Disciplinary crossroads in identifying developmental language disorder (DLD) in Canada

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Introduction----------------------

- CATALISE consensus terminology (Bishop et al., 2016, 2017) sparked efforts to change practice in identifying childhood language disorders
- Knowledge translation (KT) is often challenging:
  - practice change can potentially have an impact on collaborative teams
- Factors impacting KT
  - context
  - co-workers
  - organizational context

Research questions:
1. What are the views, perspectives, and current practices of educational SLPs and psychologists on the diagnosis of childhood language disorders?
2. What are the barriers and facilitators to collaboration, and how could the system be improved for the benefit of SLPs, psychologists, and service users?

Methods--------------------------
The study employed a qualitative, grounded theory framework to identify current cross disciplinary practices of SLPs and psychologists in Canada.

Semi-structured focus groups (n=13)
- Alberta
- British Columbia
- Manitoba
- Ontario (French and English)
- Québec (French and English)

One-on-one interview (n=1)
- New Brunswick

References:
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Findings & Discussion--

- **Regional differences significantly impact the social/structural barriers/facilitators to collaboration**
  - In Ontario: psychologists provide diagnoses; SLPs provide assessments because they have been taught that diagnosing is not within their scope of practice
    - Some psychologists said that language disorders were within their scope of practice, but they would not make the designation without consultation with an SLP in recognition of their expertise
  - In Alberta, British Columbia, and Québec, codes determine the amount students who require additional support receive in their educational programs from the provincial Ministry of Education
    - Participants reported that language disorders < other learning disability code in terms of support
- **There are terms and identification challenges**
  - language-based learning disability   • exceptionality   • DLD   • impairment   • language delay
- **Participants expressed a willingness for increased cross-disciplinary collaboration between psychologists and SLPs**
  - Structural and social barriers and facilitators emerged that impacted their collaboration
- **Language disorders seen as part of a learning disability**

Barriers to collaboration	Facilitators to collaboration
Structural barriers • Regional school board policies • Diagnoses tied to provincial funding (i.e., code system) • High likelihood of sequential SLP and psychologist assessments • CATALISE terminology different from provincial terminology • Staffing levels	**Structural facilitators** • Joint school-based team meetings • Desire for joint screenings of children beginning in kindergarten and continuing in later grades • Joint assessments, diagnoses, and report writing • Sharing of physical spaces
Social barriers • Conflicting criteria about identifying DLD (e.g., DSM-5, CATALISE) • Diagnoses from psychologists valued differently than diagnoses from SLPs • Uncertainty about DLD terminology • Difficulty communicating DLD diagnosis to other collaborators (e.g., teachers, parents, school administrators, outside agencies)	**Social facilitators** • Adopting CATALISE consensus terminology • Acknowledging the value of collaborators' expertise and their scope of practice • Recognizing commonalities across CATALISE and DSM-5 language disorder criteria
Comments by SLPs on collaboration with psychologists	**Comments by psychologists on collaboration with SLPs**
• "I think this is one of the first times in this district where I've started to have more collaborative conversations across our disciplines. In this particular district, SLPs haven't been that involved in school-based teams; I'm really happy to start opening up discussions across disciplines and collaborate with my colleagues" (BC) • "I'm thinking of our involvement as speech language pathologists and psychologists, often we're involved as speech pathologist in those early years. And I'm just thinking of DLD, and the [trajectory] of these kids, and [how] the impact of the language disorder looks different over time. So…we're involved early on, we give supports, but then, later on, the great impact in terms of academic skills…that's when psychology might become more involved" (ON) • "[My psychologist colleague] and I were talking about even though we've done these joint assessments for years together—and we feel pretty good about doing it that way and we write them together—we recognize that we really are still two clinical silos taking our information and putting them together versus truly infusing some of the subtests so that we're both commenting on them" (MB)	• "I couldn't do it [my current practice] without the speech pathologists" (AB) • "I think that when we're looking at something like a more confirmed language disorder, I think you need the SLP and the psych report. You need to see all of those pieces put together and you really get a good picture of a child's learning…I really like to see that confirmation, because if one of the SLPs I'm working with has already done an assessment…I'll expand maybe some additional assessment and we can really get a good picture of overall functioning" (BC) • "My reports always include what the SLPs—all their reports and stuff. I always summarize them because I'm using that to help understand where I come in, because it would be very unlikely that I would end up talking about a language-based learning disability without a history of SLP involvement and assessment, it just wouldn't happen…I like to start with their work and what they do before I jump in" (ON)