

Original Article

Perception of Chilean Education Professionals on the Diagnosis and Treatment of Developmental Language Disorder

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ABSTRACT

Developmental Language Disorder (DLD) is increasingly prevalent in childhood. In this context, the perception of therapists and education professionals is crucial to improving clinical and educational practices related to its treatment. This qualitative phenomenographic study addresses the personal experiences, perceptions, and practices of therapists and education professionals in charge of treating DLD within educational settings in Chile through semi-structured interviews. The sample includes ten professionals with experience working in schools dedicated to language therapy and schools with *Programa de Integración Escolar* (School Integration Program) in the south of the country. The content of the interviews was subject to thematic analysis, which yielded three central themes: the heterogeneity of DLD, perceptions of the experience of working with children, and therapeutic and educational interventions' structure. This research highlights the diversity of approaches and challenges professionals face in treating DLD. The results reflect a need for consensus to improve the terminology, classification criteria, and assessments in this area, with limitations that point to future research that expands the sample and includes other Spanish-speaking contexts. This study has significant projections for updating interventions and standardizing assessment instruments for DLD.

Keywords:

Developmental Language Disorder; Specific Language Impairment; Speech and Language Therapy; Special Education

Percepción sobre el diagnóstico y el tratamiento del trastorno del lenguaje en profesionales de la educación chilena

RESUMEN

El Trastorno del Desarrollo del Lenguaje (TDL) es cada vez más frecuente en la infancia. En este contexto, la percepción de los terapeutas y profesionales de la educación es crucial para mejorar las prácticas clínicas y educativas en el tratamiento de este trastorno. Este estudio cualitativo fenomenográfico aborda las concepciones de profesionales de la educación sobre el diagnóstico y tratamiento del TDL. Ello, a través de entrevistas semiestructuradas para comprender las experiencias personales, concepciones y prácticas de distintos profesionales que se encargan del tratamiento del trastorno en el contexto educativo chileno. La muestra incluye 10 profesionales con experiencia en escuelas de lenguaje y colegios con programas de integración escolar en Chile. Se realizó un análisis temático de las entrevistas en el que se identificaron tres temas centrales: la heterogeneidad del TDL, la valoración de la experiencia en el trabajo con niños/as y la estructura de las intervenciones terapéuticas y educativas. El estudio resalta la diversidad de enfoques y desafíos enfrentados por los profesionales al tratar el TDL. Los resultados reflejan la necesidad de buscar consensos para mejorar la terminología, criterios de clasificación y evaluación en esta área. Las limitaciones del estudio apuntan a futuras investigaciones que amplíen la muestra y consideren otros contextos hispanohablantes. El trabajo tiene proyecciones importantes relacionadas con la actualización de intervenciones y la estandarización de instrumentos de evaluación del TDL.

Palabras clave:

Trastorno del Desarrollo del Lenguaje; Trastorno Específico del Lenguaje; Fonoaudiología; Educación Especial

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INTRODUCTION

Developmental Language Disorder (DLD) is a communication disorder commonly observed in preschoolers (Mendoza, 2016). It is characterized by abnormalities in language comprehension and production, which can affect one, several, or all linguistic levels, including phonology, morphology, syntax, semantics, and pragmatics (Bishop et al., 2017). These difficulties manifest in both expressive and receptive aspects of language, with notable asynchronies in development when compared to children with typical language development (Conti-Ramsden & Durkin, 2017; Reyes & Barbieri, 2018). Most importantly, the symptoms found in DLD cannot be attributed to hearing impairment, sensory issues, motor dysfunctions, or any other neurological conditions (American Psychiatric Association [APA], 2013).

In general, and particularly during the school years, the linguistic profiles of children with DLD are highly variable, and the symptomatology is often vague (Llorenç et al., 2021). Furthermore, while certain linguistic features of DLD are shared across languages, other manifestations of the disorder show significant cross-linguistic differences (Bishop, 2020; Leonard, 2014). Consequently, it is essential to consider the characteristics of the native language of people with DLD in order to accurately detect and interpret their difficulties.

Regarding studies in Spanish, it has been affirmed that one of the core challenges for children with DLD lies at the morphosyntactic level (Crespo Allende et al., 2020; Urrutia & Roa, 2020) due to their characteristic grammatical disorganization. Children with DLD tend to produce shorter and simpler sentences and often omit obligatory inflections in nouns and verbs, exhibiting a much slower increase in syntactic complexity compared to peers in the same age range (Auza & Peñaloza, 2019).

Children with DLD also show difficulties in understanding figurative and metaphorical language (Ruiz Sanhueza et al., 2022). A study on the interpretation of double or figurative meanings reveals that children with DLD struggle to infer falsehoods, absurd meanings, and double meanings in messages, which are aspects associated with the semantic level (Buiza et al., 2015).

