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Drs. Ozonoff and Miller reply

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We thank Dr. Tufan for the kind words about our article and appreciate the opportunity to expand on the thought-provoking issues raised. We agree that there is conceptual overlap between the construct of the broad autism phenotype (BAP) and the *DSM-5* diagnosis of social (pragmatic) communication disorder (SCD). Features similar to those included in SCD have been described in family members of children with autism spectrum disorder (ASD) for some time,¹ and the *DSM-5* states that a family history of ASD increases the risk for SCD.

The *DSM-5* SCD criteria include persistent challenges in using verbal and nonverbal communication in a social context, as manifested by difficulties in using communication for social purposes; changing communication to fit the context or adapt to the needs of the partner; following rules of conversation and narrative; and using and understanding nonliteral language. As Norbury² conceptualized it, the SCD criteria span 2 types of communicative difficulties: the first 3 symptoms measure social communication, and the fourth measures pragmatic language, such as the use of linguistic context to infer meaning, resolve ambiguities, and understand nonliteral language.

We could not use SCD as an outcome in our study because data collection began long before the *DSM-5* was published. Even if the criteria had been available, they would likely not have been applicable to our participants, who were 3 years old at outcome assessment. The *DSM-5* states that children younger than 4 years rarely meet the criteria for SCD, because pragmatic skills are still at a very early stage of development and delays are not yet apparent.

Given the overlap in content between the social-communicative features of the BAP and SCD, we were eager to apply the diagnostic criteria to our sample as they got older. A subset of the sample is now 8 to 10 years of age; they are currently being seen for comprehensive psychological, educational, and mental health evaluations by examiners unaware of risk group or previous outcome classifications. We initially anticipated that many of the high-risk children with BAP features would meet the criteria for SCD, but in the sample tested thus far, this has not been the case. Of 87 high-risk children now in this age range, 22 have been evaluated at this point. Of those assessed, 9 (40.9%) have the BAP as an outcome, but only 1 of those 9 have met the SCD criteria. Why is this so?

A concern raised by Dr. Tufan is the exclusion from SCD of children with restricted repetitive behaviors, particularly because this category includes stereotyped language in the

DSM-5, which may overlap with the BAP. However, none of the 9 high-risk children with BAP outcomes tested thus far were excluded from the SCD diagnosis because of the presence of repetitive behaviors. The primary challenge we have encountered in applying *DSM-5* criteria is the requirement that all 4 symptoms be evident. Each of the 9 children with BAP features showed 1 to 3 symptoms of SCD, but only 1 displayed all four. It appears to us that only quite affected children, similar to those on the autism spectrum (who are, of course, excluded), will meet the criteria for SCD. Norbury² captures the dilemma succinctly in saying, "...to require both social and pragmatic deficits to be present may preclude diagnosis in young people with average or above average structural language skills. Conversely, those most likely to demonstrate impairments in both are very likely to have additional impairments in word knowledge and grammar, which may also preclude diagnosis" (p. 210). This may result in a situation much like *DSM-IV* Asperger disorder, in which if the criteria are strictly applied, very few children will actually meet it.³

Although this is too small a sample for definitive conclusions to be drawn, we appreciate the opportunity to speculate, along with Dr. Tufan, about the overlap between the *DSM-5* SCD diagnosis and the BAP. We will continue to follow our sample of high-risk children as they age into the 8- to 10-year-old range and hope they can soon shed light on the utility of the SCD diagnosis.

References

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