

Social (Pragmatic) Communication Disorder: Recognizing 'Hidden' Social Deficits

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OBJECTIVES

- 1. Review the history of social difficulties that have lead to the diagnosis of Social (Pragmatic) Communication Disorder**
- 2. Compare the Presentation between Autism Spectrum Disorder, Asperger's Disorder, and Social (Pragmatic) Communication Disorder**
- 3. Describe Treatment Approaches for Social Difficulties**

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AUTISM

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HISTORY OF SOCIAL DISORDERS

- Leo Kanner (1943) – profound emotional disturbance that does not affect cognition
- DSM-II (1952) – defined autism as a psychiatric condition – form of Childhood schizophrenia
- DSM-III (1980) – established autism as its own separate diagnosis distinct from Childhood Schizophrenia
- DSM-III-R (1987) – Pervasive Developmental Disorder
- DSM-IV (1994) and DSM-IV-TR (2000) – first editions to categorize Autism Spectrum Disorder

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ASPERGER'S DISORDER

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HISTORY OF SOCIAL DISORDERS

- **Hans Asperger (1944)**
 - Difficulty with social interactions
 - Restricted interests
 - Desire for sameness
 - Distinctive strengths
 - Hypersensitivities (to lights, sounds, tastes, etc.)
 - Difficulty with the give and take of conversation
 - Difficulty with nonverbal conversation skills (distance, loudness, tone, etc.)
 - Uncoordinated movements or clumsiness

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HISTORY OF SOCIAL DISORDERS

- **DSM-V (2013) – Autism Spectrum Disorder**
 - Mild
 - Moderate
 - Severe
 - Persistent Impairment in reciprocal social communication and social interaction
 - Restricted/Repetitive Behaviors/Interests
- **Eliminated**
 - Autism
 - Asperger's Disorder
 - Rett Syndrome
 - Childhood Disintegrative Disorder
 - Pervasive Developmental Disorder – Not Otherwise Specified
- **Introduced Social (Pragmatic) Communication Disorder**

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SOCIAL (PRAGMATIC) COMMUNICATION DISORDER

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DIAGNOSTIC CRITERIA

Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

- Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
- Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.

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DIAGNOSTIC CRITERIA

Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

- Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
- Difficulty understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meaning of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

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DIAGNOSTIC CRITERIA

The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.

The onset of symptoms is in the early developmental period.

The symptoms are not better accounted for by another mental disorder and are not due to a general medical or neurological condition, or to low abilities in the domains of word structure and grammar, and are not better explained by Autism Spectrum Disorder, Intellectual Disability, or Global Developmental Delay.

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DIAGNOSTIC CRITERIA

****Does not include****

Restricted/Repetitive Behaviors/Interests

**Which are necessary for a diagnosis of
Autism Spectrum Disorder**

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TREATMENT

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TREATMENT

- **Consistent with the WHO (2001), intervention is designed to:**
 - **Capitalize on strengths and address weaknesses related to underlying functions that affect social communication;**
 - **Facilitate the individual's activities and participation in social interactions by helping the individual acquire new skills and strategies; and**
 - **Modify barriers in the environment to enhance the facilitation of successful communication and participation.**

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TREATMENT

- **Treatment planning**
 - Recognizes the importance of involving the individual and family;
 - Considers variations in norms and values;
 - Focuses on functional outcomes
 - Tailors goals to address the individual's specific needs in a variety of natural environments
 - Treatment typically involves collaboration with a variety of professionals (e.g., classroom teachers, special educators, psychologists, and vocational counselors).

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TREATMENT

- **Treatment planning**
 - Treatment strategies for social communication disorders focus on increasing active engagement and building independence in natural communication environments
 - One-on-one, clinician-directed interventions are useful for teaching new skills. Group interventions are used in conjunction with one-on-one services to practice skills in functional communication settings and to promote generalization.
 - In school settings, intervention often includes environmental arrangements, teacher-mediated interventions, and peer-mediated interventions

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TREATMENT

- **Treatment Modalities**
 - **Computer-Based Instruction**—use of computer technology (i.e., iPads) and/or computerized programs for teaching language skills, including vocabulary, social skills, social understanding, and social problem-solving.
 - **Video-Based Instruction (also called “video modeling”)**—an observational mode of teaching that uses video recordings to provide a model of the target behavior or skill.
 - Video recordings of desired behaviors are observed and then imitated by the individual. The learner's self-modeling can be videotaped for later review.