In addition to linguistic difficulties, many children with DLD experience reading difficulties that may be attributed to lower performance in the phonological, morphosyntactic, lexical, and discursive domains (De Barbieri Ortiz et al., 2016). It is well established that, in the early stages of reading, the correlation between decoding and reading comprehension is high. However, once decoding becomes automated, the relationship between

these two processes tends to weaken. In the case of DLD, the evidence is inconclusive regarding how linguistic difficulties across various levels of language, as well as metalinguistic challenges—including phonological awareness, naming speed, and visual word recognition—affect reading. These difficulties can hinder the ability of children with DLD to comprehend, interpret, and correctly infer key ideas from texts (Lafont, 2018; Reyes & Barbieri, 2018).

Similarly, DLD is associated with non-linguistic limitations that may reflect general cognitive difficulties (Bishop et al., 2017; Larson et al., 2020; Norbury et al., 2016). Evidence in Spanish-speaking subjects, such as that presented by Quintero et al., (2013), suggests impairments in core functions essential for language development. These include cross-cutting non-linguistic deficits in cognitive functioning, such as attention, processing speed, and memory.

Among the non-linguistic limitations of DLD, it is possible to find deficits in sustained attention and stimulus detection (Ruiz Sanhueza et al., 2022). Additionally, individuals with DLD may exhibit difficulties in integrating sensory patterns (Levi et al., 2014), challenges in visuospatial processing (Ahufinger et al., 2021), and problems with motor sequencing and adapting to novel tasks (Sanjeevan & Mainela-Arnold, 2018). Regarding nonverbal memory, children with DLD may perform worse than those with typical language development. Similarly, in tasks involving the processing speed of simple information, limitations may become apparent as task complexity increases (Urrutia & Roa, 2020).

The range of linguistic deficits that children with DLD can develop is extensive, making it difficult to establish classifications or identify subtypes, due to the heterogeneity of the disorder. In Chile, the current regulations do not adopt the term “DLD” and instead retain the nomenclature associated with Specific Language Impairment (SLI) as outlined in Decrees 1300/2002 and 170/2010 (Decreto Exento N° 1300, 2002; Decreto Exento N° 170, 2010). Since national regulations have not been updated, they still rely on the DSM-IV classification (American Psychiatric Association [APA], 1995), which includes expressive and mixed (receptive-expressive) subtypes. However, recent findings question these categories, and the aforementioned subtypes are no longer included in the DSM-5. In fact, associations in Europe, North America, and Latin America recommend against distinguishing between subtypes of DLD. Instead, they suggest specifying the affected areas, such as “Children with DLD with impairments in expressive phonology, lexical access, morphology, and syntax” (Andreu et al., 2021).

Additionally, diagnostic and assessment tools for the disorder do not adequately reflect recent advancements and international expert consensus. These tools also fail to evaluate non-linguistic deficits. For instance, Chile's curricular regulations have yet to explicitly recognize the non-specific linguistic difficulties associated with DLD, despite updates to terminology being accepted by the expert community in Chile (Labra et al., 2022; Mora-Pino et al., 2023). This could impact not only diagnosis but also the intervention programs designed to support children with DLD.

To better understand the challenges faced by speech and language therapists (SLTs) in diagnosing and treating children with DLD, it is crucial to explore the perspectives of professionals working directly with these children. Accordingly, the following sections review studies employing qualitative methodologies to analyze the perceptions of classroom teachers and other professionals, such as SLTs, special education teachers, and psychologists, regarding their professional roles in educational settings. The aim is to highlight the contributions of such studies to professional practice and to examine how their experiences can inform and improve educational policies and practices.

In the context of professional perceptions regarding the treatment of DLD, Dinamarca-Aravena (2022) highlights the views of Chilean SLTs on the national educational policy related to DLD. The professionals state that the tests mandated by Decree 170/2010 do not fully align with the characteristics and diversity of the students they serve. They also emphasize the need to increase the allocation of time for intervention processes, administrative tasks, and collaboration with other professionals. A subsequent study by Dinamarca-Aravena (2023) on the perceptions of health professionals and their role in educational policy within schools implementing *Programas de Integración Escolar* (Inclusive Education Programs) suggests new avenues for research on the role of allied health professionals in education. It underscores the importance of designing educational policies using a "bottom-up" approach to better address the needs of students and professional teams.

