



Social Pragmatic Communication Disorder (DSM 5)

Elham Shirazi M.D.

Board of General Psychiatry

Board of Child & Adolescent Psychiatry



Communication

1. The process of transferring **information**
2. From **sender** to **receiver**
3. To understand a similar **meaning**



Information transferring process:

55%: Nonverbal cues

38%: Paralanguage cues

7%: Spoken words (*language*)

➤ **Social context**



Nonverbal cues:

- *Body language*
- *Posture*
- *Gestures* (***understanding & use***)
- *Eye contact*
- *Facial expression*
- *Distance*
- *Integrated verbal & nonverbal communication*



Paralanguage cues:

- *Pitch*
- *Volume*

- *Articulation*
- *Silence*
- *Rate*
- *Punctuation*



Semantics:

Meaning

Syntax:

Grammar

Pragmatics:

Abstract meaning in context of social communication



Social Pragmatic Communication Disorder (SPCD) (DSM 5)



SPCD

- Persistent social communication deficit in:

- Verbal & nonverbal communication
-

- *In **absence** of restricted & repetitive interests & behaviors*


- *Do not fulfill the criteria for ASD*



□ Difficulty in understanding & following:

- Social rules of **language** (*verbal*)

- Social rules of **gestures** (*nonverbal*)
- Social rules of **context**

- 
- ❖ Integration of **language, gestures, & social context** is necessary to correctly infer:
 - **Intention** of the interaction
 - **Meaning** of the interaction
-



DSM 5 Criteria:

❑ All of the followings:

- Deficit in using appropriate communication for **social purposes**

- Appropriate for the **social context**
(e.g., greeting, sharing information)
- Inability to **match** the communication to the social **context**
- Inability to **match** the communication to the listener's **needs**
(e.g., tone modulation, vocabulary modulation, talking differently to a child than to an adult, speaking differently in a classroom than on a playground, avoiding use of overly formal language, ...)



(DSM 5 criteria)

- Inability in following **rules** for **conversation & story telling**

(e.g., taking turns, rephrasing when misunderstood, appropriate use & recognition of & response to verbal & nonverbal signals & feedbacks,...)

- Difficulty in **understanding** what is not **explicitly** stated

(e.g., inferences,...)

- Difficulty in **understanding ambiguous** meanings of language

(e.g., idioms, humor, metaphors, multiple meanings, abstract meanings,...)

- Difficulty in **interpreting** socially ambiguous **stimuli**



Greeting

Sharing information

Tone modulation

Vocabulary modulation

Talking differently to a child than to an adult

Speaking differently in a classroom than on a playground

Avoiding use of overly formal language



Taking turns

Rephrasing when misunderstood

Appropriate use & recognition of & response to verbal & nonverbal signals & feedbacks

Inferences

Idioms

Humor

Metaphors

Multiple meanings

Abstract meanings



(DSM 5 criteria)

□ **Results in functional limitations in at least one of the followings:**

1. **Effective** communication
2. **Social participation**
3. **Social relationships**
4. **Academic** achievement
5. **Occupational** performance



(DSM 5 criteria)

- Onset in **early** developmental period
 - May **not fully** manifest until social communication **demands** exceed limited **capacities**
-

❑ **Not attributable to:**

1. Another **medical** or **neurological** condition
2. **Low ability** in word structure
3. **Low ability** in grammar



(DSM 5 criteria)

□ **Not better explained by:**

1. ASD
2. *Intellectual disability*

3. *Developmental disorder*
4. *Global developmental delay*
5. *Another mental disorder*
6. *Structural language ability*
7. *Structural cognitive ability*



By 4 or 5 years:

- Most children should possess **adequate** speech & language **abilities**
 - Diagnosis is **rarely** made in children **younger** than **4** years
-

In milder cases:

- Difficulties may not become apparent until adolescence



□ Epidemiology of SPCD:

- These children have been identified for *many years*
 - *Literature* has documented a profile of children with this difficulty
-
- *Without* meeting criteria for *ASD*



□ **Etiology of SPCD:**

Multifactorial

-
- Genetic influences
 - Developmental influences
 - Environmental influences



❖ Comorbidity or Differential Diagnoses:

- Language disorders
- Learning disorders

- Intellectual disability
- ADHD
- Social anxiety disorders (avoid social interactions)
- Behavioral problems



❖ SPCD is often associated with language impairment which supports diagnosis:

➤ Delayed language acquisition

➤ History of structural language problems

➤ Or language disorder



Social Anxiety Disorder:

- May be comorbid or be differential diagnosis
 - Social communication skills are present
-
- But not manifested in feared social situations



Intellectual Disability:

- May be comorbid or be differential diagnosis

- Diagnosis of SPCD only when SPC skills are clearly more severe than the level of intellectual disability



□ Only as Differential Diagnosis:

Autistic Spectrum Disorder (ASD)



ASD:

- Mild variants of ASD

- SPCD is considered only when:
the restricted interests & repetitive behaviors have never been present



Autistic Spectrum Disorder-ASD (DSM-5)

- ❑ Persistent deficits in social communication & interactions, **currently** or by **history**

- ❑ **Restrictive, repetitive** patterns of **behavior, interests**, or **activities, currently** or by **history**



ASD

□ **Restrictive, repetitive** patterns of **behavior, interests, or activities** (**2** of the following):

1. Restricted fixated **interests**, abnormal in **intensity** or **focus**
2. Insistence on **sameness**, adherence to **routines**, or **ritualized** patterns of verbal or nonverbal behavior
3. **Stereotyped** or repetitive **motor movements, use** of **objects**, or **speech**
4. **Hyper/hyporeactivity** to **sensory input** or interest in **sensory aspects** of the environment

