

# WHAT IS DEVELOPMENTAL LANGUAGE DISORDER?

## Description

A language disorder is present when someone has ongoing and persistent difficulties understanding and using language, when compared to same-aged peers. Difficulties impact their everyday life and continue into middle childhood.

**Developmental Language Disorder (DLD)** is a type of language disorder that is **not** associated with another condition, such as: brain injury, Cerebral Palsy (CP), Down Syndrome, hearing impairment, Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD), etc.

## What disorders are related?

DLD may be associated with:

- Difficulty with attention, with or without hyperactivity
- Difficulty with coordinating body, hand or mouth movements
- Difficulty controlling emotions/behavior

## What causes DLD?

DLD is present at birth and there is **no known cause**. Factors that may increase the risk of having DLD are:

- A family member also having language difficulties
- Male (biological sex)
- Language difficulties that are still present at 4-5 years of age
- Disadvantageous social determinants of health (socioeconomic & parental education levels)
- Problems before or after birth

\*Being exposed to multiple languages does **not** cause a language disorder.

## Prevalence of DLD

DLD affects 7.5 % of the general population. It is one of the most common neurodevelopmental disorders, even more prevalent than attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD).

## What are common signs?

DLD may look different in each person.

People with DLD may:

- Not talk as much or use shorter sentences
- Struggle to tell and understand stories
- Struggle to find words or have a limited vocabulary
- Not understand or be able to follow what has been said
- Have difficulties reading and writing

People with DLD will show signs of struggle **in all languages they use**.

## What are the possible impacts of living with DLD?

People with DLD may have the following difficulties:

- Difficulties with social skills (e.g. difficulty making friends, conflict with family members, etc.)
- Learning in school: 4 to 5 times more likely to develop reading difficulties in school, reading is at the heart of school learning
- Difficulty with self esteem

## Do symptoms change over time?

DLD is a life-long condition but with the right support, it is possible to minimize its impact.

## How do you know if it's DLD?

If there are concerns about a child's language development, the child's educator/teacher can be a good resource to find out how they are participating in their group.

One of the first steps in the assessment process is to ensure that the client is hearing all speech sounds. If a hearing screening hasn't been done recently, please ask for guidance at the clinic.

To know if DLD is present, an assessment by a **speech-language pathologist (S-LP)** is necessary.

\*Assessing children who are exposed to multiple languages requires additional care. It is important to find an S-LP who takes into consideration Cree language, values and culture.

Early intervention is important. Support may be possible before an assessment is available. For case management, education and strategies; local health professionals may refer the client to social services, community resources, and available rehabilitation services with a special needs educator (SNE).

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## Which interventions lead to progress?

Goals and strategies for intervention are identified based on results of the S-LP assessment and in close collaboration with parents/caregiver, daycare/school and clinic. This collaboration is important for understanding family priorities & intervention goals and to ensure the same approach is used in all settings.

These strategies may be carried out:

- In therapy sessions with the S-LP, in person or via telehealth, individually or in a group.
- With the caregiver, parent and/or assigned local staff (i.e. Special needs Educator/CHR).

## What can be done to help now?

- The more language that is heard, the more language can be learned. Exposure is key!
- Invite everyone around the person to tell stories, sing songs and read books.
- Talk with the person without expecting a response. Give a 'play by play' with your words by describing what you see and do (e.g. "I'm cutting the carrot to put in the stew").
- Follow the interest of the person and say something.
- Foster learning through hands-on experiences.

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## Where can clients and caregivers get more information?

Talk with your doctor about concerns you may have about your child, family member or yourself.  
(click on the links)

- [DLD with children \(information video\)](#)
- [DLD with teenagers \(information video\)](#)
- [Association Québécoise des Orthophonistes et Audiologistes \(AQOA\)](#)
- [Ordre des Orthophonistes et Audiologistes du Québec \(OOAQ\)](#)

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- This fact sheet is based on the medical model. It is for general information only and does not replace professional medical advice. If provided to clients and their family, it must be reviewed with them to ensure understanding and address any questions or concerns.
  - Information provided on this fact sheet is based on what we know about learning **english**.
  - Please keep in mind that a disability is only one part of a person. Identifying and fostering their strengths will be critical for supporting the person to reach their goals.
  - For more information and/or support, please visit your local clinic/Community Miyupimaatisiun Centre (CMC) and ask to be connected with a case manager.