On the other hand, in the study by Rodríguez Hernández et al. (2017), education professionals acknowledge progress in inclusive methodologies and an increase in practices that promote equal opportunities in the classroom. Similarly, Torres et al. (2015) report that SLTs use cognitive theories and psycholinguistic competencies in their educational interventions, tailoring them to the specific needs of the children. Furthermore, research by Mora-Pino et al. (2023), conducted during the COVID-19 pandemic with Chilean SLTs, concluded that virtual

interventions emerged as an alternative to in-person sessions. However, these were perceived as demanding and less effective for young children, stressing the critical role of parental or caregiver involvement in ensuring successful outcomes (Mora-Pino et al., 2023).

The reviewed studies show that qualitative methodologies provide a deeper and more detailed understanding of the perceptions and experiences of educational professionals, identifying specific needs and challenges. At the same time, their findings offer a rich and adaptive context for developing more effective policies and practices for treating DLD. Consequently, the general objective of this research was to comprehensively describe the conceptions of therapists and educational professionals regarding the diagnosis and treatment of DLD in Chile. Specifically: 1) How do therapists and education professionals address the guidelines for evaluating and treating DLD in Chile? 2) What are the main strengths and barriers in diagnosing and treating DLD for therapists and education professionals in Chile? 3) How do therapists and education professionals integrate linguistic and cognitive skills into the diagnosis and intervention of DLD in Chile?

METHOD

This study adopts a qualitative phenomenographic approach (Cibangu, 2022; Cibangu & Hepworth, 2016) and employs semi-structured interviews as the data collection technique. These interviews provided valuable insights into the personal experiences, conceptions, and practices of professionals responsible for treating DLD in the Chilean educational context.

A non-probabilistic sampling method was used, specifically snowball sampling. The process began with an SLT who expressed interest in participating. This initial participant contacted two colleagues who then joined the research and referred other professionals. This process was repeated until the desired sample size was reached. Additionally, participants were asked to refer only SLTs or special education teachers from language schools and schools in Chile with Inclusive Education Programs. Inclusion criteria required professionals to have at least two years of experience in the educational system and specific experience in treating DLD. Individuals with only technical (non-professional) higher education qualifications were excluded.

A total of 10 female professionals participated in the study: six speech and language therapists and four special education teachers. The participants worked with preschool children (Pre-K and Kindergarten) and children in primary education (1st and 2nd

grade). Their ages ranged from 26 to 37 years. All participants provided written informed consent before data collection. Additionally, the study was approved by the Ethics, Bioethics, and

Biosafety Committee of Universidad de Concepción and adhered to the Declaration of Helsinki.

Table 1. Interview questions.

General Objective	Research Questions	Interview Questions
To comprehensively describe the conceptions of therapists and education professionals regarding the diagnosis and treatment of DLD in Chile.	How do therapists and education professionals approach the evaluation and treatment guidelines for DLD in Chile?	Describe how you conduct the diagnosis and intervention of the disorder. What are the main challenges you face in the diagnosis or intervention of DLD? What has your experience been like working with children with Developmental Language Disorder? Based on your experience, what advice would you offer to other professionals working with children with DLD in Chile?
	What are the main strengths and barriers in the diagnosis and treatment of DLD for therapists and education professionals in Chile?	In which areas do you encounter the greatest difficulties when working with children? How do you feel working with children who have DLD? Considering the interventions you have carried out; how do you perceive the progress of a child with the disorder over time?
	How do therapists and education professionals integrate linguistic and cognitive skills into the diagnosis and intervention of DLD in Chile?	What strategies do you use to address the deficits associated with the disorder in children with DLD? What intervention strategies do you consider effective for treating the disorder? Could you provide an example of a specific and successful intervention you have implemented? What strategies do you use in your interventions to integrate skills such as memory and attention into language exercises?

The interviews consisted of 10 open-ended questions aimed at exploring the professionals' experiences with children with DLD. Table 1 presents the instrument used in the interview, with the questions organized according to the general objective and the research questions of this study. Given that the research is inductive, no predefined dimensions were used to group the questions, as the thematic categories had to emerge from the experiences and perceptions of the interviewees. The instrument was applied to all informants, and the same questions were asked independent of their professions.

A content analysis was conducted to develop the questions, based on the available literature on the topic. The questionnaire was

developed using this analysis and by defining the research problem, and it was subsequently reviewed by two experts in psychology and qualitative research methods. These specialists assessed the structure and content of the questions. Following this process, the final instrument was obtained.

The procedure took between 25 and 45 minutes and was recorded to transcribe the participants' responses in full. The interviews were conducted virtually, using Zoom. The informants were asked to be alone, in a quiet location without disturbances, to ensure the sessions could be recorded and the procedure was smooth. The participants agreed to this request, and at the time of

the interview, they were in quiet locations, without companions, with their cameras on.

