Background

In May 2013 the DSM-5 was published and introduced a new diagnosis: Social (Pragmatic) Communication Disorder. This diagnosis requires substantial deficits in using language for social purposes, changing language to match the context or listener needs, following the rules of discourse, and going beyond what is explicitly stated to make inferences or resolve ambiguous messages. The diagnosis also requires that these deficits are present in the absence of pronounced ‘structural’ language impairments (e.g. vocabulary or grammar deficits), intellectual impairment, or restricted interests and repetitive behaviours characteristic of autism spectrum conditions.

This diagnosis has proved controversial (Norbury, 2014) due to a lack of suitable gold-standard assessment protocols, limited evidence for the validity or reliability of inclusion and exclusion criteria and few studies measuring the functional impact or developmental course of social/pragmatic deficits in non-autistic children.

To establish a clearer picture of existing research evidence and to highlight priorities for future research, a two-day meeting was organised at University College London with generous funding from British Academy, the Experimental Psychology Society and the ESRC. Eleven leading academic researchers presented papers around four themes: assessment and diagnosis, methodologies for studying typical social/pragmatic development, social communication profiles across diagnostic boundaries, and using technology to facilitate social communication development. Eighty participants took part in the workshop and discussions. These participants included other academic researchers, PhD students, speech-language therapists, educators and charity/policy organisations.

Through discussion, speakers and participants agreed the following consensus statements and representing the key take home messages that emerged from the workshop. For further information, please visit the workshop website, where all talks are available to download as pdf files.

We also asked participants to provide us with feedback, including how the information presented influenced their everyday practice. Those comments are provided after the consensus statements. Please contact the workshop organiser, Courtenay Norbury, with further queries or comments: c.norbury@ucl.ac.uk
Consensus Statements

• All communication is social!

• Social communication symptoms are best conceptualised as a form of Language Disorder as opposed to a discrete diagnostic group

• As such, all aspects of language and non-verbal communication should be considered in diagnostic assessment

• Many different variables (linguistic, cognitive, social, cultural) influence social/pragmatic communication development. Assessment for social communication disorder should therefore involve multi-methods and an inter-disciplinary approach

• Parents do not CAUSE social communication disorder, but genetic influences may contribute to subtle differences in parent communication style

• Social/pragmatic communication includes broad range of skills - views of teachers and parents inform intervention programme

• Social/pragmatic deficits increase risk for adverse social, emotional, behavioural, mental health outcome, especially during adolescence

• Gender is an important variable to consider – more boys may be identified with social/communication deficits at younger ages, but similar rates of social/pragmatic deficit are evident by adolescence

• Children with social/pragmatic communication deficits should have access to services and/or supportive education environments to prevent these adverse outcomes

• We currently lack robust, sensitive instruments to demonstrate meaningful change in social/pragmatic skills, making it difficult to objectively measure treatment benefit

• Though structural language is highly correlated with social/pragmatic skill, changing language competencies may not have downstream positive effects on social/pragmatic skill

• Interventions should target more than just social skills and should be embedded in meaningful and motivating contexts

• Currently (in the UK) treatment pathways are specified by child diagnosis – there should be more flexibility about treatment options and this should be needs based, rather than label based

• Technology may be highly motivating and inspire initiation of social communication

• Developing social/pragmatic communication requires us to tap into children’s interests – children must be motivated to communicate!
Participant feedback: “Please tell us one new bit of information that you have learned as a result of this workshop”

- Clara's use of technology to assess social understanding
- Usefulness of the ALSPAC (Will Mandy)
- Many different perspectives on Social communication disorders and the pragmatic language function.
- Clinical perspective on scd/asd
- Early intervention doesn't adjust the pathway of development as much as we might think
- I wasn't aware of such variety of measures used for testing pragmatic language abilities in children with communication disorders
- That parents of children on the ASS spectrum may struggle with PCI therapy more than ABA therapy techniques as PCI is less structured. This explains what I have seen clinically but not understood before.
- Considering the use of technology to develop social interaction and communication - this is usually something that on a practical level we do less of as clinicians
- Strongest correlations between SCDs and language difficulties
- There is evidence to suggest that the presentation of SCDs in females become more significant in adolescence.
- The complex nature and many domains that impact SCD.
- How prediction is linked to conversation development
- How research is being translated into apps
- How strong Soc Comm skills can act as a 'brake' in the development of a conduct disorder. And therefore the importance of Emotional Regulation
- About some children with autism have parents with a BAP
- Trajectories of social communication in large cohorts
- the importance of pragmatics when developing structured language
- App based interventions
- parents of children with autism may have autistic -(like) features
- longitudinal trajectories in boys and girls are vastly different, and suggest that girls are at great risk later in adolescence
- Social communication disorder may not be a discrete thing
- Lots of new approaches to social communication issues.
Participant feedback: “Please tell us how you might implement what you have learned in your current work”

- Have already used the information on the importance of context and ambiguity for vocabulary/importance of social cues for lexical processing
- Broader conception of SCD
- Write and problematize more on the definition and criteria for SCD
- Consider more clearly how to measure potential other impacts of intervention e.g. self esteem/confidence
- I was inspired to think about modifying the design of my experiment
- Be more structured in setting up PCI therapy.
- There were several elements we were able to brainstorm as a service to take back to share with our SLT colleagues and wider educational staff. In particular sharing the links of social communication difficulties and risk with conduct/behaviour. Highlighting girls and the age at which difficulties are often identified. Integrating technology and ACI
- Will incorporate technology as a motivator for interaction
- I will share the information about the CCC-2 as we use that measure clinically.
- I will consider much more how these different domains may need more careful exploration.
- Focussing on semantic knowledge to support language use in conversation
- When evaluating effectiveness of interventions it is important to consider unintended but beneficial effects e.g. Increases in social interaction from apps
- I want to find ways of support parents to help their children develop their emotional regulation skills
- Consider these when devising interventions for children with autism
- Apply to future research designs
- It’s given me the confidence to suggest the use of a whole school approach to social communication rather than running specific groups which is what I wanted to be able to do
- Be aware of parents skills and preferences when recommending therapy approaches and generalisation strategies