



What is Developmental Language Disorder? Part 1

Lauren Clouser

Welcome to the LDA Podcast, a series by the Learning Disabilities Association of America. Our podcast is dedicated to exploring topics of interest to educators, individuals with learning disabilities, parents, and professionals to work towards our goal of creating a more equitable world. Hi, everyone. Welcome to the LDA podcast. I'm here today with Dr. Jan Wasowicz, who is a speech language pathologist and board certified specialist in child language. Dr. Wasowicz has over 40 years of experience as a language literacy and learning specialist and is the founder and president of Learning by Design, a K-12 publishing and professional development company focused on using oral language to build the brain for literacy. Dr. Wasowicz, thank you so much for being here with us today.

Jan Wasowicz:

Thank you, Lauren. Thank you for this opportunity to reach out to your members and help all of us have a better awareness of language literacy learning. Just a little bit more about my professional experience. As you said, I'm a speech language pathologist. I worked for the first half of my career, I would say, in private schools and private practice, and, primarily, with students who had language based learning disabilities. And whether they were struggling in reading, writing, spelling, as well as oral language. And so I bring all that clinical experience. Although, at this point in my career, I see fewer students, and I'm focused more on the publication of the products and really a lot of advocacy work in terms of helping, get the word out more about current best practices in language literacy learning.

Lauren Clouser:

Well and we are so excited to have you on the show, and I can't wait to dive into more of this with you. So just to start off, so we have a baseline definition. Could you tell us what is developmental language disorder?

Jan Wasowicz:

Yes. Developmental language disorder, or DLD, is a neurobiological disorder that impacts language processing, and specifically the ability to understand what people are saying to us, what is said to us, and or to express ourselves verbally, orally. And it's in the oral language or spoken language domain. I'm going to probably use oral language and spoken language interchangeably, although there are some differences. And so it's in that domain. Now DLD definitely can impact academic performance. It can also impact work performance, and it can impact just social communication and relationships in life. So it's really a disorder that has a lot of far reaching consequences if it goes unidentified, untreated.

And there does seem to be a genetic factor component to it. We're beginning to really understand and become more aware of it, I guess. And this is another reason why I'm excited to be here today to help more professionals, parents, everyone, become more aware of developmental language disorder. And I'm happy to share my knowledge and understanding,



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but I want to give a couple of resources to your listeners as well. And you'll probably have some show notes you can share them in. But to really understand and get a lot of quality information about DLD, there's the dldandme.org website, and there's also radld.org. 'RA' stands for raising awareness, developmental language disorder.org.

Lauren Clouser:

Perfect. Thank you so much for those resources. We'll definitely include those in the show notes. So to expand a little bit, is DLD the same as what Virginia Berninger describes as oral written language disorder? Can it be differentiated from an SLD in oral expression or listening comprehension? And if so, how is it different?

Jan Wasowicz:

Okay. So lots of questions to that question. I'm going to pull things apart and unpack it. And I think before I can answer those questions, I want to say one more thing about developmental language disorder. In the most recent international classification of diseases, the ICD 11, 11 is the latest edition. Developmental language disorder is there, and there are 4 subcategories.

And I think it's really important to be aware of those subcategories because it then ties back to the questions you were just asking me. So, the first subcategory is developmental language disorder that impairs both the comprehension and expression of language, again, in oral or spoken form. Then secondly, there's the impairment that only impacts expressive language. So we understand fine, not a problem, but there's disorder difficulty challenges with our expressive language. The 3rd category is impacting primarily pragmatic language. So pragmatics is the use of language for social communication. It's not even just social, like going out with your friends, but it gets into understanding perspectives of others. So whether that's in a setting of talking with friends or reading a book, or writing an essay, it's that perspective, and how you're using language and how you're understanding others' use of language.

So that's the 3rd main category. And then there's a 4th category that just doesn't really fall into any of those, which we know sometimes happens, non-specified. So with that, I think I can now dig deeper into your other questions. And so could you break down, you had the first part, I think, was about Virginia Berninger's definition and then going into SLD. Maybe we could stay with the first one.

Lauren Clouser:

Yeah. We can start out with that one. Is developmental language disorder the same as what Dr. Virginia Berninger describes as oral written language disorder? And if so, how does it differ?

