



Social (Pragmatic) Communication Disorder



The new diagnosis of social (pragmatic) communication disorder (SCD) in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* will more accurately recognize individuals who have significant problems using verbal and nonverbal communication for social purposes, leading to impairments in their ability to effectively communicate, participate socially, maintain social relationships, or otherwise perform academically or occupationally. Previous editions of DSM did not provide an appropriate diagnosis for people with such symptoms, which led to inconsistent treatment across clinics and treatment centers. For these individuals, SCD brings their social and communication deficits out of the shadows of a “not otherwise specified” label to help them get the services and treatment they need.

Characteristics of the Disorder

SCD is characterized by a persistent difficulty with verbal and nonverbal communication that cannot be explained by low cognitive ability. Symptoms include difficulty in the acquisition and use of spoken and written language as well as problems with inappropriate responses in conversation. The disorder limits effective communication, social relationships, academic achievement, or occupational performance. Symptoms must be present in early childhood even if they are not recognized until later when speech, language, or communication demands exceed abilities.

Process for a New Diagnosis

New diagnoses were included in DSM-5 only after a comprehensive review of the scientific literature; full discussion by Work Group members; review by the DSM-5 Task Force, Scientific Review Committee, and Clinical and Public Health Committee; and, finally, evaluation by the American Psychiatric Association’s Board of Trustees. Trustees approved the final diagnostic criteria for DSM-5 in December 2012.

Improving Diagnosis and Care

While previous editions of DSM included diagnoses with related symptoms, the SCD diagnosis was needed to ensure that the unique needs of affected individuals are met. For example, while autism spectrum disorder (ASD) does encompass communication problems, it also includes restricted, repetitive patterns of behavior, interests or activities and gives equal weight to both communication issues and repetitive behaviors. ASD must be ruled out for SCD to be diagnosed.

Because the symptoms described in SCD were not defined in previous editions of DSM, many individuals with such symptoms may have been lumped under the not otherwise specified category of pervasive development disorder. This led to inconsistent treatment and services across different clinics and practices. Research shows that communication disorders are amenable to treatment, so identifying distinct communication problems are an important first step in getting people appropriate care.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.