RESULTS

A thematic analysis was conducted using Nvivo 12 software, version 1.6.2 (Lumivero, 2023), and an open coding procedure was carried out to label text fragments containing relevant ideas with key terms. The key terms were grouped based on the relationships or connections between them. Six categories were then established, containing the coded key terms, which reflected the data from the first stage of analysis (see Table 2). Following open coding, axial coding was performed to determine possible relationships within the categories. Here, the categories were grouped into three themes: Theme 1 highlighted the heterogeneity of DLD, Theme 2 focused on evaluating the therapeutic and educational experience of the professionals, based on their work with children, and Theme 3 addressed the structure of the therapeutic/pedagogical interventions.

As shown in Table 2, the category *Subtypes* contains the interviewees' conceptions about how they classified the disorder, with key terms such as *difficulties in comprehension*, *difficulties in expression*, and *level(s) of language*. In the category *Level of education*, the ideas of the participants were coded with the key terms *preschool children* and *primary school children*, as the informants discussed how they had worked at different educational levels (*Medio Mayor*, *Medio Menor*, *Prekinder*, *Kinder*, 1st grade, 2nd grade). The categories *Difficulties* and *Strengths* were also identified, with key terms pointing to the problematic and positive aspects of the professionals' work. The category *Materials* includes key terms such as *evaluation tools*, *use of concrete materials*, *use of ICTs*, and *role-play/puppets*, as these terms represent the resources used by the participants in their professional practice. In the category *Activities*, unlike in *Tools and Materials*, it was not possible to group the activities

developed by the informants, as there was considerable variability in their responses. Therefore, in this category, the key terms express the purpose or objective of the activities: *developing linguistic skills*, *developing non-linguistic skills*, and *motivating through play*.

Table 2. Categories and codes from the open coding.

Categories	Codes
Subtypes	Difficulties in Comprehension
	Difficulties in Expression
	Level(s) of Language
Education Level	Preschool Children
	Primary School Children
Difficulties	Lack of Support
	High Level of Frustration
	Group Work
Strengths	It feels rewarding
	Changes are observed in a short period
	Personalized Work
Materials	Evaluation Instruments
	Use of concrete materials
	Use of ICTs
	Role-play/Puppets
Activities	Developing linguistic skills
	Developing non-linguistic skills
	Motivating through play

For the axial coding, the categories were grouped into three themes. Theme 1 included the categories *Subtypes* and *Level of Education*, Theme 2 included *Difficulties* and *Strengths*, as they reflect the professionals' evaluation of their experience working with children, and Theme 3 included the categories *Activities* and *Materials*, as both reflect the structure of the therapeutic/educational interventions. The following thematic tree summarizes this analysis and shows the relationships between the themes and their categories (see Figure 1).

