-natal care and support for FDV. Is there an opportunity to provide education on the impact of FDV on her unborn child?

After providing this care, is there an opportunity for Chloe to make another appointment to follow up around Tommy's communication skills?

Ask: about Tommy – did previous hearing tests, ENT, speech pathology happen? What were the outcomes/recommendations?

Observe & assess: Current ear health and functioning, current communication and play skills against expected milestones, global development across domains, quality of voice, frequency of reported laryngitis and structural assessment.

Manage: Treat and refer as needed-

- Re-refer for hearing tests as indicated
- Consider ENT referral for voice difficulties
- Discuss your concerns and re-referral to speech pathology
- Consider referral to Paediatrician as indicated

Developmental Language Disorder (DLD?)

- DLD is the term for language difficulties that have a **significant impact** on a child's **everyday social interactions and/or educational progress** and that are **likely to persist**.
- DLD is considered an **invisible** condition

DSM-V

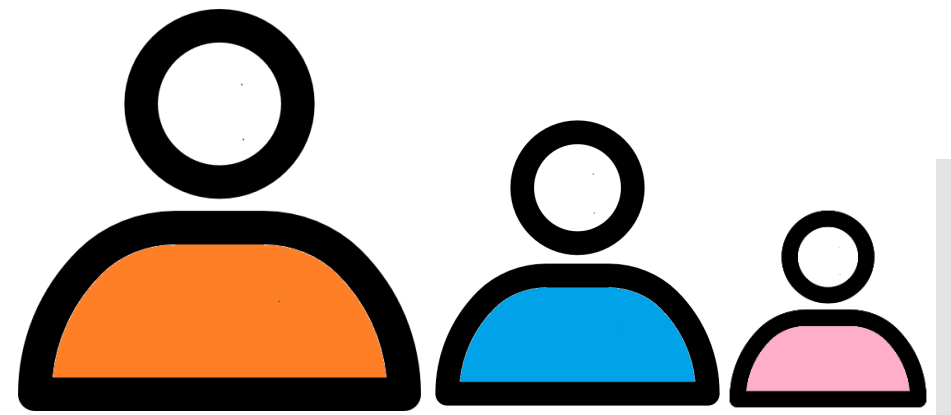
- Persistent difficulties in the acquisition and use of language across modalities (i.e. spoken, written, sign language, or other) due to deficits in comprehension or production that include the following:
 - Reduced vocabulary (word knowledge and use).
 - Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology).
 - Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).
- Language abilities are substantially and quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement or occupational performance, individually or in any combination.
- Onset of symptoms in the early developmental period.
- The difficulties are not attributable to hearing or other sensory impairment, motor dysfunction, or another medical or neurological condition and are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Does Tommy have Developmental Language Disorder (DLD)?

DLD is the term for language difficulties that have a **significant impact** on a child's **everyday social interactions and/or educational progress** and that are **likely to persist**.

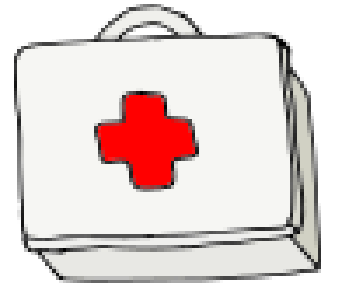
Persistence	First noted at 2 1/2
Functional impact	Impact on relationship with mother, and potentially peers Preschool concerned about 'school readiness'
Significance	Speech Pathologist can help ascertain this

Episode of Care 3



- On another occasion you see this family when Chloe arranges an appointment for her second child – Jessica – who is now 8 years old.
- Tommy is now 13 years old and has been diagnosed with DLD.
- School have told Chloe that they are concerned that Jessica isn't progressing academically. They describe that she is very quiet, always helpful and compliant, but is very shy and has only one friend.

Your Consultation



During your appointment you observe:

Jessica is very engaging, smiley and happy. She is very 'clingy' with her Mum throughout the appointment. Mum can't name any specific friends, but states that Jessica doesn't have conflict with peers.

Jessica nods and says 'yes' to all your questions to her, but you sense that she is just saying 'yes'.

When you ask her about her weekend and friends at school, she names some activities and people, but it is hard for you to follow what she is saying – she describes feeling 'bullied' at school.

ACES/Complex Trauma

- Meta-analysis: the language skills of children who are abused and/or neglected are delayed compared to their peers.
- Age matters: the younger the child, the bigger the impact abuse and neglect has on language development.
- Australian findings- 88% of children who had experienced abuse or neglect required speech pathology intervention.
- Greater risks for Aboriginal and Torres Strait Islander children.

“.....language disorders are so common in this population as to be almost normative”
(Snow, McLean & Frederico, 2020)

Next steps:

Ask: Talk with Mum about whether your interaction with Jessica is representative of her normal skills. Has Jessica ever seen a speech pathologist or had her hearing tested? Since Tommy's diagnosis of DLD, have any other family members identified learning difficulties they experienced? How is Jessica going with learning to read and write?

Observe & assess: General health, current ear health and functioning, communication skills against expected milestones, global development across domains, current situation at home and current ACEs with file notes identifying previous FDV.

Manage: Treat and refer as needed-

- Refer for hearing tests as indicated
- Consider ENT referral as indicated
- Discuss your concerns and referral to speech pathology
- Referral for family and mental health supports as indicated in the context of high ACEs.

Take home messages

- GPs and primary care providers are in a unique position to refer to speech pathology services.
- Always consider speech, language and communication disorders in the context of behavioural difficulties.
- Always consider speech, language and communication disorders in the context of learning difficulties.
- Always consider referral to speech pathologists in the context of family & domestic violence and/or high ACEs.

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Websites

<https://radld.org/learning/>



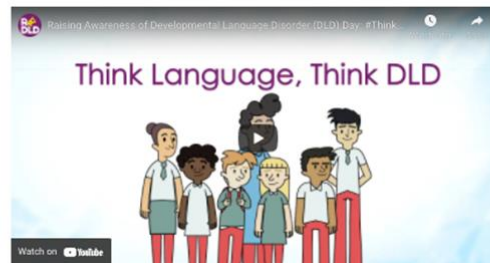
Welcome to RADLD.ORG, created to Raise Awareness of Developmental Language Disorder or 'DLD'.

Here you will learn more about DLD, access resources and find out how to raise awareness.

Please share our website with family, friends and professionals. Our website is constantly growing, so please check in regularly.

Send us your ideas or links to your own resources or activities about DLD!

Please see our 2021 DLD Awareness Day video to learn more about DLD.



<https://salda.org.au/professional-learning/>



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