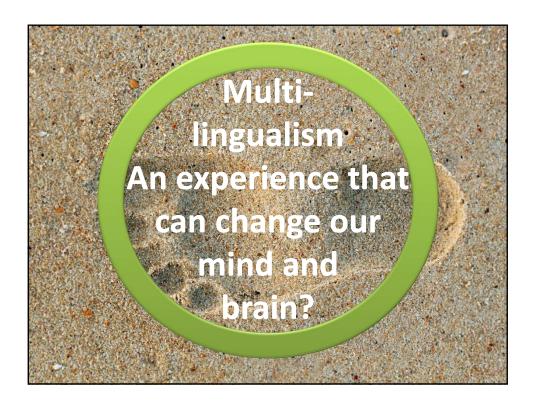


The remaining hemisphere compensated for the missing one

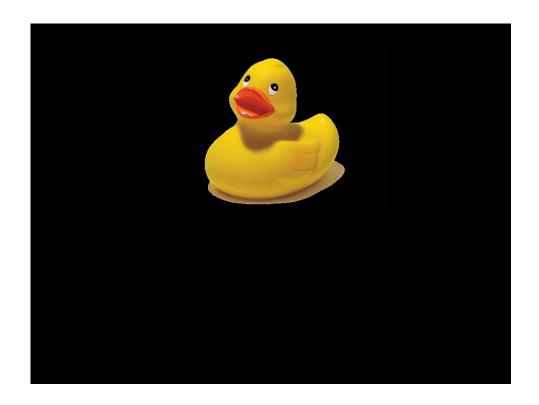


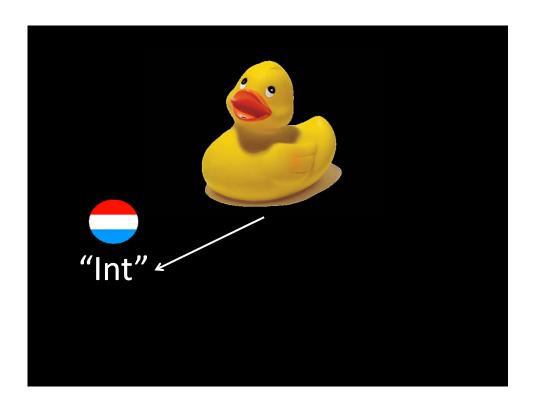
"Despite lacking one hemisphere, the girl has normal psychological function and is perfectly capable of living a normal and fulfilling life. She is witty, charming and intelligent."

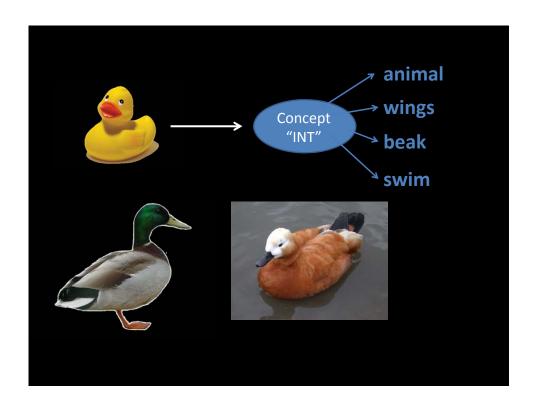
Experiences can restructure our mind and brain

