



## **Assessing pragmatic abilities in children with Autism Spectrum Disorders**

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### **Abstract**

The aim of the study was to explore pragmatic skills in children with Autism Spectrum Disorder (ASD). Six children with ASD between ages 3 to 8 years were chosen as the participants. A pragmatic tool developed at the All India Institute of Speech and Hearing (AIISH), Mysore as part of a dissertation was administered. Pragmatics is a critical part of communication and is related to social skills, learning, and literacy skills in children with autism. Several advanced and intermediate pragmatic skills like turn taking and joint attention were found to be affected in these children. The current study highlights the need to enhance pragmatic skills in children with ASD as a component of communication, alongside language content and form.

**Keywords:** Pragmatics, Assessment, Autism Spectrum Disorder, Communication, Language

### **1. Introduction**

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that interferes in one's social communication or pragmatics, expressive communication especially verbal communication (Thabtah & Peebles, 2019). The domain concerned with the usage of the language across various social situations that allows an accurate understanding of the speaker's intention is called Pragmatics of language (Gleason & Berko, 2007). It requires the complex coordination of different skills like cognitive, social and linguistic skills (Toe, Mood, Most, Walker, & Tucci, 2020).

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Children with ASD often have difficulties in social communication or pragmatics of language (Whyte & Nelson, 2015). Communication breakdowns occur frequently as a result of inadequate pragmatic skills. These skills also affect peer acceptance, perceptions of social competence in everyday interactions and self-esteem adversely (Turkstra et al., 2017; Whyte & Nelson, 2015).

The assessment of pragmatic skills is essential in identifying children who need extra mediation in the area of pragmatics. It is difficult in general; it is a socially driven behaviour and involves assessing a child in interaction with a peer or an adult and these observations are difficult to make in a clinical setting (Toe et al., 2020). Pragmatic deficits like turn taking, engaging in and initiation of conversation, comprehension of irony, metaphor, maxims and so on are difficult to measure on traditional tests as they focus mainly on linguistic structure and meaning instead of pragmatics of language ( Bishop, 1998; Adams, 2002; Anderson et al., 2007.) This could be because of several reasons. Firstly, the testing procedure is rigid and formal; hence, it fails to acknowledge the adjustments to changing situations and circumstances (Adams, 2002). Secondly, children with pragmatic deficits perform better in a structured environment, like a formal test as compared to a naturalistic situation (Bishop & Adams, 1989).

### *1.1. Aim*

The aim of the present study was to explore the different pragmatic skills present in the communication of children with ASD.

## **2. Methodology**

The methodology of the research should be detailed very clearly referring to relevant theories.

### *2.1. Participants*

For this study, participants with ASD were selected from the All India Institute of speech and hearing (AIISH), Mysore. Six children with ASD between ages 3 to 8 years were profiled and their case studies were made. The Indian Scale for Assessment of Autism (ISAA) was used to determine the severity of autism. This tool was administered by the certified Psychologist and Speech-Language Pathologist jointly which diagnosed children as No Autism, Mild Autism, Moderate autism and severe autism. Out of these participants, three were of mild severity and three were of moderate severity. Participants with any other neuro-developmental disorders were excluded from the study, neither did any participant had sensory deficits like hearing or visual impairment. The study followed all the ethical guidelines given by All India Institute of Speech and Hearing and informed consent was obtained from all the caregivers of the children assessed in the study.

### *2.2. Data collection and processing*

The researchers gathered the case history and background information of the participants. The data was collected through an interview and observation of the child in free play and general interaction with the primary caregiver. This was done in 2–3 sessions at the clinic. In the absence of new



standardised tool, the language age was determined using the translated version of Receptive and Expressive Emergent Language Skills (Bzoch & League, 1991) and a pragmatic tool, which was developed at AIISH as a part of a dissertation, was administered. This tool is divided into three levels- Beginner, Intermediate & Advanced. Each level has 20 questions, each question was given a score of 0, 0.5 or 1 depending on the ability to perform the particular skill (as informed by the caregiver); where 0 indicated an inability to perform the skill, 0.5 indicated inconsistent ability to perform the skill and 1 indicated consistent ability to perform the skill. These questions were answered by the primary caregiver of the child. The sum of the scores of each level gives us a total score.

