

# A WALK THROUGH THE DSM 5: COMMUNICATION DISORDERS

Dina E. Hill, Ph.D. ([dhill@salud.unm.edu](mailto:dhill@salud.unm.edu))

Cynthia King, MD  
([cyking@salud.unm.edu](mailto:cyking@salud.unm.edu))

UNM Department of Psychiatry

# Disclosures

- Dr. Hill has a contract with IHS for neuropsychological assessment of children through her private practice.
- Dr. King has no financial relationships or conflicts of interest related to this presentation. She is not involved in any clinical drug trials.

# Overview of Neurodevelopmental Series

- **Session 1:** Intellectual Disabilities
- **Session 2:** Communication Disorders
- **Session 3:** ADHD/Externalizing Disorders
- **Session 4:** Specific Learning Disorders
- **Session 5:** Motor Disorders
- **Session 6:** Special Topics

# Session 2: Communication Disorders

## Goals/Objectives

- Practitioners will be able to identify children with speech/language disorders.
- Practitioners will be able to recognize differential diagnoses.
- Practitioners will be able to provide families with directions to accessing resources and interventions.

# DSM 5: Communication Disorders

- Language Disorder
- Speech Sound Disorder
- Childhood-Onset Fluency Disorder (Stuttering)
- Social (Pragmatic) Communication Disorder

# Language Disorder: Diagnostic Criteria

- A. Persistent difficulties in the acquisition and use of language across modalities due to deficits in comprehension or production
- B. Language abilities are substantially and quantifiably below those expected for age resulting in functional limitations

# Language Disorder: Diagnostic Criteria

- C. Onset of symptoms is in the early developmental period
- D. Difficulties are not attributable to other medical or neurological reason
- Is not better explained by intellectual disability or global developmental delay

# Speech Sound Disorder: Diagnostic Criteria

- A. Persistent difficulty with speech sound production
- B. Disturbance causes limitations in effective communication that is interfering
- C. Onset in early developmental period
- D. Not attributable to congenital or acquired conditions



# Childhood-Onset Fluency Disorder: Diagnostic Criteria

- A. Disturbances in normal fluency and time patterning of speech that is in appropriate for age & language skills, persists over time, and has one or more speech disturbance
- B. Disturbance causes anxiety about speaking and/or impacts functioning
- C. Onset of symptoms in early developmental period
- D. Not attributable to neurologic insult

# Social Communication Disorder: Diagnostic Criteria

A. Persistent difficulties in social use of verbal and nonverbal communication including

- Deficits in using communication for social purposes
- Impairment in ability to change communication to match context
- Difficulties following rules of conversation
- Difficulties understanding what is not explicitly stated.

B. Deficits result in functional limitation

C. Onset during early developmental period

D. Deficits not attributable to other medical condition

# Communication Disorders: Comparison DSM-IV & DSM-5

- DSM-5 Language Disorder: combines DSM IV Expressive Language Disorder & Mixed Receptive-Expressive Language Disorder
- DSM-5 Speech Sound Disorder: new name for DSM IV Phonological Disorder
- DSM-5 Childhood-Onset Fluency Disorder: new name for Stuttering
- DSM-5 Social (Pragmatic) Communication Disorder: new condition for persistent difficulties in the social uses of verbal and nonverbal communication.

# Communication Disorders: Epidemiology

- Communication disorders are estimated to have a prevalence of 5% to 10%.
- 5 percent of U.S. children ages 3-17 have a speech disorder that lasted for a week or longer during the past 12 months.
- The prevalence of speech sound disorders in young children is 8 to 9 percent.

# Communication Disorders: Etiology/Risk Factors

- Risk Factors:
  - Family history
  - Male
  - Prematurity/low birth weight
- Developmental Language Disorders versus Acquired Language Disorders

# Communication Disorders: Comorbid Conditions

- Intellectual Disability (ID)
- Autism Spectrum Disorder (ASD)
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Anxiety Disorders
- Conduct Disorders
- Specific Learning Disorder, with Impairment in Reading

# Communication Disorders: Differential Diagnosis

- Normal variation in language development
- Hearing or sensory impairment
- Neurological disorders
- Language regression
- Selective Mutism
- Medication side effects
- Tourette's Disorder
- Intellectual Disability, ASD

# Communication Disorders: Screening

- Screening of communication skills is completed if a communication disorder is suspected
- Screenings occur in primary care settings, EI, special education preschool
- Screening *does not* result in a diagnosis
- Screening process/Referral for further assessment



# Communication Disorders: Diagnostic Evaluation

- Assessment completed by speech/language therapist and/or neuropsychologist/developmental psychologist
- Assessment includes
  - Input from caregivers/educators
  - Standardized testing (culturally relevant/first language)
  - Hearing screen/audiology evaluation

# Communication Disorders: Diagnostic Evaluation

- Oral mechanism examination
- Speech evaluation
- Spoken language testing
  - Semantics
  - Morphology
  - Syntax
  - Pragmatics

# Communication Disorders: Neurocognitive Functioning

- Intellectual Functioning
- Academic Achievement
- Phonological Processing
- Attention & Processing Speed

# Communication Disorders: Behavioral Assessment

- Attention-Deficit/Hyperactivity Disorder (ADHD) assessment
- Autism Spectrum Disorder (ASD) assessment
- Anxiety assessment (selective mutism)
- Adaptive Functioning

# Communication Disorders: Interventions

- It is important to identify children with communication disorders and begin appropriate interventions as soon as possible.
- Early intervention may help speed the child's overall language development and lead to better long-term functional outcomes.

# Communication Disorders: Interventions

- It is important to remember that no one type of speech/ language intervention is the best for all young children.
- It is recommended that the type of intervention for a communication disorder in a young child be based upon an assessment of that child's specific strengths and needs.

# Communication Disorders: Interventions

- It is particularly important to assess the child's pre-treatment developmental and language levels.
- An important goal of the initial stage of therapy is to verify and expand on the results of the initial assessment.

# Cultural Considerations for Diagnosis, Intervention, & Health Information Exchange

- Diagnostic evaluations and first language (bilingualism, English learners)
- Intervention goals must be appropriate to the particular culture of the child and family
- Health Intervention Exchange