IDENTIFYING DEMOGRAPHIC & LANGUAGE PROFILES OF CHILDREN WITH A PRIMARY DIAGNOSIS OF AD(H)D

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INTRODUCTION
Children with attention deficit (hyperactivity) disorder (AD(H)D) have been found to present with atypical language profiles and pragmatic language deficits (e.g. Markley, 2008, In-ditch & Cohen, 2007).

Additionally, speech, language and communication profiles have been inconclusive, in discriminate profiles of children with RLD, ASD and AD(H)D, with some studies reporting mixed findings (Teale et al., 2000; Guertin & Entwistle, 2010; Redmond Thompson, & Gailard, 2015).

Language testing has been an integral part of these investigations. However, because of the variability and complexity of language profiles in AD(H)D, there has been a call to revisit the prevalence of co-occurring language impairments in this population (Redmond et al., 2017).

Detailed language assessment is necessary to elucidate, at least in part, the nature of language impairment in AD(H)D and possibly as associated with AD(H)D subtypes.

AIMS
1. To explore the language profiles of 36 school age children (9-12 yrs) with AD(H)D attending CAMHS as assessed on a battery of standardised tests.
2. To explore relationships between and across language areas (e.g. receptive and expressive language, vocabulary and reading skills).
3. To discern whether children’s language performance on testing bears any relationship to their subtype of AD(H)D.

METHOD
Setting: Child and Adolescent Mental Health Service (CAMHS)
Study Context: Part of a larger ongoing research project
Participants
• 36 children aged between 9 and 12 years (mean age 10yrs 10m)
• all had a primary diagnosis of AD(H)D; many had secondary diagnoses
• RLT assessment over 3 x 1 hour assessment sessions
• each child seen individually
• SLT student and SLT supervisor present
• Note: Children were deemed to have a Language Impairment on testing as per the authors’ guidelines in CELF 3 and CELF 4 i.e. Standard Score of 85 or below on testing.

LANGUAGE AREA ASSESSED

TEST USED

Receptive & Expressive Language
Clinical Evaluation of Language Fundamentals–4 (CELF-4)(Nunn, Semel, Wiig & Secord, 2003) and CELF-3 (Semel, Wiig & Secord, 1993)

Receptive Vocabulary

Reading comprehension & accuracy
British Picture Vocabulary Scale (B.P.V.S) (Semel, Wiig & Secord, 1993)

Communication
Children’s Communication Checklist (Bishop, 2003)

*Other e.g. Discourse
Discussion Analysis

FINDINGS

A. Group demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
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2. AD(H)D Subtypes

3. Cognitive Functioning

60% (23) of the children had a cognitive assessment and 6 of those (24%) were found to be functioning at the borderline level or below.

4. Secondary Diagnoses (%)

5. Medication

On medication for AD(H)D

On medication on day of testing

6. What percentage (%1) have LI on CELF?

7. What percentage showed receptive vocabulary impairment in the BPVS?

8. What percentage showed reading difficulties on the NARA?

9. What percentage showing receptive language impairment (RLI) on the CELF also showed impairment on (a) the BPVS and (b) on the NARA?

(a) RLI and impairment on BPVS?

(b) RLI and impairment on the NARA?

SUMMARY

Likeliness to have co-occurring language impairments in children with AD(H)D, not subtype specific profiles at this preliminary stage of analysis.

However, receptive expressive language and reading difficulties warrant careful assessment and further analysis in the future.

Both effects of co-morbidity and medication levels need to be taken into account when interpreting language profiles and performance, respectively.

More in-depth analysis of language test results may reveal more informative and unequivocal findings in discriminating and predicting language performance among this complex clinical population.

CONCLUSIONS

References


