

## Social Interaction Challenges in Children with Autism Spectrum Disorder: Understanding Communication Disorders

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### ABSTRACT

Over the past five decades, the treatment landscape for schizophrenia has predominantly revolved around the development of antipsychotic drugs. Despite notable advancements leading to the availability and utilization of numerous medications, they generally fall into three primary classes: conventional (typical), atypical, and dopamine partial agonist antipsychotics. While these drugs operate through diverse mechanisms of action, they predominantly target dopamine systems. Although second-generation (atypical and dopamine partial agonist) antipsychotics are perceived to offer advantages over first-generation agents, the distinctive pharmacological properties underlying the therapeutic effects of these newer drugs remain unclear. Furthermore, certain side effects persist, potentially impacting patient well-being and quality of life. Additionally, the efficacy of antipsychotic drugs is constrained, necessitating the adjunctive use of pharmacotherapy to enhance treatment outcomes. Despite ongoing efforts, the quest for novel non-dopaminergic antipsychotic drugs has yet to yield breakthroughs, although various development strategies persist, informed by diverse pathophysiologic hypotheses. This article offers a concise overview and critique of the current therapeutic arsenal for schizophrenia treatment, alongside drug development strategies and theories regarding the mechanisms of action of antipsychotics. Moreover, it directs attention toward novel targets for therapeutic agents in future drug development endeavors.

**Keywords:** Schizophrenia; Antipsychotic drugs; Psychosis; Hyperprolactinemia.

## INTRODUCTION

The verbal and language capabilities of children with ASD are closely linked to their intellectual and social development. While some children with ASD struggle to communicate verbally or possess minimal speech abilities, others exhibit extensive vocabulary and specialize in particular topics. Understanding the meaning and flow of words and sentences can be challenging for many. These communication difficulties significantly impact their ability to interact with peers, especially those of similar age [1].

Social communication encompasses the use of language in social contexts, including social interaction, social cognition, pragmatics, and language processing [2].

### Signs and Symptoms of Social Communication Disorder

Children with social communication disorder encounter challenges in utilizing appropriate verbal and nonverbal communication in social settings. Smiling, greeting, maintaining eye contact, and conversing comfortably pose difficulties for them [3].

Inability to adjust communication style based on the audience's age or profession, such as speaking differently at gatherings versus birthday parties, or with children versus adults.

- Failure to adhere to social etiquette, like turning away while speaking or neglecting to offer a handshake.
- Difficulty in understanding and utilizing verbal and nonverbal cues.
- Inability to grasp the meaning of words, such as interpreting warnings like 'Careful — the road is slippery.'
- Lack of comprehension regarding the contextual nuances of language, including sarcasm or idiomatic expressions.
- Challenges in interpreting both verbal and nonverbal cues during interactions.

### Diagnosis of Social Communication Disorder

Pragmatic Language Impairment (PLI) describes social communication issues. Healthcare professionals specializing in child development and developmental disorders, such as autism spectrum disorder, can diagnose social communication dysfunction [4].

The diagnosis often involves various healthcare specialists, including speech pathologists and psychologists, who conduct interviews, language assessments, and behavioral evaluations.

It is crucial to address concerns about potential social communication disorders early by consulting trusted healthcare professionals like child and family health nurses, GPs, or pediatricians, who can refer individuals for further evaluation.

Augmentative communication systems aim to compensate for language comprehension disorders temporarily or permanently in individuals with severe impairments [5].

Social communication abilities encompass the capacity to adjust speech style, consider others' perspectives, comprehend, and apply verbal and nonverbal communication principles, and utilize language components effectively. These skills, vital in both spoken and written forms, facilitate communication in diverse social contexts. Sociocultural and individual factors influence social communication behaviors, including eye contact, facial expressions, and body language [6].

Social communication disorder may co-occur with conditions like intellectual disability, developmental disabilities, learning disorders, ADHD, traumatic brain injury, aphasia, and dementia. However, it cannot be diagnosed concurrently with ASD, given that social communication issues are inherent to ASD alongside repetitive behavior patterns.

## REFERENCES

1. Kasari C, Brady N, Lord C, Tager-Flusberg H. Assessing the minimally verbal school-aged child with autism spectrum disorder. *Autism Res* 2013; 6(6):479-493.
2. Tager-Flusberg H, Kasari C. Minimally verbal school-aged children with autism spectrum disorder: The neglected end of the spectrum. *Autism Res* 2013; 6(6):468-478.
3. Atkinson L, Niccols A, Paglia A, Coolbear J, Parker HKC, Poulton L, et al. A meta-analysis of time between maternal sensitivity and attachment assessments: Implications for internal working models in infancy/toddlerhood. *J Soc Pers Relat* 2000; 17(6):791-810.
4. Bauminger N, Solomon M, Rogers SJ. Predicting friendship quality in autism spectrum disorders and typical development. *J Autism Dev Disord* 2010; 40(6):751-761.
5. Belsky J, Fearon RMP. Early attachment security, subsequent maternal sensitivity, and later child development: Does continuity in development depend upon continuity of caregiving? *Attach Hum Dev* 2002; 4(3):361-387.
6. Capps L, Sigman M, Mundy P. Attachment security in children with autism. *Dev Psychopathol* 1994; 6(2):249-261.