



Social Communication Disorders in School-Age Children

Overview

See the Social Communication Disorders Evidence Map for summaries of the available research on this topic.

The scope of this page is limited to social communication disorders in school-age children (5-21 years old); social communication resources for preschool and early adult populations will be developed at a later date. While the four domains of social communication function in an integrated way, this document focuses on disorders of social interaction, social cognition, and pragmatics, because these are unique to social communication. Disorders of receptive and expressive language will be addressed in a separate Practice Portal page.

Social communication can be defined as "the synergistic emergence of social interaction, social cognition, pragmatics (verbal and nonverbal), and receptive and expressive language processing" (Adams, 2005, p. 182). See components of social communication [PDF] and social communication benchmarks [PDF] across the age span.

Social communication disorders may include problems with social interaction, social cognition, and pragmatics. A social communication disorder may be a distinct diagnosis or may occur within the context of other conditions, such as autism spectrum disorder (ASD), specific language impairment (SLI), learning disabilities (LD), language learning disabilities (LLD), intellectual disabilities (ID), developmental disabilities (DD), attention deficit hyperactivity disorder (ADHD), and traumatic brain injury (TBI). Other conditions (e.g., psychological/emotional disorders and hearing loss) may also impact social communication skills. In the case of ASD, social communication problems are a defining feature along with restricted, repetitive patterns of behavior.

Social communication includes interactions with a variety of communication partners, including family, caregivers, child care providers, educators, and peers. Social communication behaviors such as eye contact, facial expressions, and body language, are influenced by sociocultural and individual factors (Curenton & Justice, 2004; Inglebret, Jones, & Pavel, 2008), and there is a wide range of acceptable norms within and across individuals, families, and cultures. For example, preferences for maintaining or averting eye contact, expectations for adult-child interactions, or norms for personal space may vary. The rules of interaction are highly dependent on the situation and condition in which the child is involved (Kayser, 1989; Wolfram, 1986). Clinically and culturally appropriate assessment must examine variations in norms and distinguish these variations from a disorder(s).

PRAGMATICS	VERBAL COMMUNICATION	<ul style="list-style-type: none"> • Speech acts (e.g., requests, responses, comments, directives, demands, promises, and other communication functions) • Communicative intentions (communicative acts) • Perlocutionary/illocutionary/locutionary acts • Prosody • Grice maxims of conversation (quantity, quality, relevance, manner) 	<ul style="list-style-type: none"> • Discourse <ul style="list-style-type: none"> ○ Style—conversational, narrative, expository, procedural ○ Interaction/transaction ○ Cohesion/coherence ○ Responsiveness/assertiveness ○ Topic maintenance/introduction/ <ul style="list-style-type: none"> ○ responsiveness/shift ○ Social reciprocity (e.g., initiating and responding to bids for interaction, taking turns) ○ Communication breakdown and repair ○ Deictic forms ○ Contingency/adjacency ○ Co-construction of meaning ○ Event knowledge ○ Scripts
	NONVERBAL COMMUNICATION	<ul style="list-style-type: none"> • Body language (posture and positioning) • Gesture • Facial expression • Eye contact 	<ul style="list-style-type: none"> • Gaze (gaze shifts) • Proxemics • Deictic gestures • Challenging behavior as communication
LANGUAGE PROCESSING (EXPRESSIVE AND	<ul style="list-style-type: none"> • Spoken and written language comprehension • Spoken and written language expression • Morphology (word forms) 	<ul style="list-style-type: none"> • Syntax (word order) • Semantics—general and discipline-specific vocabulary (e.g., science, math, social studies) • Phonological skills for spelling and reading decoding 	

This table was generated using the following resources: Grice, 1975; Nelson, 1978; and Timler, Olswang, & Coggins, 2005.



COMPONENTS OF SOCIAL COMMUNICATION

SOCIAL INTERACTION	<ul style="list-style-type: none"> • Speech style and context • Cultural influences • Gender communication differences • Language interference (influence of one language on another) • Code switching • Rules for linguistic politeness • Social reasoning • Peer-related social competence • Social tasks (e.g., accessing peer groups, cooperative play) • Conflict resolution • Power relationships (e.g., dominance/deference)
SOCIAL COGNITION	<ul style="list-style-type: none"> • Theory of Mind (ToM)—ability to connect emotional states to self and others; understanding that others have knowledge, desires, and emotions that may differ from one’s own ; ability to take the perspective of another and modify language use accordingly • Emotional competence <ul style="list-style-type: none"> ○ emotional regulation ○ emotional understanding ○ emotional expression (e.g., effectively regulating one’s emotional state and behavior while focusing attention on salient aspects of the environment and engaging in social interaction) • Executive functioning (e.g., organization, planning, attention, problem solving, self-monitoring of future, goal-directed behavior) • Joint attention (e.g., social orienting, establishing shared attention, monitoring emotional states, and considering another's intentions) • Inference • Presupposition