

## **Article Summary-Case Histories and Specific Language Impairments**

### **Introduction**

The complexity of diagnosing any disorder is not easier in one field when compared to the next. Speech-Language Pathology contains a vast category of disorders and impairments. The clinician must be able to identify the risk factors of a disorder, especially when the disorder is as unique as Specific Language Impairment. In this article summary, I will address the importance of identifying risk factors and acquiring a detailed case history to properly diagnose a child with a language disorder.

### **Obtaining a Case History**

The first step after a clinician receives a new client is to administer a detailed speech-language assessment. This provides the clinician with the necessary information to determine what area the disorder falls under. The clinician needs to be aware of every communicative and swallowing disorder. An appropriate speech-language assessment should contain the following criteria to provide enough information for referral. First, the clinician should seek the advice of his or her supervisor to solidify the reasoning for the assessment. Next, the clinician should gather a complete case history. This includes a detailed analysis of prenatal, birth, and developmental milestones. Also, Questions regarding abilities before the disorder. Results of any previous evaluations, assessments, or interventions. Lastly, a full interview with the caregiver or client to elaborate on any information in the case history. This process should be completed before the client receives intervention to ensure he or she is diagnosed with the correct disorder. For a complex disorder, such as Specific Language Impairment, risk factors and other premorbid abilities are essential in determining the level of impairment. The clinician should establish a friendly rapport with the individual and the family, which installs mutual trust amongst parties. It

is also important the clinician consider the client's cultural differences and avoid personal bias. Paraphrasing the client's concerns provides a feeling of respect, understanding, and control. Obtaining a detailed case history is one of the most important steps in providing a client with appropriate and efficient therapy (Hedge & Davis, 1992, pp. 121–124).

### **Risk Factors of SLI**

When diagnosing young children with a language disorder, every professional involved wants to ensure the child is receiving the most appropriate care. What differentiates a late talker from a child who is greatly at risk for a Specific Language Impairment? The ultimate goal of Johanna M. Rudolph's systematic review is to identify the primary risk factors of children with incapacitating language learning impairments (Rudolph, 2017). Rudolph's main concern was whether a detailed case history is sufficient in identifying children at risk for specific language impairments against the general population. At the end of her systematic review and meta-analysis, Rudolph proposed eleven risk factors with the most clinical significance. Maternal education, low Apgar, and birth order seemed to be most efficient when identifying children alongside the case history. Prenatal and perinatal events also contributed to the identification of children with specific language impairments. The main purpose is that clinicians must utilize research on SLI and consider all risk factors before determining if a child is a Late Talker or has a debilitating language disorder (Rudolph, 2017).

### **Conclusion**

In conclusion, it is essential to consider every aspect of a client's physical, mental, and social development to properly assess and provide a diagnosis. Children who are labeled as Late Talkers often spontaneously recover. It is the role of the clinician to identify the children that are unlikely to spontaneously recover and prevent further delay in their development. The main

purpose of these two articles is to provide information on how properly obtain a case history, and how to use this alongside other risk factors for an accurate diagnosis.

#### References

- Hedge, M. N., & Davis, D. (1992). *Clinical methods and practicum in speech-language pathology* (pp. 121–124). London [U.A.] Chapman & Hall.
- Rudolph, J. M. (2017). Case History Risk Factors for Specific Language Impairment: A Systematic Review and Meta-Analysis. *American Journal of Speech-Language Pathology*, 26(3), 991–1010. [https://doi.org/10.1044/2016\\_ajslp-15-0181](https://doi.org/10.1044/2016_ajslp-15-0181)