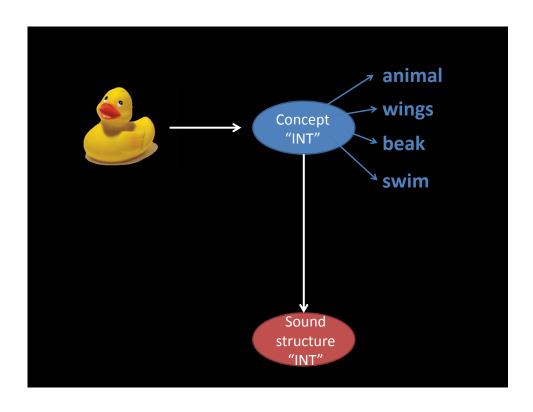


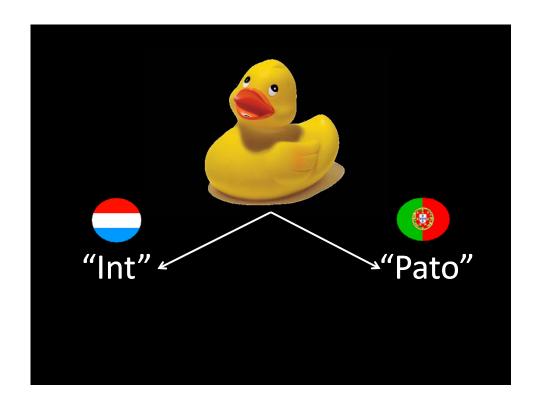


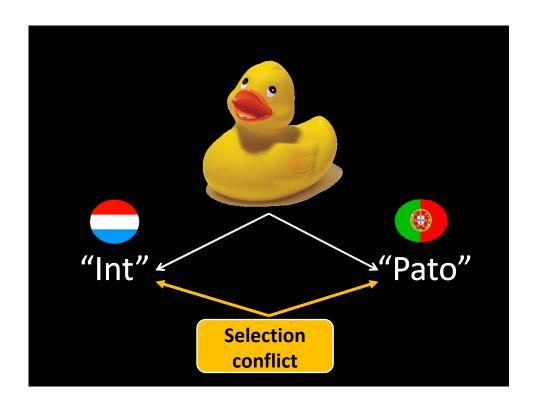


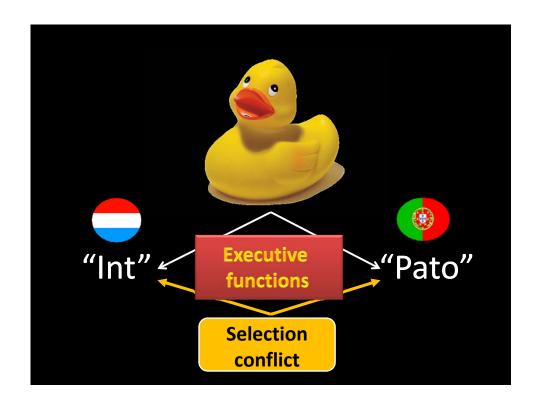


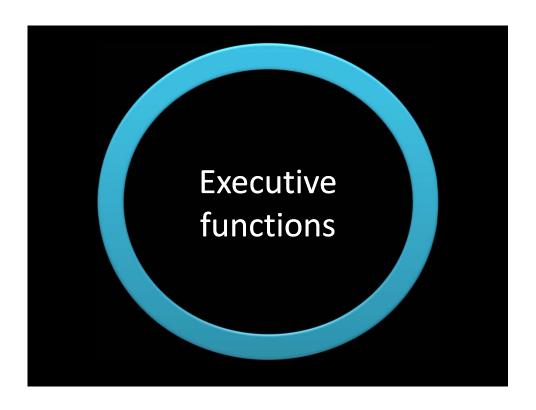




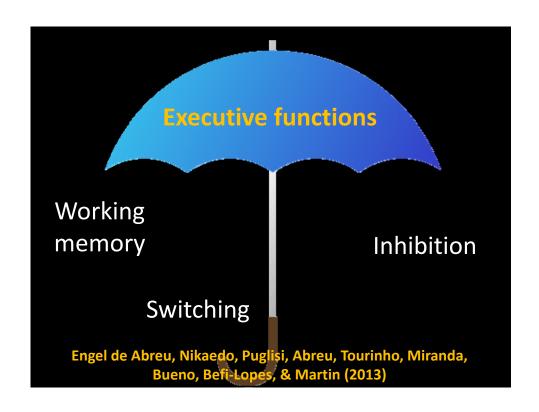






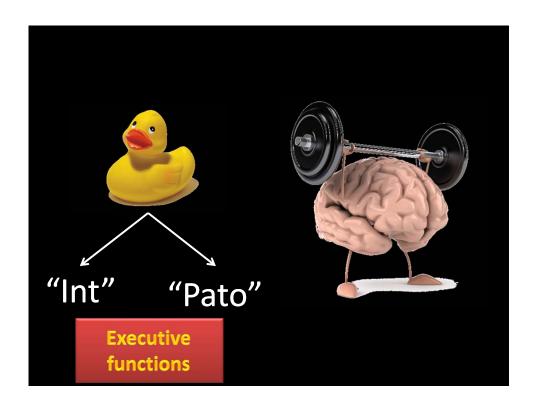




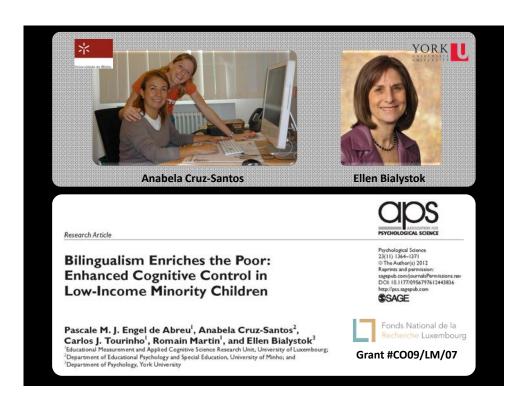


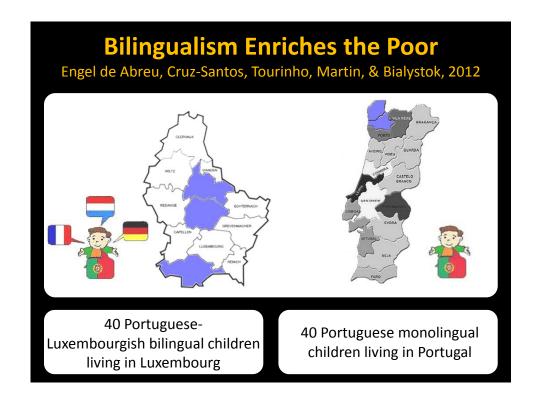


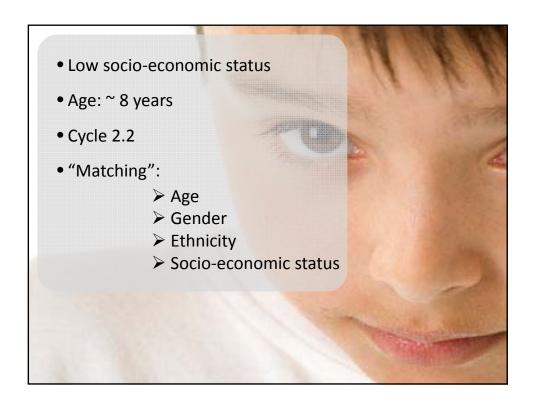


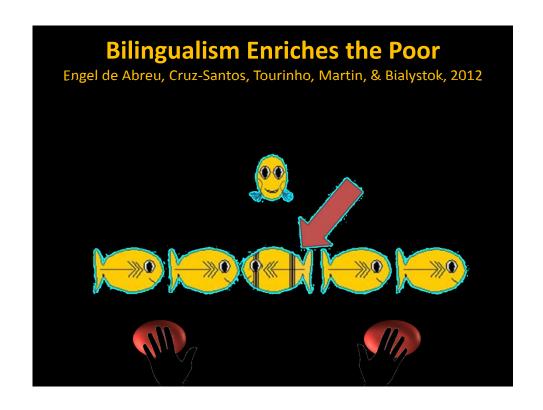






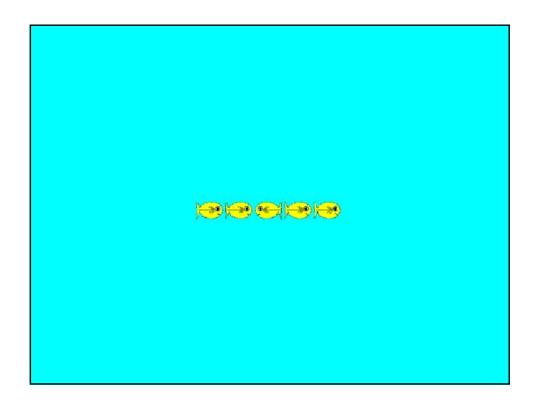


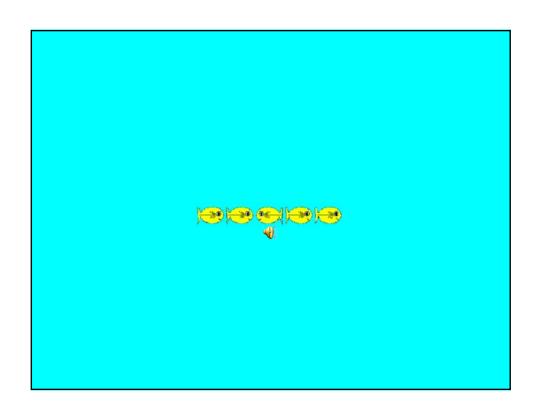


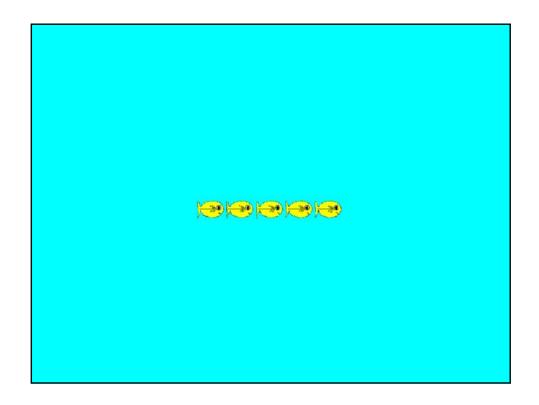


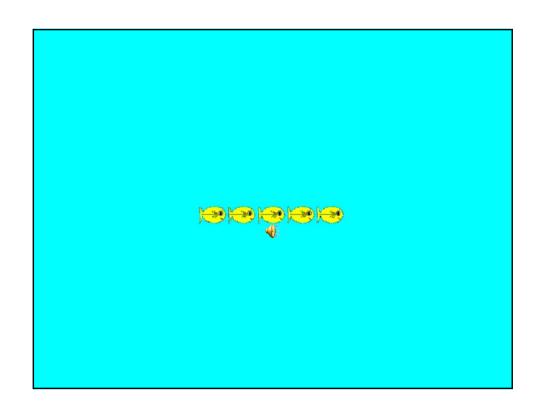






