



# what criteria for communication disorders?

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# communication disorder

## language impairment

- below expectations on one or more aspects of language
- no non-verbal criteria specified
- functional impairment

## specific language impairment

- core deficits in grammar/morpho-syntax
- 'not accounted for by general cognitive ability'
- functional impairment

## social communication disorder

- core deficit in narrative, expository or conversational discourse
- also mentions figurative language, inferencing
- not accounted for by:
  - general cognitive ability
  - deficits in word knowledge or grammar
  - RRIBs seen in autism
- functional impairment

# communication disorder

## language impairment

- persistent difficulties in acquisition/use of spoken, written or signed language:
  - sounds
  - vocabulary
  - sentences
  - discourse
  - pragmatic language
  - reading, spelling, reading comprehension
  - *individually or in any combination*
- no non-verbal criteria specified (though I believe this is under discussion)
- functional impairment

## social communication disorder

- persistent difficulties in pragmatics or social uses of verbal and non-verbal communication
- core deficit in narrative, expository or conversational discourse
- not accounted for by:
  - general cognitive ability
  - deficits in word knowledge or grammar
  - RRIBs seen in autism
- functional impairment

# some things to note:

- no distinction between expressive and receptive language impairments and no specification of a 'core' deficit (grammar)
  - evidence from Bruce Tomblin's population studies suggests that all components of language 'load' on a single factor
  - in practical terms, rare to see isolated deficits in one aspect of language
  - comprehension should always be carefully assessed

# severity specifiers

- Level 3 (requiring **very** substantial support)
- Level 2 (requiring substantial support)
- Level 1 (requiring support)

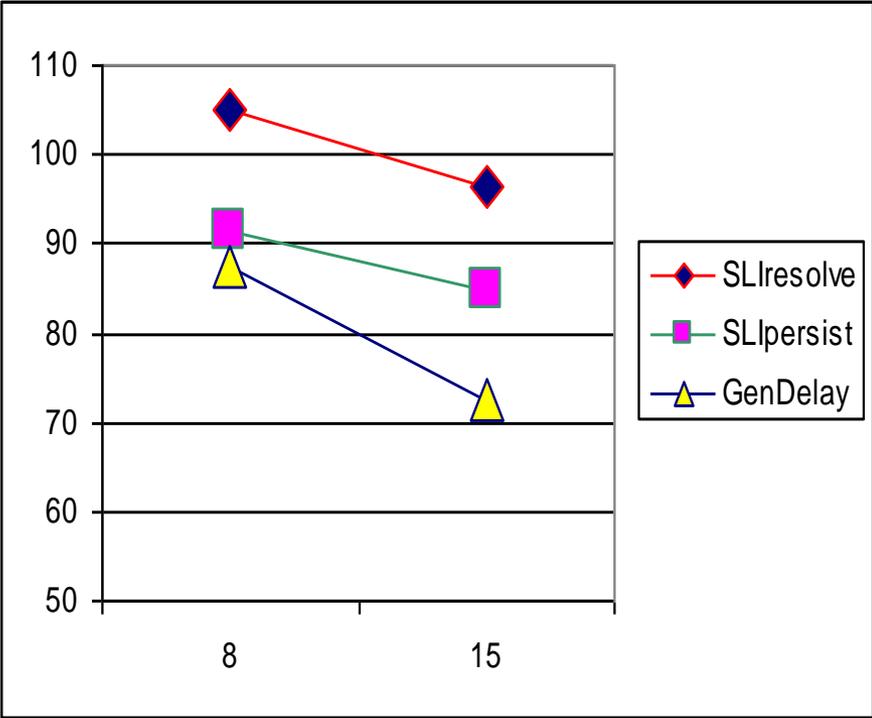
presumably where  
community SLT comes in

presumably where special  
schools /language units  
come in, so worth  
thinking about what you  
offer that to cover 'very'

