The differential diagnosis between cognitive and language disorder: Is it IQ or language?

Complimentary Webinar, 23 November 2016 FAQs

1. **Is it possible to diagnose an Intellectual Disability and language disorder together?**

and

2. **Is there a cut-off of the WISC-5 NVI that you would not diagnose a language disorder?**

Yes, if there is a significant discrepancy between the cognitive and language scores and the student’s communication needs are not being met.

If assessment results indicate substantially lower scores on measures of language development compared to scores on NONVERBAL measures of intelligence, and the nonverbal measure of intelligence is below 70 with a similar level of adaptive behaviour, both diagnoses could be considered. In the DSM-5 it does state, however, that the language difficulties should not be better explained by intellectual disability (intellectual developmental disorder) or global developmental delay, so the level of language difficulties observed would need to be substantially below the level of cognitive ability – i.e., so low it is unexpected in spite of intellectual disability.

3. **What is different in DSM-5 for SLD?**

and

4. **How can WIAT-III be used for SLD diagnosis?**

To be diagnosed with Specific Learning Disorder (SLD) a student will typically have difficulties in at least one of the following areas, and the difficulties will have been documented as continuing for at least six months despite targeted help. The WIAT-III A&NZ can assist in assessing all of the areas listed below:

a. Difficulty reading
b. Difficulty understanding the meaning of what is read
c. Difficulty with spelling
d. Difficulty with written expression (problems with grammar, punctuation or organisation)
e. Difficulty understanding number concepts, number facts or calculation
f. Difficulty with mathematical reasoning (applying maths concepts or solving maths problems)
g. Difficulties with reading accuracy, reading rate or fluency, and reading comprehension.
h. Problems with written expression (difficulties with spelling, grammar and punctuation, and with organisation of written expression).

i. Problems with maths (difficulties with number sense, memorising maths facts, maths calculations or maths reasoning/problem solving).

For a student with a SLD, their affected academic skills are substantially below what is expected for their age. This can be determined using the WIAT-III A&NZ Age Norms. To receive a diagnosis, the difficulties must not be due to an intellectual disability, so it is necessary to rule this out. Using a test such as the WISC-V A&NZ can aide in this and can also help determine if the student’s academic achievement is below the level expected based on their cognitive ability. The WISC-V A&NZ can also identify working memory and processing speed weaknesses than can be underlying cognitive weaknesses related to a SLD. A GAI-to-CPI analysis on the WISC-V A&NZ can be useful here as well. Results of the Clinical Validity Studies with children who have Specific Learning Disabilities can be found in both the WIAT-III A&NZ Examiner’s Manual and the WISC-V A&NZ Administration & Scoring Manual and the WISC-V Technical & Interpretive Manual.

5. I would like to follow up on the research about WISC-5 English Language Learners. Can you direct me to a published report?

The clinical validity studies with children who are English Language Learners can be found in the test’s Technical and Interpretive Manuals, in the validity section. This would include the manual from the WNV, WPPSI-IV, WISC-IV, and WISC-V.

6. Case questions: 15 year old male, all WISC-IV composite scores in the 70’s with PRI 102. Behavioural signs of ADHD. Is it worth following up a possible language disorder?

Yes, an in-depth language assessment is recommended of the student’s fundamental oral language skills as well as his/her metalinguistic skills. A full academic achievement assessment, such as with the WIAT-III, would also be recommended.

7. Can a bilingual/multilingual child have a language disorder in one language but not the other(s)?

No, not a language disorder per se, but one language might be stronger than the other(s). This article provides a good insight and summary of some of the considerations: [http://www.bilingualoptions.com.au/consTXTDelay.pdf](http://www.bilingualoptions.com.au/consTXTDelay.pdf)

8. What should an educational psychologist and speech pathologist do when the VCI from a cognitive assessment and the Index scores on a formal language assessment don’t align (e.g. the VCI on the WISC is in the average range, but the scores on the CELF-4 language skills within the severe range), who’s score should a diagnosis be made on?

If the CELF-4 scores are substantially lower than the non-verbal cognitive scores from the WISC-V a language disorder would still be considered. For example if the CELF-4
scores show severe impairment and the nonverbal scores from the WISC-V are substantially higher (FRI, VSI, PSI, NVI etc.) a language disorder would still be considered. The VCI on the WISC-V taps into verbal categorical reasoning and vocabulary knowledge. The CELF-4 taps into similar constructs but a number of other aspects of language as well. So although a weak VCI is often a red flag to a psychologist to hypothesise that language is an issue for the child, the VCI and CELF-4 scores don’t have to match exactly in order for a language diagnosis to be made.

The important thing is that the low CELF-4 scores are not due to an intellectual disability, and that the language scores are discrepant from cognitive scores that are measured in a non-verbal way. So, if the child's non-verbal scores are also in the low average range and the language results are in the severe range, then the child has a language disorder.

9. **Can we continue using the WISC-IV or do we have to transfer to the WISC-V by a certain time?**

The general recommendation is that Psychologists should transition to the new version of a test within 12 months of the publication date of the new version. The WISC-V A&NZ published in March of 2016. Pearson Clinical Assessment supports the use of previous versions of assessments for those researchers involved in longitudinal research, and will continue to stock record forms and response booklets for older versions of tests for this reason.

**CELF-5 FAQs:**

1. **Will there also be a CELF-5 Screening pack?** Yes, due for release in Sept/Oct 2017
2. **Currently Psychologists are not able to purchase the CELF-4, will that not be the case for the CELF-5?** The CELF-4/5 is a User Level S product and may only be purchased and used by Speech Pathologists.
3. **Will the CELF-5 be available on android devices?** The Q-interactive version is only compatible with Apple iPads while the digital materials, such as the stimulus books, available as on-screen versions, can be used on any tablet and/or computer.