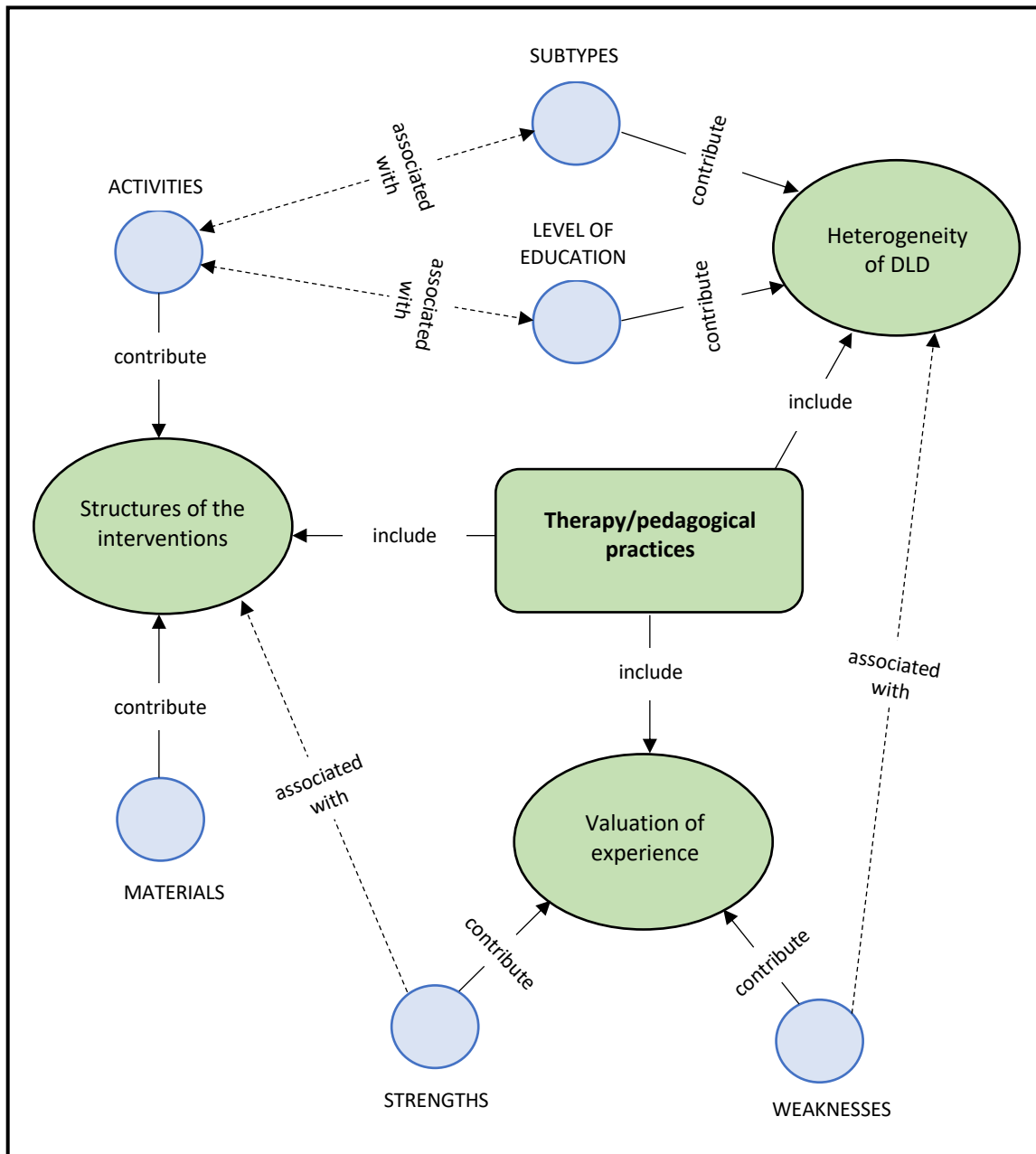


Figure 1. Thematic Tree on Speech-Language Therapy and Pedagogical Practices in the Treatment of DLD.

Note: The figure shows the interactions between various factors in speech-language therapy/pedagogical practices for DLD. At the center are the therapy/pedagogical practices, which include the Heterogeneity of DLD, Structures of the interventions, and Valuation of experience. The structures include activities and materials and contribute to the central practices. The heterogeneity of DLD is influenced by subtypes and level of education and also contributes to and contains the central practices. Valuation of experience, related to strengths and weaknesses, is essential in these practices. The arrows indicate how these elements mutually influence each other, forming a complex network of factors in DLD intervention.

To clarify and specify the relationship between the themes, categories, and codes, we present the thematic analysis that was conducted, considering the questions and some excerpts from the interviews.

Theme 1: Heterogeneity of the Disorder

Regarding the question: "Describe how you conduct the diagnosis and intervention of the disorder. What are the main challenges you face in the diagnosis or intervention of DLD?" All informants

mentioned that DLD is classified into subtypes, indicating that children with the disorder exhibit difficulties in understanding words and sentences, as well as in producing linguistic utterances. Some distinguished between difficulties at different levels of language (phonological, morphosyntactic, lexical, pragmatic), while others focused on receptive and expressive deficits (receptive and mixed).

Participant 6 described creating specific intervention plans for each child with the collaboration of a special education teacher, dividing the areas of language to be worked on due to the high number of children they must attend to. Meanwhile, Participant 10 commented that "children with mixed SLI" have severe comprehension difficulties, which prevent them from following instructions and reaching linguistic goals, attributing these difficulties to the severity of their SLI.

The participants were asked about the advice they would give to other professionals working with children with DLD in Chile. In response to this question, Participant 2 advised her colleagues to address the needs observed in the children, rather than focusing on the issues reported by the parents: "Look, you know what, and it's one of the things I learned in a morphosyntax course, that many times speech-language therapists are guided by the expressive level, associating it with phonetic-phonological difficulties or things that parents ask for. For example, a mother will always focus on 'my child doesn't say the /t/,' and generally, one tends to work more on the needs of the parents rather than the child's needs."

In this regard, the professionals working in language schools, particularly speech-language therapists, mentioned that in preschool age, phonological deficits are addressed from an expressive perspective, as this is the most common concern for parents and guardians who seek help from schools for their children to "speak better."

Meanwhile, a significant number of informants (7 out of 10) who responded to the question, "How has your experience been working with children with Developmental Language Disorder?" explained that the intervention depends on the child's age. For example, Participant 1 notes that in *pre-kinder* children, the difficulties are mainly found in articulation and expression. These responses were classified under the category *Level of education*.