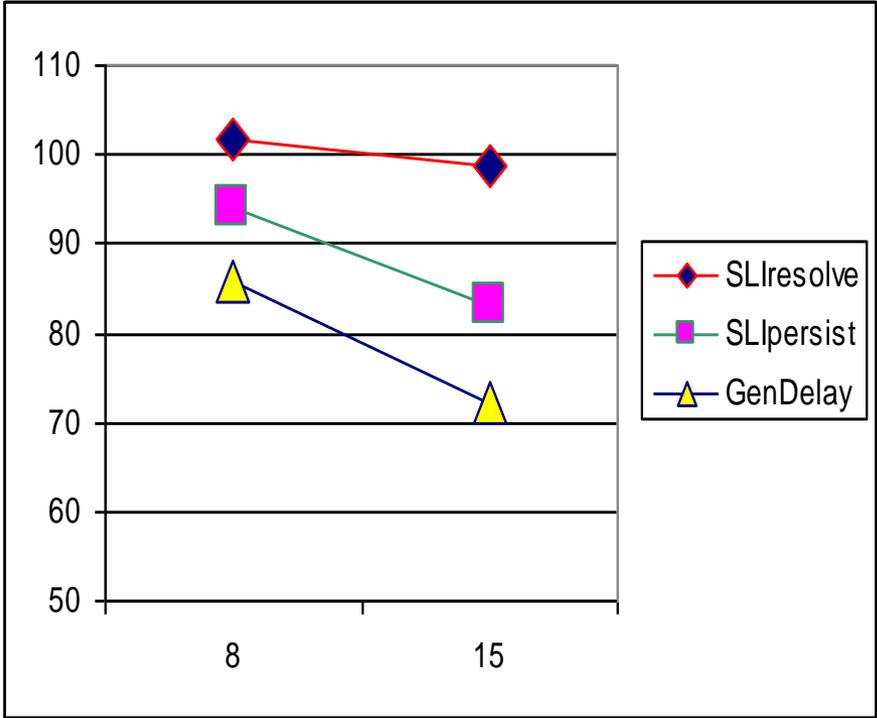
# role of non-verbal /general cognitive ability

- “cannot be explained by low abilities in domain of general cognitive ability”
  - not clear what is meant by ‘low abilities’
    - my view: if IQ is such that child meets criteria for Intellectual Disability (traditionally  $<70$ , or  $-2SD$ ), then that should be primary diagnosis, though one should acknowledge language difficulties in this population too
    - scores 70-85 should not be used as exclusionary criteria
  - massive assumption that ‘low ability’ causes language and/social communication disorder
    - equally probable that low language causes low scores on non-verbal IQ measures (or indeed general cognitive development)
    - neurobiological factors that cause language difficulties also likely to impact general cognitive skills

# Change over time: Non-verbal ability



Block Design



Picture Completion

- new paper from the Manchester Language Study also looked at this:
  - overall, NVIQ profiles are stable
  - a proportion do have declining standard scores over time
    - not loss of skill, but not keeping up with peers
  - lower NVIQ inextricably linked to lower VIQ
- finally, how thorough are assessments of general cognitive ability for children presenting in SLT for primary language impairments?

