CAMOUF

COMMUNICATION NEEDS

– how children with DLD hide in plain sight

By **Dr Hannah Hobson**, University of York

The child who copies another's work. The pupil who gets their head down and looks busy but produces very little output. The student who nods along during your instructions, and maybe even says "yes" when asked if they understand what they are supposed to do… only for them to do something quite different.

What ties these different behaviours together? They could all be forms of camouflaging unrecognised language needs, especially for children with Developmental Language Disorder (DLD), a common but under-recognised neurodevelopmental condition that impacts children's language development, affecting around 7% of school-age children.

"Masking" or "camouflaging" have been much talked about in relation to autism. The terms capture what happens when a neurodivergent person changes their behaviour to minimise their differences. For autistic people, this might mean imitating others' body language, practising facial expressions in the mirror, or making deliberate eye contact, even if it feels uncomfortable. While masking may mean that autistic people "pass" as neurotypical, masking all day is exhausting, detrimental to mental health, and disruptive to a person's sense of identity.

However, these behaviours are not unique to autism. Our research group recently conducted interviews with speech and language therapists, parents, and young people with DLD to explore whether camouflaging was something that also happened in DLD. The answer was yes, children with DLD do camouflage. Furthermore, participants were concerned that camouflaging could delay recognition of children's language needs, and thereby interventions and support - and that the lack of help coupled with the fatigue of camouflaging itself could negatively affect children's wellbeing.

> "I don't want to be any more different than anyone else, and like I don't wanna stand out."
>
> Young person with DLD

When we asked people what sorts of behaviours children and young people did that masked their language needs, we found that camouflaging had many different forms, and the nature of a child's camouflaging changes across development: strategies that work for a young child in primary school may not work for an older child in secondary. However, some common behaviours included avoiding scenarios with high language demands, copying others, and nodding along despite not following a conversation. Children also had conversational techniques to end interactions that had become too difficult and would steer conversational partners towards topics children knew well, as they had a better grasp of the topic vocabulary and would be more likely to have a successful interaction (we expect this may make some children with language needs appear autistic, as it may seem as though they had "restricted and repetitive interests").

Since these interviews, we have developed a parent-report questionnaire, our first attempt to measure camouflaging of communication needs. We tested out this measure in an initial project of 77 families, half of whom were parents of children with DLD, half of whom had children without DLD. Parents of children with DLD scored significantly higher on the camouflaging measure, and the amount a child camouflaged was correlated with their scores on depression and anxiety, where more camouflaging was associated with higher mental health problems, precisely the relationship that has been reported in studies of autistic masking.

What can and should be done about camouflaging? Firstly, it is important to realise that these behaviours have been learned through experience: children have picked up that exposing their language needs, for example by saying they don't understand or by giving a wrong answer, is undesirable, and so they adopt strategies to

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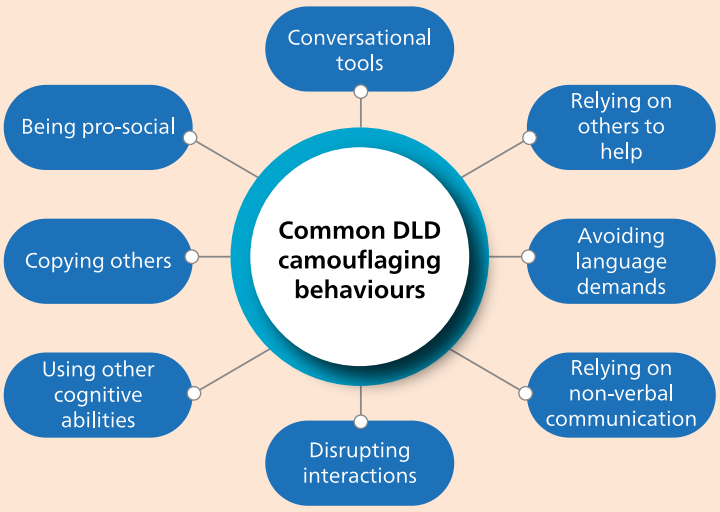
hide their difficulties (though they may not be fully aware of what they are doing). Pointing out the camouflaging and expecting children to stop doing them is unlikely to be helpful, if these behaviours are what children have adopted to feel safe. Instead, we suggest creating spaces in which children feel comfortable to show their needs. This could include deliberate modelling by adults of not understanding and asking for help, for example asking someone to say something again or in a different way.

Secondly, when we spoke to young people and their parents, they felt that others' limited understanding of DLD contributed to camouflaging. Here, proper training is needed to support staff to not just have heard about DLD, but to understand and appreciate its long-term impact on children. Research tells us that unfortunately many professionals still hold inaccurate views about DLD: for example, in a recent survey of 262 teachers, 81% thought that DLD was something that would resolve by adulthood or after speech and language intervention, but DLD is a lifelong neurotype (like autism), that requires ongoing support in the classroom. Incorrect knowledge about DLD may mean suitable adaptations are not made, preventing students with DLD from accessing their learning and feeling comfortable being themselves in the classroom.

If you or your team would like training on this topic, the EMERALD lab is hosting workshops this summer about camouflaging. If you'd be interested in receiving information about these events, please contact Dr Hannah Hobson. You can also find updates about our camouflaging research and new camouflaging measures here: https://osf.io/s2qv8/.



Common camouflaging behaviours reported by Hobson and Lee (2022)

References

Hobson, H. M., & Lee, A. (2022). *Camouflaging in Developmental Language Disorder: The Views of Speech and Language Pathologists and Parents*. Communication disorders quarterly, 44(4), 247–256. https://doi.org/10.1177/15257401221120937