Theme 2: Valuation of Experience Based on Working with Children

All participants indicated there are difficulties or challenging aspects in working with children with DLD. Additionally, Participant 8 mentioned the lack of support from parents and caregivers when asked, "*What areas do you find most challenging in your work with children?*"

Participant 8: "Working with classroom teachers. They find it very difficult to include the children. They prefer when you take them away and solve the problem, or sometimes they don't believe in them much, they don't empower them as much, and the same happens with the parents [...]. I always think that we have to work with the children alone because we have very few caregivers who are present and could really make a change."

In line with this, a group of professionals (4 interviewees) mentioned that both they and the children feel frustrated when they are unable to successfully complete a task. They also explained that many children have attention difficulties, which make it challenging to carry out the therapeutic sessions.

Some participants also mentioned the lack of therapeutic and collaborative support within educational institutions as a significant weakness in therapeutic work. In this regard, Participant 2 mentions, "Often, attention is focused on enrolment at the assessment stage, but the intervention doesn't have much relevance for the stakeholders."

Along with the above, the participants positively evaluated their experience and mentioned some strengths in their therapeutic and classroom work, highlighting various aspects of working with children with DLD. For instance, when asked about their opinion on the progress of a child with the disorder over time, Participants 1, 4, and 6 mentioned that they can see changes in a short period, unlike with other disorders.

Another question addressed the emotions the participants experienced in their professional work, with their responses being added to the *strengths* category. The question was "*How do you feel working with children who have DLD?*" All participants explained that, despite the challenges, working with the children is "rewarding" and they enjoy their work.

Theme 3: Structure of Therapeutic/Educational Interventions

The participants extensively discussed the activities and materials they used with the children. Regarding the question, "*What strategies do you use to address the deficits of the disorder in children with DLD?*" Three of them mentioned that it is important

to distinguish between diagnosis and intervention, as they use different materials and activities depending on the case. They also highlighted the importance of diagnostic tests, according to Chile's educational decree, to design their interventions effectively. On this point, Participant 9 mentioned that the tests are "outdated" and "should be updated because they are difficult to use in rural contexts." Participant 3, on the other hand, emphasized that for her, it is essential to complement the diagnosis by applying a *TAR* (Articulation Test), an articulatory organ checklist, and conducting a clinical interview to examine the causes of the disorder.

In response to the question, "*What intervention strategies do you consider effective in treating the disorder?*" Participant 2 emphasized that significant progress can be seen in a short time if appropriate interventions are made. Additionally, Participant 7 highlighted that she works with small groups, maximizing the children's progress by providing support and resources tailored to their unique characteristics. Participant 3 stated that she uses diverse strategies, for example, working on verbal auditory memory at the phonetic-phonological level, and adapting her approach based on the child's age and the severity of the disorder. For this, she uses PowerPoint presentations or visual elements to help the children identify images and remember the items they saw without relying on visual stimuli.

A significant number of participants (6 out of 10) emphasized the importance of using play as motivation in their therapeutic and classroom interventions. Moreover, most of the participants (8 out of 10) indicated that they primarily used concrete materials in their activities. For instance, Participant 1 mentioned that working with real objects, such as vegetables, is more enriching for the children than showing them videos. Participants 5 and 8 stated that they used "non-linguistic" resources or strategies, related to role-playing with puppets and/or using the body to explain instructions.

When asked about a specific and successful intervention, they mentioned the activities they carried out to work on linguistic skills and other cognitive functions, such as memory and attention, which are affected by the disorder.

Participant 1: "We work on cognitive skills through activities focused on a specific one. For example, sustained attention, selective attention, short-term memory, I don't know... We also use a lot of educational games like puzzles and things like that."

Participant 2: "When they try to put together sentences at the expressive level, they struggle with verb conjugation, and we work a lot with sequences, with sequential images, such as a child,

for example, who is eating an ice cream, and then the ice cream is finished, or it fell, and they have to describe the verb, for example, or depending on the sequence, I mainly rely on the concrete part of the image so they understand, 'What happened?'"

To clarify the scope of their responses, the interviewees were asked about the strategies they use in their interventions to integrate skills such as memory and attention in language exercises. Two of the interviewees (Participants 5 and 6) indicated that they work on both skills (linguistic and cognitive) within the same session, as it is crucial to address DLD depending on the subtype or the linguistic level that is compromised.

Participant 5: "[...] Generally, the activities consider both linguistic and cognitive aspects. So, I always work, for example, with certain linguistic stimuli, let's say we are working on, I don't know, grammatical structuring. So, we want the child, perhaps, to form a structure, for example, subject-verb-object in a sentence or to use grammatical elements such as articles, pronouns, or prepositions within the structure. That would be linguistic. But we also do cognitive tasks. So, within the activity, we consider that the child has to pay attention to different stimuli or find the missing stimulus or, for example, if there is an error in the presented stimuli."