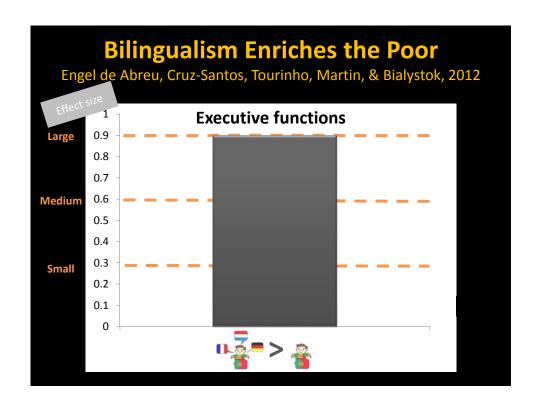


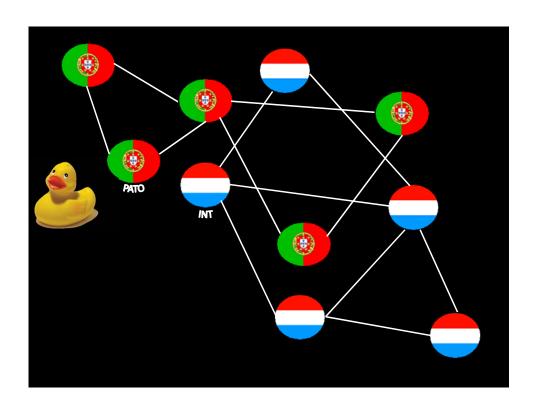


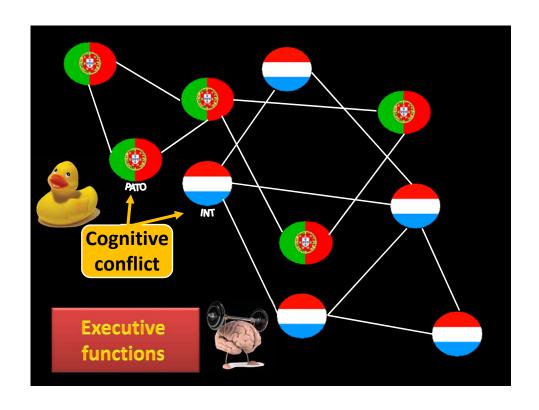


# Bilingualism Enriches the Poor Engel de Abreu, Cruz-Santos, Tourinho, Martin, & Bialystok, 2012

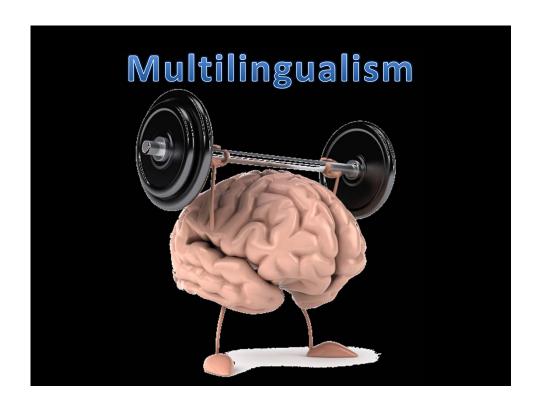






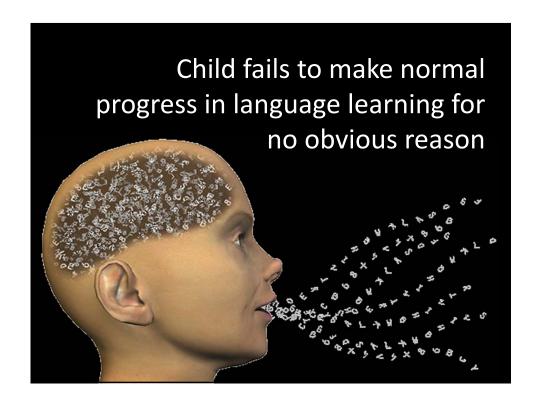


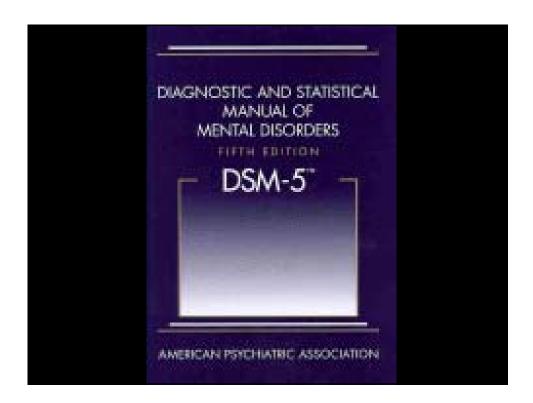












### Language disorder in DSM 5

### **Diagnostic Criteria**

- Persistent difficulties in the acquisition and use of language across modalities (i.e., spoken, written, sign language or other) due to deficits in comprehension or production that include:

  - Reduced vocabulary (word knowledge and use)
     Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology)
  - ❖ Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation)
- Language abilities are substantially and quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement, or occupational performance, individually or in any combination.
- Symptom onset in early developmental period.
- Difficulties are not better explained by intellectual disability (intellectual development disorder), global developmental delay, hearing or other sensory impairment, motor dysfunction, or another mental disorder or medical condition.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright © 2013). American Psychiatric Association. All rights reserved