Jan Wasowicz:

Yeah. So to a degree, yes. My understanding of Dr. Berninger's work is that when she's talking about oral written language disorder and when she's talking about the oral part, I'm going to stay



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on the oral part right now, because developmental language disorder is in the oral language domain. It can impact all those other domains, but it's in the oral language domain. So when she's talking about the oral component, my understanding of her work is that she's really talking about syntax, whether it's comprehension or expression, you know, construction of sentences, really a kind of a syntax expressive receptive domain. So it gets into those first two categories or subcategories of DLD, whether you're having difficulty comprehending or whether you're having difficulty expressing. And I think they're 100% absolutely.

Where I think and I may, you know, I may have missed it, but where I think, Dr. Berninger's work and her definition of the oral part of oral written language is that, she doesn't also include the pragmatic social communication component. So in that sense, I think there is a bit of a differentiation in those definitions. Definitions are tricky, and we're going to be talking more about that too. That's a problem. I mean, first of all, yes, there are some nuances or there can be nuances. But when we use different terms to talk about the same thing, then it really gets confusing. And then there's another part of that question about specific learning disability.

Lauren Clouser:

Can it be differentiated from a specific learning disability in oral expression or listening comprehension?

Jan Wasowicz:

Yeah. So, again, I think that if you include the social communication pragmatics part in there, which based on my understanding, SLD does, maybe not everyone who ascribes to that categorization does. I think oral expression, listening comprehension under the SLD umbrella is typically on understanding spoken language, expressing it, but not necessarily taking into account the pragmatic component of social communication. I have seen some people refer to that. So, if they are including all three of those pieces, then yes, I would say they are the same thing. Absolutely. So we're using different terms to refer to the same thing, and I do think that creates a lot of confusion.

I think that, well, 2 things. 1 is that I think now that we're having more of an awareness of developmental language disorder and developmental language disorder as a neurobiological disorder...we've known about it. SLPs, this is what we do. We specialize clinically in identifying, treating, and intervening on what's now called developmental language disorder. In the past, it's been called many different things: expressive receptive language disorder, specific language impairment. So, you know, some of this falls on the shoulders of our profession where we haven't been consistent in our use of terms as well. I think also, it's an awareness. So even, you know, regardless of the term that has been used and now is being used, it's an awareness.

And maybe we can circle back to that later. I think we are planning to, in terms of how does this lack of awareness impact what's happening in the schools, for example. The other thing I



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wanted to say on the different identifications or labels, because we have the oral written language learning disability with Dr. Berninger, then we have the specific learning disability. So we have those labels. I personally like the quadrant model, which I believe Dr. Nikola Nelson may have put forward first. She's also working with Tiffany Hogan to fine tune it, if you will. But it basically breaks it down into you've got your typical learners when it comes to reading and writing. They have both normal language, oral language, and they have, within normal limits, academic, reading, writing, so they're all fine.

Then you have the ones who are struggling with those foundational skills, the decoding and encoding, and those would be the dyslexia. We typically talk about reading, but the dyslexia pieces, I would also advocate for those who are having trouble with spelling, putting them into kind of one bucket. The other bucket being just the developmental language disorder. And that's just in the oral domain, and it's not impacting to any significant degree the written domain. And then finally, those students who have both the dyslexia and the developmental language disorder. So those are the 4 quadrants. Again, typical, dyslexic, DLD, and combination of dyslexia and DLD, and I think that aligns with Dr. Berninger's oral written language disorder the most. But again, I would add the pragmatics piece, and making sure that that's included and and considered as well.

Lauren Clouser:

Well, I wanted to ask too, have you seen any sort of movement towards, not necessarily combining the terms, but how we were using the same terms for similar things and it can get confusing. Is there any sort of movement to combine these or to have more of a unified definition?

Jan Wasowicz:

Yeah. 2 things on that. And thank you. That's a great question. On the DLD side, there finally is actually a global initiative that we...not we because I was not part of that....But, researchers, scientists have internationally agreed on DLD as the term. And with that, there is much more awareness being generated in a very proactive way. We now have October 18th as developmental language disorders day, which I love that it falls in the middle of the month for October, dyslexia awareness, because we know those coexist.