Participant 6: "I'm always working on short-term memory [...] week after week, I present an animal, an animal with some characteristics, for example, one that is unusual or has something that stands out in its shape or fur. I also try to associate it with literacy learning, starting with the vowel or sound they are learning. [...] I tell them a story, and then a week later, I ask them about the animal I spoke to them about. [...] I don't work on any kind of memory that's not linguistic, it's always through language."

In summary, the first theme, *heterogeneity of the disorder*, relates to Research Question 1 by showing how professionals address the varied manifestations of DLD at different levels in therapeutic and educational interventions. The second theme, *valuation of the experience from working with children*, addresses Research Question 2 by identifying perceived strengths and barriers in the diagnosis and treatment of DLD. The third theme, *structure of therapeutic/educational interventions*, connects to Research Question 3 by exploring how linguistic and cognitive skills are integrated into interventions, as well as the activities and materials that are employed.

DISCUSSION

The general aim of this study is to provide a comprehensive description of the perceptions of therapists and education professionals regarding the diagnosis and treatment of Developmental Language Disorder in Chile. Three central themes emerged inductively from the interviews: *Heterogeneity of DLD* (Theme 1), *Valuation of Experience* (Theme 2), and *Structures of Interventions* (Theme 3). These themes reflect the perceptions and experiences of speech-language therapists and special education teachers concerning the disorder.

In the first theme, the interviewees emphasized the variability of DLD, noting that children with this disorder may have difficulties in different aspects of language, including the phonological, morphosyntactic, lexical, and pragmatic domains. Most of the participants highlighted the importance of conducting personalized sessions, focusing on specific deficits and the child's age to achieve significant progress in skill development. According to specialized literature (Aguado et al., 2015; Andreu et al., 2021; Bishop et al., 2017), this is crucial for effective therapeutic work, as one of the main characteristics of this disorder is the heterogeneity in how it manifests in children.

Notably, the participants mentioned the classification of subtypes based on the level of language affected and the expressive and/or receptive skills involved. Some participants noted that the severity of DLD was linked to receptive difficulties. Acosta Rodríguez et al. (2017) support this statement, showing that children with both receptive and expressive difficulties tend to perform worse at the neuropsychological level compared to those with only expressive difficulties. The authors argue that children with both receptive and expressive deficits have executive dysfunctions that extend beyond verbal tasks and include non-verbal aspects, unlike children with only expressive difficulties, who present executive dysfunctions primarily in verbal tasks (agrammaticality, fluency, and verbal memory).

In the second theme, *valuation of experience from working with children*, it was observed that the interviewees share common challenges in their work with children with DLD. The most frequently mentioned difficulty was the lack of support from parents and caregivers, who often underestimate the importance of treatment and view language schools as extracurricular activities. Mora-Pino et al. (2023) confirm this perception among speech-language therapists in the context of remote or virtual therapy sessions. The informants in that study emphasized the importance of caregiver support for success and progress in

treating children with DLD, particularly when the children are in preschool or the early grades of primary school.

This situation may be linked to the vulnerable context in which these professionals work, as the schools and institutions they are part of are located in rural communes or urbanized cities with low socioeconomic levels. In this regard, Auza & Peñaloza (2019) argue that social vulnerability and the level of education of caregivers (mother and/or father) influence cognitive and language domains, and could be associated with the manifestation of DLD.

Frustration was another recurring theme, acknowledged as a difficulty both from the perspective of the professionals and the children. It is associated with the children's difficulty in acquiring new linguistic skills, as well as with their impatience and lack of tolerance for frustration. Van den Bedem et al. (2020) suggested that the difficulties of children with DLD in regulating emotions could be linked to avoidance strategies, such as social withdrawal. A study by Burnley et al. (2024) reported that mothers of children with DLD expressed concern about their children's high anxiety when completing school tasks or interacting socially with others, which caused feelings of frustration in children due to ineffective comprehension of others' intentions. This often leads to inappropriate social responses from children with DLD, creating unnecessary conflicts with peers, active exclusion, or voluntary withdrawal of the child with DLD (Burnley et al., 2024).

Despite these challenges, the professionals expressed a positive view of their work and highlighted the gratification they feel when witnessing the progress of children. They mentioned that, compared to other disorders, DLD allows for significant progress within a short period, providing them with a sense of accomplishment and hope. Rodríguez Hernández et al. (2017) discussed the perceptions of teachers and speech-language therapists regarding the stakeholders involved in inclusive education. They noted that professionals in this field must adopt positive attitudes toward disability and approach the learning (and therapeutic) process with a sense of vocation.