## In practice, however.... Simple characterisation is deceptive

Deciding who should or should not be regarded as having SLI can be extremely difficult



### Major problems

- Discrepancy between IQ and language level
- ➤ Heterogeneity of SLI
- Comorbidity with and differentiation from other developmental disorders

### Major problems

- Discrepancy between IQ and language level
- ➤ Heterogeneity of SLI
- Comorbidity with and differentiation from other developmental disorders

### Discrepancy between IQ and language level

SLI diagnose: traditionally – discrepancy between language and nonverbal IQ

Language standard score – 78 (1.5 SD below mean) Nonverbal IQ standard score – 85 (1 SD below mean)

Bishop (1994): one twin with SLI other twin with similar language profile but no discrepancy criterion

Language impaired children benefit as much from language therapy as low IQ language impaired children

### Look if you find evidence for SLI.

There is a huge magnetic machine. It took a picture inside the brain. You could talk but not move your head because that would ruin the whole thing and they would have to start all over again. After it's all done they show you your brain on a computer and they see how large it is. And the machine on the other side of the room takes pictures from the computer. They can take pictures instantly. Ohm and it was very exciting.

### Look if you find evidence for SLI.

There is a huge magnetic machine. It took a picture inside the brain. You could talk but not move your head because that would ruin the whole thing and they would have to start all over again. After it's all done they show you your brain on a computer and they see how large it is. And the machine on the other side of the room takes pictures from the computer. They can take pictures instantly. Ohm and it was very exciting.

17 year old woman with an IQ of 50

(Bellugi, Marks, Bihrle, & Sabo, 1988)

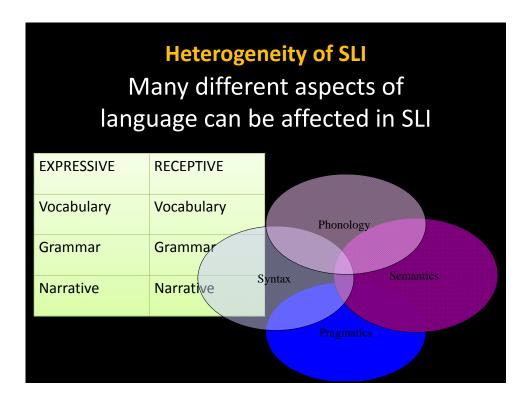
### Discrepancy between IQ and language level

SLI diagnose: traditionally – discrepancy between language and nonverbal IQ

- No discrepancy criterion but nonverbal IQ within normal limits (often above 80)
- Nonverbal IQ is irrelevant: focus on the language profile

### Major problems

- ➤ Discrepancy between IQ and language level
- **≻**Heterogeneity of SLI
- Comorbidity with and differentiation from other developmental disorders



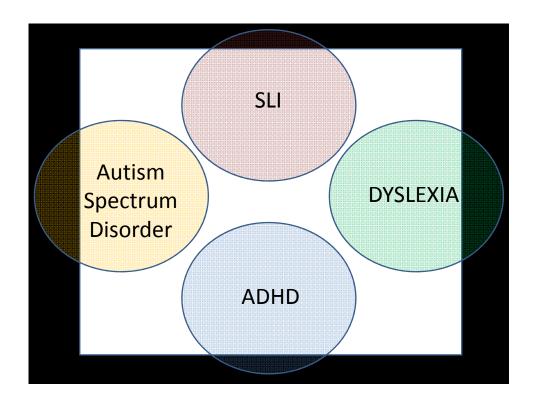
### Major problems

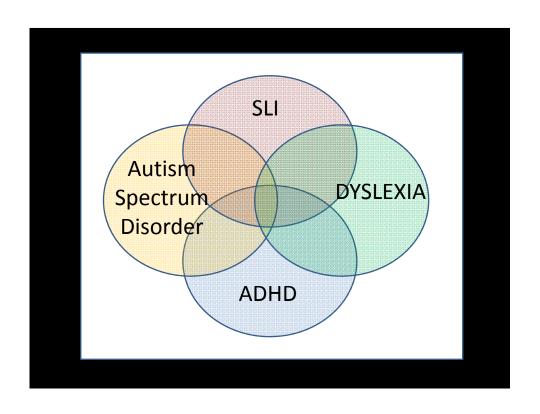
- ➤ Discrepancy between IQ and language level
- ➤ Heterogeneity of SLI
- Comorbidity with and differentiation from other developmental disorders

Children with SLI have high rates
of ADD (Beitchman, Brownlie & Wilson, 1996),
developmental co-ordination
disorder (Powell & Bishop, 1992),
literacy problems (Bishop & Adams, 1990), and
impairment of social interaction
(Brinton, Fujiki, 1993)

## Comorbidity is the rule – not the exception!

(Gilger & Kaplan, 2001)





### Same child – different diagnosis

- Educational psychologist Dyslexia
- Speech and language therapist SLI
- Psychiatrist Autism Spectrum Disorder
- Pediatrician ADHD





### **Comorbidity**

Poses challenges for how we categorize disorders and think about their causes.