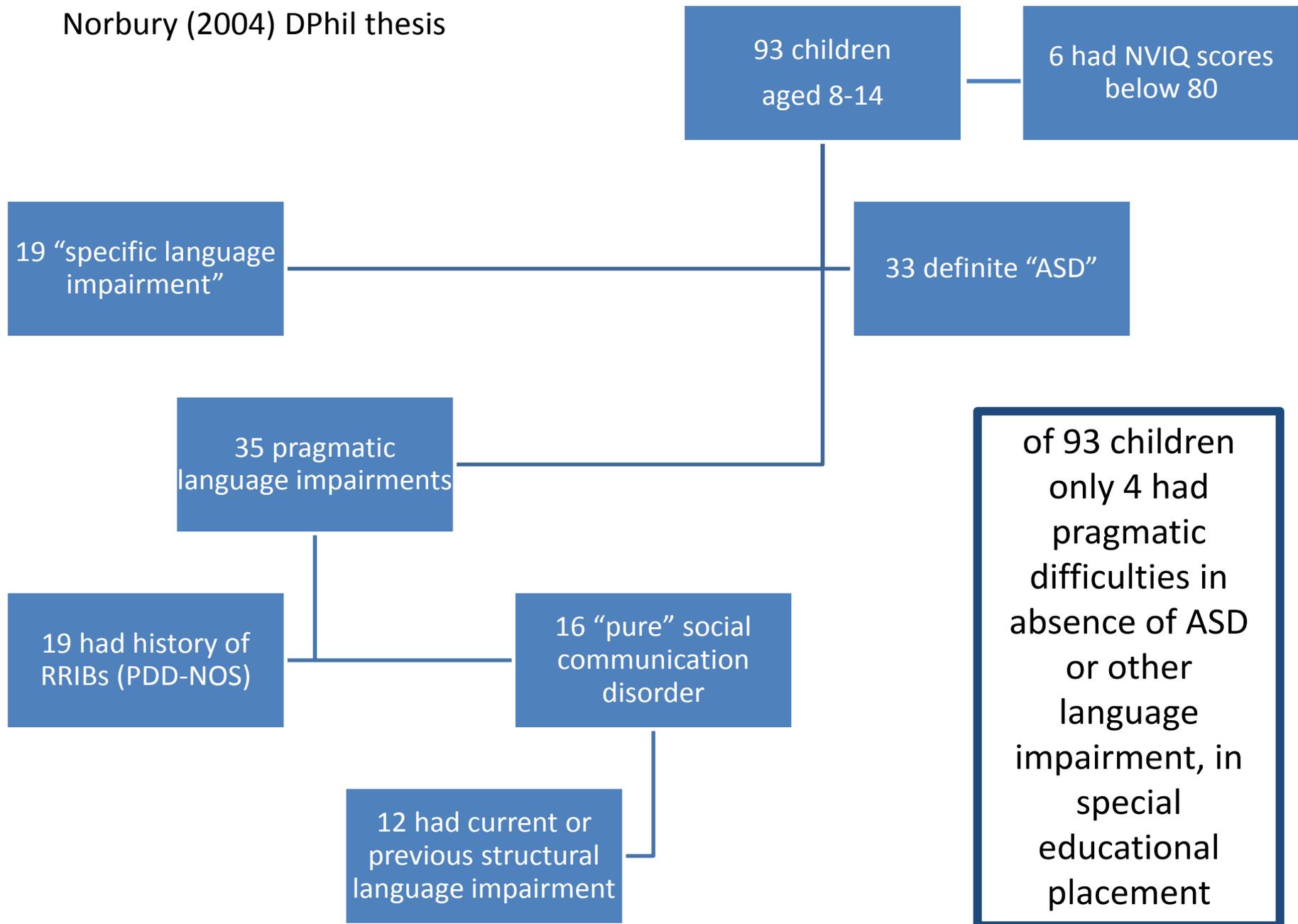
# should literacy be included under language disorders?

- definitely continuities between language and literacy (both in typical and in atypical development)
- SLTs can and should work on foundational oral language skills
- but would a child with primary decoding difficulties (i.e. dyslexic) benefit from this diagnosis? who will be assessing it?

# why I'm sceptical about need for Social Communication Disorder diagnosis

- many children with 'structural' language difficulties (i.e. vocabulary and grammar deficits) have problems with pragmatic aspects of language and social communication
- if pragmatic language and discourse is included *individually or in any combination* under Language Disorders, how will we distinguish between the two disorders?
- we do not currently have gold standard assessments of narrative, expository or conversational discourse with adequate psychometric properties (validity, reliability, diagnostic or prognostic value)
- changing weight of language, social communication and autistic features overtime

# Norbury (2004) DPhil thesis



# solution?

- specify current presentation of language impairment
  - vocabulary
  - grammar and morphology
  - narrative and expository discourse
  - language pragmatics (inferencing, non-literal or ambiguous language)
  - conversation and social communication (including non-verbal communication)

- specify current associated difficulties
  - non-verbal reasoning:
    - no difficulty
    - mild
    - moderate
  - literacy
    - decoding or word recognition difficulties
    - reading comprehension
  - attention and behaviour
    - no difficulty
    - mild
    - moderate /severe (may need assessment for ADHD)

need to work on how we measure  
functional impact of these impairments on  
everyday living