Tangled terminology: what’s in a name?

Ann Clark and colleagues from the SLI in Scotland SIG Committee look at the use of terminology to describe the needs of children they support

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The Specific Language Impairment Specific Interest Group (SIG) in Scotland has 260 members and plays a key role in raising awareness of children who have difficulties in learning language in the absence of an identifiable cause. One of the key challenges facing the SIG and the profession is in putting a label on the difficulties such children experience. Discussions at previous SIGs, at the 2013 National Association of Professionals Concerned with Language Impairment in Children (NAPLIC) conference and in this Bulletin series (Norbury, 2013; Ebbels, 2013) suggest this is a key area for us to decide as a profession.

Survey of members
We asked our members about the terminology they use to describe the needs of children they support. We received 108 responses (96 SLTs, three specialist SLTs, two SLT support workers, three additional support for learning (ASL) teachers, one ASL assistant, two head teachers and a parent). Responses came from 11 out of the 14 health boards in Scotland.

Specific language impairment is the most commonly used term. However, respondents used as many as 10 other terms, and nearly half reported they use the term ‘language disorder’ (table one). This is notable given that ‘language disorder’ is the preferred term in the latest revision of the Diagnostic and Statistical Manual of Mental Disorders, DSM-V (American Psychiatric Association, 2013).

The reported use of SLI aligns with recent and historical research literature, for example, a longitudinal series of cohort studies (Conti-Ramsden et al, 2012) and research into grammatical deficits (Rice and Blossom, 2013). However, Conti-Ramsden et al’s findings offer a further challenge. For one-third of the children in their cohort study, the growth of non-verbal skills slowed as they got older. Hence,
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Table one: Terminology used by SIG members

<table>
<thead>
<tr>
<th>Terminology used</th>
<th>% (number) using this terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Language Impairment (SLI)</td>
<td>85% (88)</td>
</tr>
<tr>
<td>Significant Language Impairment (SLI)</td>
<td>5% (5)</td>
</tr>
<tr>
<td>Specific Language Disorder</td>
<td>20% (21)</td>
</tr>
<tr>
<td>Specific Speech and Language Impairment (SSLI)</td>
<td>6% (6)</td>
</tr>
<tr>
<td>Primary Language Impairment (PLI)</td>
<td>11% (11)</td>
</tr>
<tr>
<td>Language Disorder</td>
<td>45% (47)</td>
</tr>
<tr>
<td>Language Delay</td>
<td>27% (28)</td>
</tr>
<tr>
<td>Other: language impairment, expressive language disorder/ delay/difficulty</td>
<td>7% (7)</td>
</tr>
</tbody>
</table>

for that group of children, their ‘SLI’ was not specific. So how relevant is the word ‘specific’ in SLI?

Context of use

In our survey, SLTs also commented on when they used ‘SLI’. Comments included, “I only use SLI with SLT colleagues. With colleagues in education and with parents, I would use more descriptive terminology, probably along the lines of ‘difficulties with language’”. Another commented, “In the SLI team we speak about children having an SLI profile but in correspondence and reports etc I tend not to use that term as I feel I have insufficient information from other agencies on their non-verbal skills, and I speak about a child having a language disorder”.

The survey, therefore, highlights a range of different terms, used in different ways and in different professional contexts. This relates to historical use, the usefulness of SLI as a descriptive term and the ability of SLTs to confirm the diagnosis via consideration of non-verbal skills assessments or inclusionary criteria.

Professional debate required

Ebbels (2013) reminds us of importance of use of accurate terminology in our practice. With emerging data from practice and research, we are moving towards an opportunity to pin down a more transparent term. ‘Language disorder’ is one contender; however, we need an informed professional debate about others.

Whichever term we opt for, a more universal approach in practice and the education of future SLTs would help us communicate with families and other agencies. Specific language impairment has a low public profile compared with autism spectrum disorder (Bishop, 2010). Having a clearer and more universal term would increase our ability to raise the educational and political profile of children experiencing language difficulties in the absence of an identifiable cause and help to bring them in from the cold.

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References & resources


Bishop D. The common childhood disorders that have been left out in the cold. 2010. The Guardian. Notes and Theories. http://tinyurl.com/33rh2cj


Norbury C. Where are the boundaries? RCSLT Bulletin April 2013; 73, 12-14.
