Social Pragmatic Communication Disorder (DSM 5)

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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)
<table>
<thead>
<tr>
<th>SPCD</th>
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<tbody>
<tr>
<td>Persistent social communication deficit in:</td>
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<tr>
<td>• Verbal &amp; nonverbal communication</td>
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<tr>
<td>➢ <em>In absence</em> of restricted &amp; repetitive interests &amp; behaviors</td>
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<tr>
<td>➢ <em>Do not fulfill the criteria</em> for ASD</td>
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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
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(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?

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

- Impairment in social interaction.
- Impairment in verbal and non-verbal communication.
- Restricted, repetitive and stereotyped patterns of behaviour.

- 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