The third theme emerging from the interviews concerns the activities and materials used in therapeutic and educational interventions. In this regard, the participants emphasized the importance of distinguishing between two key milestones in DLD treatment: diagnosis and intervention. The first is particularly crucial because the intervention plan depends on it. In this context, the study's informants mentioned the instruments they use to determine whether a child has DLD. They follow the current educational regulations in Chile and apply a set of mandatory tests

based on the DSM-4 criteria (APA, 1995). Some interviewees also reported using additional tests beyond those outlined in the decree, such as *Test de articulación a la repetición* (TAR, Maggiolo, 2017), *Screening articulatorio fonológico* (Alfaro Young, 2001), and recounting of stories (Pavez et al., 2008) to complement the diagnosis and gather more information.

It is important to note that the diagnostic tools used in Chile are specified in the Ministry of Education's Decree 170/2010, which must be applied in language schools and schools with Inclusive Education Programs. One of these tools is the Screening Test of Spanish Grammar (A. Toronto, revised by Pavez, 2010), which assesses the development of expressive and receptive grammar (STSG-E and C). Another tool is *Test para evaluar los procesos de simplificación fonológica*, revised (TEPROSIF-R, Pavez et al., 2009). *Test para la Comprensión Auditiva* (TECAL, Pavez, 2008), adapted by Universidad de Chile, is also used. More broadly applied in the school population is the IDETEL (*Instrumento de Diagnóstico para los Trastornos Específicos de Lenguaje en edad escolar*, Pérez et al., 2014). This instrument includes a set of questionnaires measuring language skills at various levels in Chilean children, as it was created and validated specifically for the national context.

However, the informants did not view these tools favorably, as they are considered outdated based on recent findings and disconnected from the reality of today's children. One informant explained that she used other instruments to complement the diagnosis because she found the information gathered from the questionnaires to be insufficient. These results align with the findings of Torres et al. (2015) regarding the experience of Chilean speech-language therapists and their role in the educational system. In that study, professionals reported a lack of assessment tools that are culturally and linguistically sensitive. Additionally, the SLTs noted a significant issue regarding tools that, despite being standardized according to norms, do not consider cultural differences (Torres et al., 2015).

An important aspect of diagnosis, which was not addressed by the participants, pertains to the non-linguistic issues of children with DLD (Aguado et al., 2015; Andreu et al., 2021; Bishop et al., 2017; Larson et al., 2020; Norbury et al., 2016). Research indicates the importance of assessing other cognitive skills such as attention and memory, which are often affected in children with DLD. Furthermore, assessing non-verbal intelligence is important to ensure that the child's non-verbal cognitive skills fall within the normal range for their country of origin (Andreu et al., 2021).

Regarding intervention, the participants reported significant variability in the activities and strategies they use in treatment due to the heterogeneity of the disorder and the individual differences among children with DLD. They also highlighted several methods or intervention strategies, such as the use of sensory activities to reinforce language learning, role-playing, and dramatization, songs and rhymes, social stories that describe expected behaviors in specific contexts, charts and visual organizers, modeling, and repetition games. Guided conversations were also emphasized to help children learn new words through interaction.

The interviewees underscored the importance of play as a central strategy to develop linguistic and cognitive skills affected by DLD. Play was identified as an effective tool for motivating children during interventions. Additionally, they highlighted the use of concrete materials, such as objects and toys, to enrich the children's learning experience. This aligns with the findings of Irwan-Mahazir et al. (2019), who emphasize the importance of play in preschool education to engage children, promote attention, and improve a range of skills. Games stimulate motivation, encourage active participation, and help the children enjoy learning. They also help maintain children's attention during activities and allow teachers and therapists to keep control of the classroom environment.

However, as with the diagnosis of DLD, only a few participants consistently incorporated activities to develop cognitive skills, such as memory and attention, despite current scientific evidence highlighting the link between these skills and the language deficits seen in children with the disorder (Mendoza, 2016; Ruiz Sanhueza et al., 2022; Urrutia & Roa, 2020). The relationship between language and cognition is one of the defining characteristics of DLD, so interventions should include both linguistic and cognitive tasks that are interconnected to achieve successful outcomes.

CONCLUSION

In conclusion, the interviews reveal a diverse and profound understanding of the challenges faced by professionals in their daily work, as well as their approaches and strategies to address DLD. Despite these challenges, the professionals show a strong commitment and derive satisfaction from contributing to the linguistic development of children. Furthermore, the study highlights the need for a process of reflection and consensus among various institutions and specialists to establish agreements regarding the terminology, classification criteria, and evaluation of this population.

Finally, this research has limitations related to the size and diversity of the sample. Future studies could consider the experiences of speech-language therapists and educators from other Spanish-speaking contexts to compare diverse perspectives and practices. Additionally, the study offers significant prospects related to the diagnosis and intervention of DLD. Future research could document successful psychoeducational or therapeutic interventions and conduct studies to update and standardize the assessment tools currently being used.

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