### **Neurodevelopmental disorders**

Disorders where abnormal neurodevelopment is inferred: actual cause in unknown e.g. developmental dyslexia, autistic spectrum disorder, SLI, developmental dyscalculia



### **Types of Theory**

- Linguistic theories (deficits in "innate" linguistic rules)
  - Gopnik & Crago's feature blind hypothesis
  - Rice & Wexler extended optional infinitive (EOI)
- Cognitive theories
  - Tallal's rapid auditory processing hypothesis
  - Gathercole and Baddeley's phonological memory hypothesis
- Hybrid theories
  - Leonard's phonetic substance hypothesis

### **Types of Theory**

- Linguistic theories (deficits in "innate" linguistic rules)
  - Gopnik & Crago's feature blind hypothesis
  - Rice & Wexler extended optional infinitive (EOI)
- Cognitive theories
  - Tallal's rapid auditory processing hypothesis
  - Gathercole and Baddeley's phonological memory hypothesis
- Hybrid theories
  - Leonard's phonetic substance hypothesis

### Engel de Abreu, Cruz-Santos & Puglisi, 2014

International Journal of Language and Communication Disorders

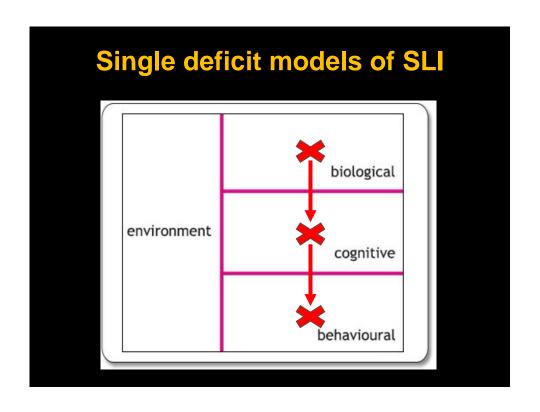


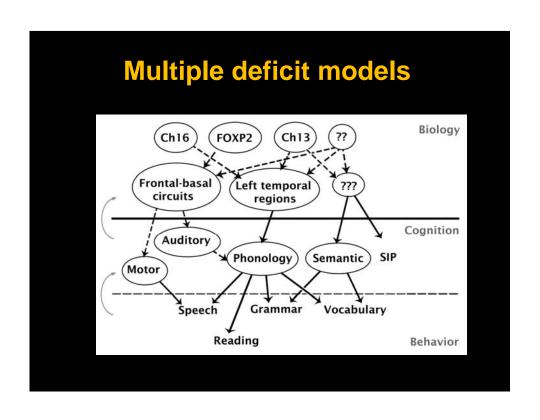


Verbal working memory

Bi-SLI < TD-Monolingual = TD-Bilingual

Specific verbal working memory limitations in SLI constrain the processing and storage of speech material which negatively impacts language learning

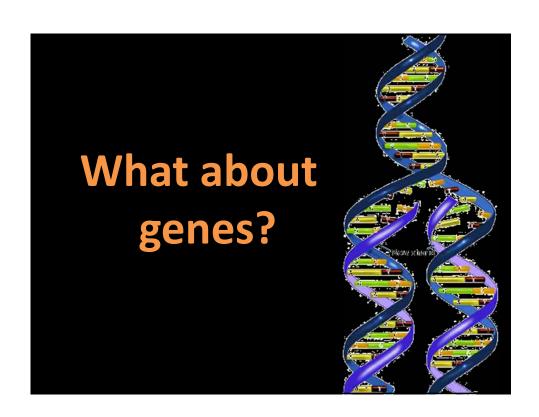




#### **Multiple deficit models**

No single etiological factor is sufficient for a complex disorder like SLI

Instead etiology involves the interaction of multiple risk and protective factors



### **Genetic influences on Specific Language Impairment**

SLI runs in families

Rates of language learning difficulties are higher in relatives of those with SLI, compared with controls of similar background

#### **Twin studies**

Monozygotic twins (MZ):
"identical twins"

Same DNA sequence,
genetically identical

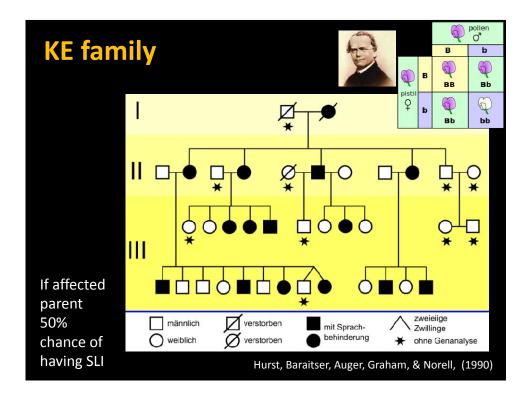




Dyzygotic twins (DZ): "non-identical twin" ~ 50% identical genes

#### **Twin studies**

SLI diagnose in co-twin more likely if MZ than if DZ twins (Bishop, North, & Donlan, 1995)



# A gene for language? FOXP2?

#### FOXP2

FOXP2 gene – located on chromosome 7 clear-cut genetic mutation to explain all language disorders?