Restricted fixated **interests**, abnormal in **intensity** or **focus**





Insistence on **sameness**, adherence to **routines**, or **ritualized** patterns of verbal or nonverbal behavior



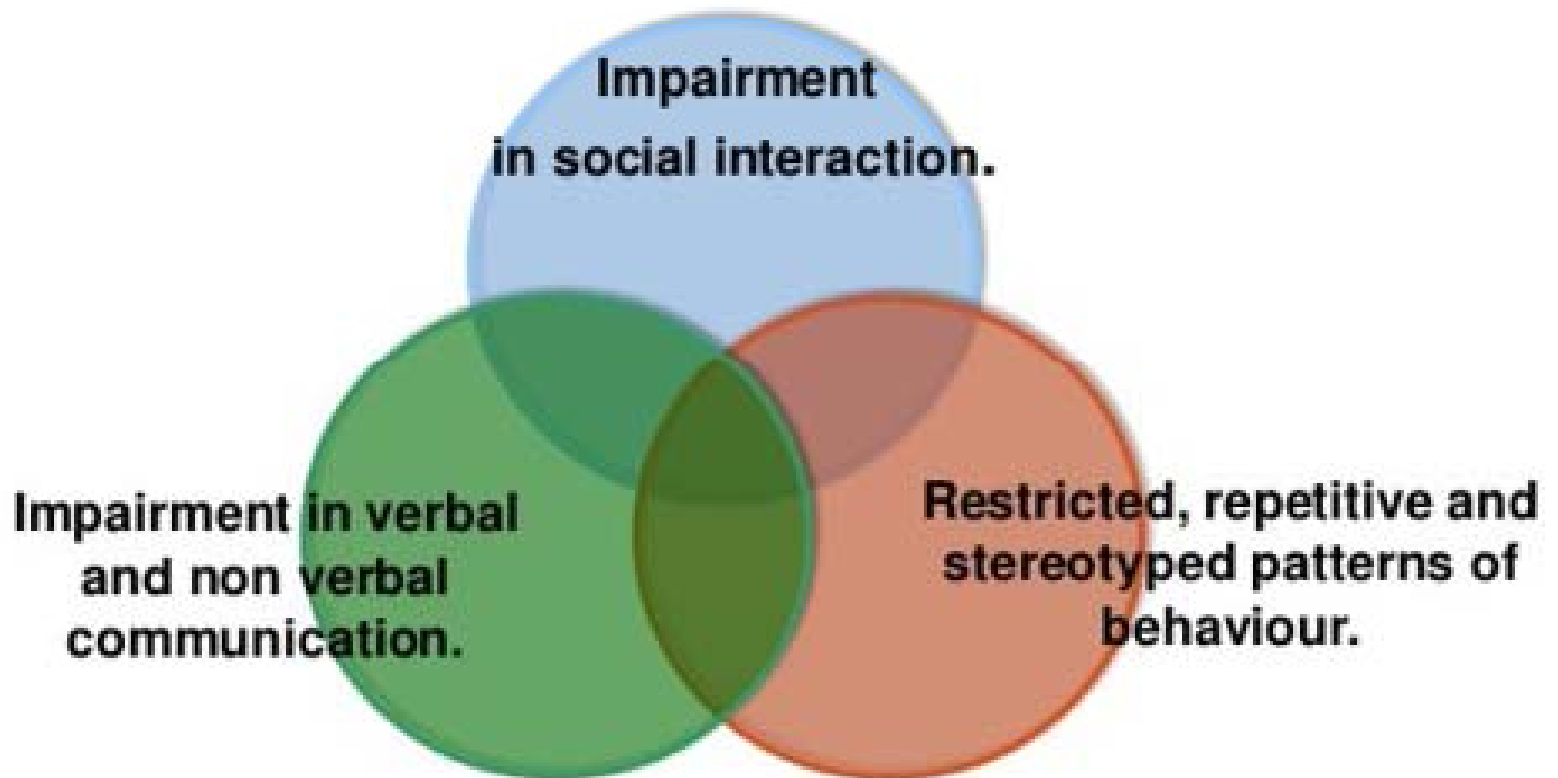
Stereotyped or repetitive **motor movements, use of objects,**
or **speech**



What are the signs of **Autism**?

| | | |
|---|---|---|
| <p>Inability to relate to children or adults</p>  | <p>Poor speech or lack of speech</p>  | |
| <p>Oversensitive or undersensitive to sound</p>  | <p>Inappropriate playing with toys</p>  | <p>Difficulty dealing with changes in routine</p>  |
| <p>Inappropriate laughter or crying</p>  | <p>Lack of awareness of Danger</p>  | <p>Hyperactivity or Passiveness</p>  |
| <p>Oversensitive or undersensitive to touch</p>  | <p>Strange attachment to objects</p>  | <p>Lack of eye contact</p>  |

What Is Autism?



- The so-called '**triad of impairment**' summarises the difficulties of the autistic child but the actual manifestation of these can vary.



In many cases of ASD:

- Restricted interests & repetitive behaviors manifest more prominently in the **early developmental period**

- Are **not** obvious in **older** childhood
- **Even** if they are obtained by **history**, ASD is the diagnosis



Course & prognosis of SPCD:

1. Variable
 2. Multifactorial
-
- Some **improve** over time
 - In some **continuing** into adulthood



Outcome depends on:

1. Severity
 2. Potential interventions
 3. Environmental demands
 4. Environmental supports
-



□ Treatment of SPCD:

Interventions are aimed at these areas:

1. Social understanding & social interaction

2. Verbal & nonverbal pragmatic skills
3. Language processing, making inferences, learning new words