Oftentimes, about half of the individuals with dyslexia have DLD, and about half of individuals with DLD have dyslexia. So I love that they're both being celebrated in the same month. Now as far as, within or across professionals, interprofessional, there's a paper that was recently shared with me, and you might have that reference, but it was just published earlier this year, and I don't have it right in front of me. I believe Nancy Mather was an author on there, Dr. Mather. And the discussion is around the IDEA definition of SLD. And currently, we know that SLD, specific learning disability, does have those 2 subcategories of language expression and language comprehension or listening comprehension. And, it was proposed in that paper that those



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perhaps should be taken out of the definition for SLD. And I would agree with that because, for the most part, from what I can see, they are the same thing.

I mean, maybe researchers and scientists will find some nuanced bucket that isn't SLD. I don't know. But right now, from everything we know, yes, those are pretty much the same thing. And I was really excited to read that paper. It hadn't been called to my attention before, and I'd like to get that out. By the way, I mentioned earlier that one of the things I'm doing at this point in my career is really helping or trying to get current best practice information out to professionals. And so I moderate the SPELLTalk listserv, and you could put a link in your show notes. It's a free listserv.

But I do plan to share that on SPELLTalk and really get some discussion going around that. What do other people think? Because this is going come back to when we talk about what is the impact in the school setting. I think it's having a real impact in the school setting.

Lauren Clouser:

I can't wait to talk about that. And thank you for giving that breakdown. And I really appreciate too that you mentioned that there was a co-occurrence rate, with DLD and dyslexia and how high that is.

Jan Wasowicz:

Extremely. On my private caseload, I would see those who were just in that quadrant of dyslexia and those who were just DLD, but so many of them too.

Lauren Clouser:

So to talk a little bit more about the signs of DLD, what are some signs that parents and teachers can look for if they're concerned that their child might have DLD?

Jan Wasowicz:

Yes. And I will definitely share those. I also want to share some risk factors. So who is at risk for having DLD? If there's a family history of a speech language delay or disorder, then absolutely there's a risk factor there. More males than females will show DLD. Having dyslexia, again, 50% of those with dyslexia have DLD. Parents who might have a very limited education, not that their limited education is contributing to the DLD, but perhaps they have limited education because they themselves had DLD. And, you know, again, it's a hidden disorder.

Up until now, it's rarely identified. And just to give some reality or perspective to that, on average, at least 2 students in every classroom have developmental language disorder. How many professionals or teachers out there can identify those 2 or are aware that they exist? So it's been called a hidden disorder because it can go under the radar, sometimes for a person's entire life. And again, this gets to the awareness building and the proper evaluations and



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assessments to identify it. So those are some of the risk factors. And then some of the signs could be, and this could start as early as preschool, but difficulty following directions, being confused about what's being said to them. Maybe, when they try to explain...I see this all the time.

When they try to explain, whether they're telling a story or just something that happened to them, it's very disorganized. It's not very clear. And some of the ideas are just kind of disjointed. Sometimes, and a lot of times what's happening is parents and teachers and adults, and I'm guilty of this myself as an SLP, we take on the responsibility of the communication. And so if this child is talking and not really making a whole lot of sense, we work really hard to figure out what they're saying. And because of that, the non-SLP is going to not notice that these individuals, these children, are really struggling to express themselves. But I would say when they're telling stories, that's going to be the biggest time. And I don't mean telling a story like a retell necessarily, although that will be impacted, but telling what happened at school that morning or what happened out on the playground.

Remembering, thinking of a word they want to say, so we would call it word finding. That's a very unique symptom, if you will, to DLD. I don't know that to be associated with any other disorder. So those are just some of them. Staying focused, keeping attention on what's being said. They might jump into a conversation prematurely. And that could be for a few different reasons, but all of them under the umbrella of DLD. You might ask a question and they might have a response that's off topic or not making sense or nonresponsive. So those are some of them.

You know, there are more and because of these language difficulties and their language comprehension expression, you may then begin to see behavioral problems because they're frustrated. They can't get their ideas across or they're not understanding, and maybe they're getting in trouble because they didn't understand the directions. So those are some of the symptoms to watch for, or signs, I guess, not symptoms.