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TREATMENT

- **Behavioral Interventions/Techniques**
 - **Behavioral interventions and techniques can be used to modify existing behaviors or teach new behaviors.**
 - Identify desired behaviors (e.g., social skills), gradually shaping these behaviors through positive reinforcement, and fading reinforcement as behaviors are learned.
 - **Behavioral approaches can be used to modify or teach social communication behaviors in one-on-one, discrete trial instruction, or in naturalistic settings with peers or other communication partners.**

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TREATMENT

- **Behavioral Interventions/Techniques**
 - **Positive Behavior Support (PBS)** is one example of a behavioral intervention approach that can be used to foster appropriate and effective social communication
 - **Peer-mediated or peer-implemented interventions** are those in which typically developing peers are taught strategies to facilitate play and social interactions with children who have social communication difficulties.

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TREATMENT

- **Social Communication Treatments**
 - **Comic Strip Conversations**—conversations between two or more people illustrated by simple drawings in a comic strip format. Comic Strip Conversations can be used for conflict resolution, problem-solving, communicating feelings and perspectives, and reflecting on events that the individual will encounter in their natural environment.
 - **Score Skills Strategy**—a social skills program that takes place in a cooperative small group and focuses on five social skills: (S) sharing ideas, (C) complimenting others, (O) offering help or encouragement, (R) recommending changes in a positive manner, and (E) exercising self-control

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TREATMENT

- **Social Communication Treatments**

- **Social Communication Intervention Project (SCIP)**—SCIP intervention focuses on social understanding and social interpretation (e.g., understanding social contextual cues and emotional cues), pragmatics (e.g., managing conversation, improving turn-taking), and language processing (e.g., improving narrative construction and understanding nonliteral language)
- **Social Scripts**—a prompting strategy to teach children how to use varied language during social interactions. Scripted prompts (visual and/or verbal) are gradually faded as children use them more spontaneously

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TREATMENT

- **Social Communication Treatments**

- **Social Skills Groups**—an intervention that uses instruction, role-play, and feedback to teach ways of interacting appropriately with peers. Groups typically consist of two to eight individuals with social communication difficulties and a teacher or adult facilitator.
- **Social Stories** — a highly structured intervention that uses stories to explain specific social situations to children to help them learn socially appropriate behaviors and responses.

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TREATMENT

- **Support is Essential**
 - Speech and language treatments are more successful with family engagement. This is especially important for a disorder that affects social communication. It will be important for others to provide multiple opportunities for the child to practice the skills they learn in treatment in real-life situations (“generalization”)
 - Involve additional “communications partners” such as teachers, counselors and other special educators such as occupational and/or physical therapists.
 - Therapy typically progresses from one-on-one with the therapist to support groups that promote using new skills with other children.

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TREATMENT

- **Support is Essential**
 - **Take turns:** Individuals engage in turn-taking activities that mirror the flow of social interaction.
 - Examples including rolling or throwing a ball back and forth
 - Repeating words and other sounds that your child makes.
 - **Read a book with your child, asking and encouraging open-ended questions such as “what do you think about what he did?”**
 - Talk about the feelings. Books and stories provide a great opportunity to talk about feelings.
 - Suggest why you think a character in a story is behaving or feeling a particular way.
 - Try extending this to real-life situations, privately discussing what a friend or sibling might be feeling and why.

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TREATMENT

- **Support is Essential**

- **Read a book with your child:**

- **What's next?** Have your child try to predict what will happen next in a story. Help them locate the clues.
- **Work backward.** Once an event happens, go back and figure out the clues leading up to the event. Take, for example, a picture of spilled milk and food on the floor; ask what might have happened.
- **What's next?** Have your child try to predict what will happen next in a story. Help them locate the clues.
- **Work backward.** Once an event happens, go back and figure out the clues leading up to the event. Take, for example, a picture of spilled milk and food on the floor; ask what might have happened.

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TREATMENT

- **Support is Essential**

- **Clue into pop culture.** Introduce your child to popular, developmentally appropriate shows and public figures so he can join related conversations with friends and classmates.
- **Plan structured play dates.** Begin with just one friend at a time and have a planned activity with a time limit – say, 60 to 90 minutes to start.
- **Use visual supports.**
 - Many children with SCD – like many children affected by autism – process information visually. Visual supports can be particularly useful in helping your child understand expectations and schedules.

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