DNA change in KE family is very unusual

FOXP2 mutation – rare in individuals with language impairments

### Genetic influences on Specific Language Impairment (SLI)

Language impairments behave like "complex" multifactorial disorders

Can run in families but not according to simple Mendelian genetics!

Genes do not act in isolation in a predetermined way

Complex human traits are influenced by numerous genes that interact with one another, and with the environment, to produce a specific phenotype!

Genes might determine if it is likely to have problems but do not say anything about how **specific** the problems will be or how likely they are to **resolve** 



SLI is just as likely in a multilingual child as in a monolingual child

Multilingualism does not make it more likely to have SLI

Multilingualism does not cause SLI!

## Signs of SLI are the same as in a monolingual child

- difficulties in learning new words
  - understanding sentences
    - explaining things

Difficulties will be present in all the languages

Important to get a clear picture of the language development in the first/home language

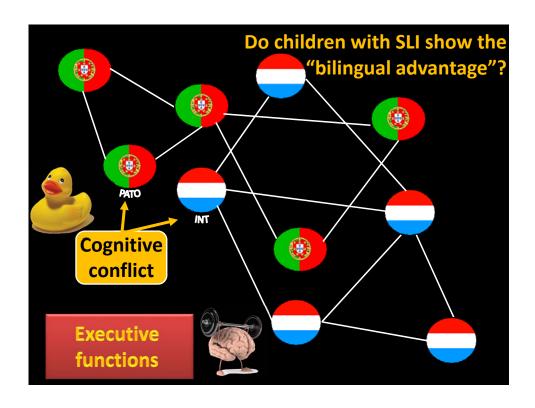
Just being behind in vocabulary is not an indication of SLI

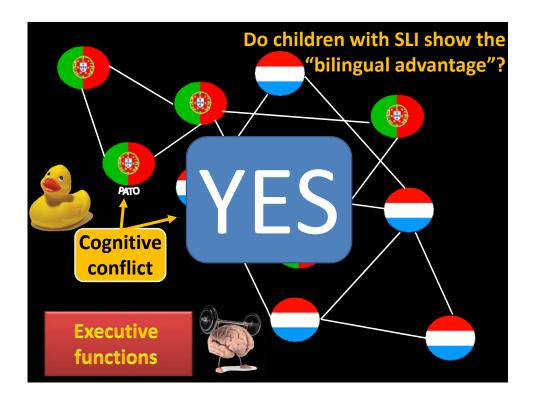
If children manage to learn new words and react to appropriate intervention there might not be a need for concern

Lack of code switching can be a concern

Children with SLI sometimes have difficulties linking the meanings and labels for words in one language with the label in the other language