Lauren Clouser:

That was great. So DLD is so common and so it makes it really essential for us to have a research-based way to identify DLD. So when a child is referred to a school-based speech language pathologist, what would be a best practice evaluation for DLD?

Jan Wasowicz:

Yeah. And the emphasis on 'would' or maybe 'should' because, unfortunately, in our current day school settings there are a lot of reasons why individuals are not getting the speech language evaluation that they need to get both, to look at the literacy components as well as the language components. And some of this, again, is on our shoulders as the profession of speech language pathology. We are, as a profession, we have a broad scope. We treat swallowing disorders. We



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treat voice disorders. We treat stuttering. We treat a lot.

And so when we're in our clinical training, we can't possibly dig deep into any or all of these areas. So we come away with not as deep of a clinical knowledge base, a clinical skills base as we need. And I was surprised to learn very recently that, I'm going to estimate, it was only about a third of higher ed speech language pathology programs offer any kind of focus in language literacy. So unless you happen to go to one of those higher ed programs, you're not coming out with everything you need to dig deeper. And even in language, you know, you just scratch it. You're just getting the bare bones. So what should it look like? What would I love to see? And what I would do if I were...well, there are other limitations too in terms of time and resources, all of that, so reality.

But, ideally, it would begin with an intake. And, honestly, what I'm going to share here is not different from what many those who are SLP specialists already are doing. But the focus here would be primarily on the language piece. But we start with the intake. What is the concern? What is the family history? What is the school history? What other therapies have been provided? We're looking for risk factors. We're looking for signs. We're looking at all of the history there. And then based on that initial intake, I would be selecting out of my toolkit, my different assessments, I would be selecting the ones that are most appropriate based on what I know so far.

I know some things. I could start to hypothesize what I think is going on here. But my job, of course, is the differential diagnosis, and so I have to dig deeper. So I pull those assessments out, and those are the standardized quantitative assessments. But I also do a lot of qualitative observations, assessments, interviews. Again, it's very much like an SLD assessment. And then once I review all of what I've gathered, I'll be meeting...well, and part of that, in a school setting, ideally, I've collaborated with the other professionals, the non-SLP professionals. So we're not overlapping.

We're not testing the same thing or even giving the same test. That can sometimes happen. And we're not leaving any gaps, we're covering all bases when we do our assessment. So I would be collaborating up front. But once I get my initial findings based on what I just described there, I would review all of that, start to develop hypotheses, differential diagnosis, again, collaborating back with the other professionals because I need to know from psych: what are their working memory issues, etcetera. I need to know are there attention issues? All of that is going to be playing a role in terms of my differential diagnosis. And I may even go back to...I've got more information now. I may go back and either administer another test or 2 or reinterpret some of my findings based on all that. And with all of that, I reach a differential diagnosis, which will allow me to tailor my interventions.

And, again, working as a team, we're all reaching our differential diagnoses together and, ideally



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dividing and treating and treating in each of our areas, but not treating the same thing. And just to go back now to does the SLD diagnosis or label under IDEA...perhaps should the oral expression listening comprehension pieces be removed? I would argue yes, and here's a practical reason. SLPs have more clinical training in those areas regardless where we went to school and whatever the higher ed situation was. We just have more clinical expertise there. And non-SLPs have more clinical expertise in the reading, the writing, the written language components. So if we could just each focus on where we bring our greatest strengths and skills and not be trying to do the same things and maybe working against each other, then we have more efficient use of our time, of our services, and the budget in the school. So that would be a very practical reason for that. So that's what it should look like.

Now does it look like that? No. But that's what I would like. And in private practice, unfortunately, a lot of parents don't get what they need and what they want in the schools. And I was in private practice for decades, and unfortunately, private practice is something for those who have the wherewithal to know about it as well as the financial means, but that's where these kinds of evaluations are being done now. Unfortunately, they should be done in school.

Lauren Clouser:

Thank you for tuning in to the first part of our conversation with Dr. Jan Wasowicz. Be sure to tune in to part 2 to learn more about interventions for developmental language disorder, the importance of early screening for speech and language concerns, and more. Thank you for listening to the LDA Podcast. To learn more about LDA and to get valuable resources and support, visit ldaamerica.org.