A WALK THROUGH THE DSM 5: COMMUNICATION DISORDERS

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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