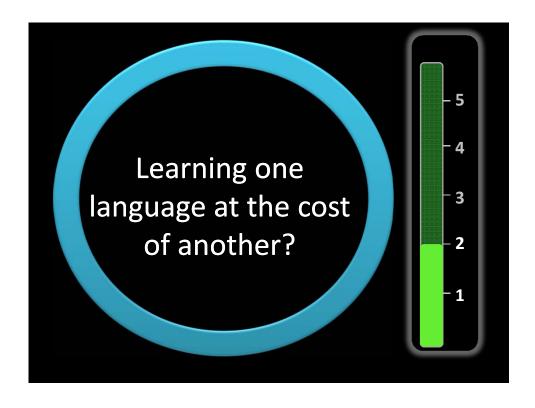


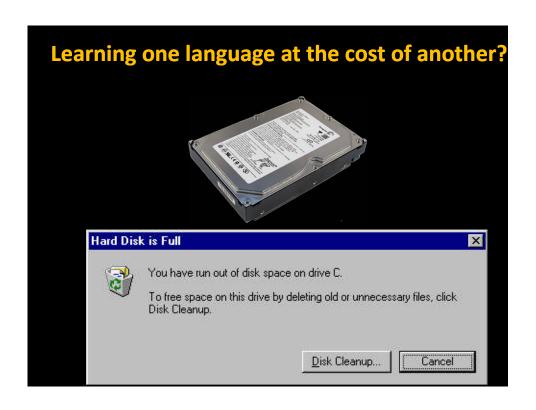


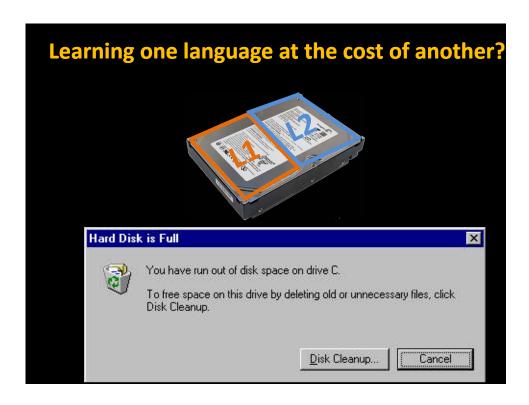


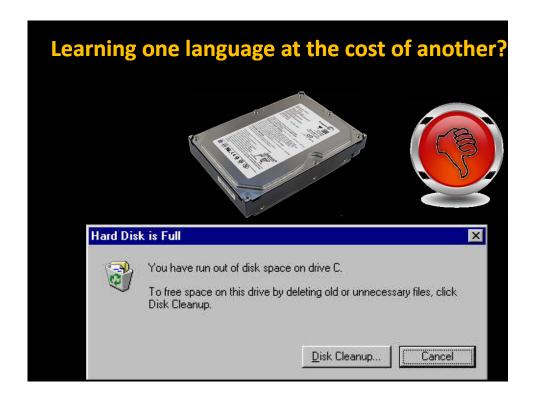


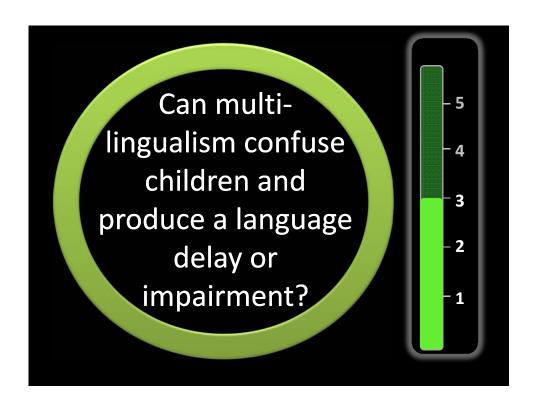






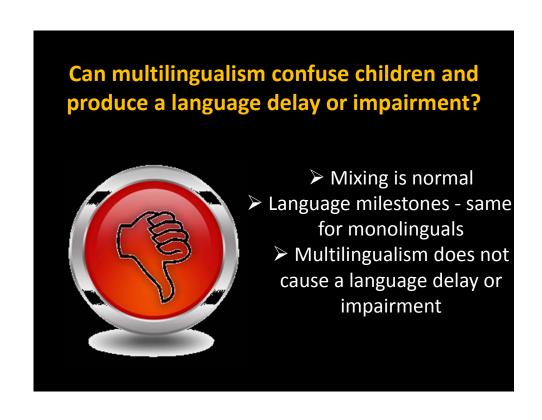










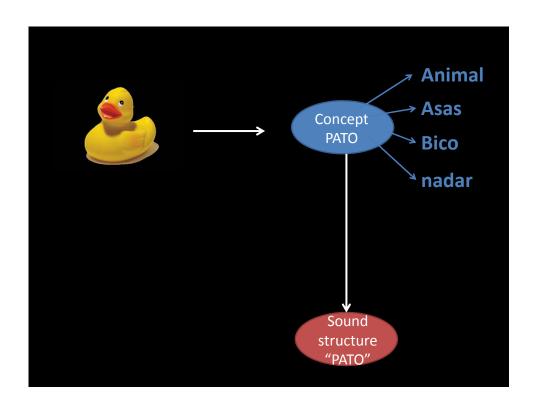


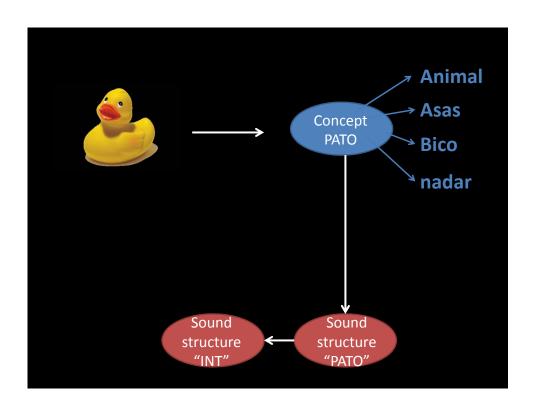


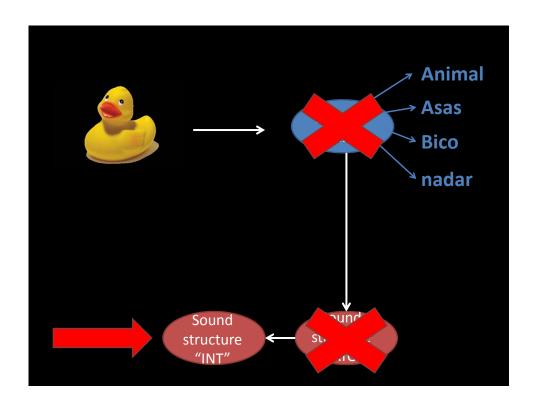


















### My child should become a fluent multilingual What should I pay attention to?

- > Sufficient input through **human interaction** 
  - high quality language
  - > create a **real need** to use the language



### My child should become a fluent multilingual What should I pay attention to?

- > Sufficient input through **human interaction** 
  - high quality language
  - reate a **real need** to use the language
    - naturalistic context