### *2.3. Data analysis*

The data was analyzed qualitatively and represented in terms of percentages as it was a series of case studies.

## **3. Findings**

In the six case scenarios considered for this particular study, the following are the results obtained.

Intentional communication using gestures/pulling caregiver towards desired object and attention-seeking through cry or vocalizations were present in 100% of the participants. Quieting responses to speech, brief eye gaze and finding comfort by establishing physical proximity with caregivers were found in 83.33% of the participants and were emerging in 16.66% of participants. Eye tracking, imperative pointing, requesting for object required skills were present in 66.66% of participants. Alerting response to sight & sound follows caregiver with eyes and imperative pointing were emerging in 16.66% of the participants. Awareness of unfamiliar situations, fixed eye gaze, response to name call, eye contact during play were present in 50% of the participants. Awareness of unfamiliar situations, response to name call, eye contact during play were emerging in 50% of the participants. Joint attention for objects at close distance was present in 33.33% and was emerging in 66.66% of participants. Joint action, indicating negation, usage of two words/gesture combinations, eye contact during communication were present in 33.33% of participants. Joint action, indicating negation, eye contact during communication were emerging in 33.33% of participants. Usage of true words/gestures for requesting, turn taking during play/rhymes were present in 16.66% of participants.

Table 1  
*Profiling of pragmatic skills in children with ASD*

<b>Sr. No.</b>	<b>SKILLS</b>	<b>Consistent (%)</b>	<b>Inconsistent (%)</b>	<b>Absent (%)</b>
<b>BEGINNER</b>				
1	Alerting response to sight, sound. Follows caregiver with eyes	66.66	16.66	16.66
2	Quietens in response to speech	83.33	16.66	
3	Preference for child directed speech	50.00		50.00
4	Awareness of unfamiliar situations	50	50	
5	brief eye gaze	83.33	16.66	
6	fixed eye gaze	50	16.66	33.33
7	response to name call	50	50	
8	Joint attention for object at close distance	33.33	66.66	
9	finding comfort by establishing physical proximity with caregivers	83.33	16.66	
10	eye contact during play	50	50	
11	Intentional communication	100		
12	attention seeking through cry or vocalizations	100		
13	Imperative pointing	66.66	16.66	16.66
14	Usage of true words/gestures for requesting	16.66	66.66	16.66
15	Turn taking during play/rhymes	16.66	16.66	66.66
16	Initiating interaction and waiting for response		50	50



17	Joint action	33.33	33.33	33.33
18	Indicating negation	33.33	33.33	33.33
19	requesting for object required	66.66		33.33
20	usage of two words/gesture combinations	33.33	16.66	50
<b>INTERMEDIATE</b>				
21	Eye contact during communication	33.33	33.33	33.33
22	Social greetings		50	50
23	Usage of Wh questions			100
24	Eye contact during conversation		50	50
25	Waits for turn during play		50	50
27	Answering wh questions		16.66	83.33
30	Usage of eye contact to signal turn during play		16.66	83.33
31	Verbal turn taking		16.66	83.33
32	Usage of sentences to express denial/dislike		16.66	83.33
39	Usage of Proxemics, Kinemics		16.66	83.33

**4. Discussion**

A person’s effective functioning in his own community depends on pragmatic language skills because it is an amalgamation of social and language skills. It requires both of them which are central features of ASD (Volden & Phillips, 2010).

Toddlers with ASD are alert to and aware of new sounds in the environment. They also orient themselves towards it most of the time (Adamson, Bakeman, Suma, & Robins, 2019). In contrast to some previous investigations by Klin et al (Zwaigenbaum et al., 2007) which stated that children with ASD showed lesser attention to Child Directed Speech (CDS) as compared to age-matched typically developing peers, the current study

showed that 50% of children with ASD showed preference towards CDS (Watson, Roberts, Baranek, Mandulak, & Dalton, 2012).

Individuals with autism show limited ability to give eye contact and focus lesser on the faces of communicative partners (Bar-Haim, Shulman, Lamy, & Reuveni, 2006). Children with autism have been found to respond less to name call during early life (Hatch et al., 2020). Studies indicate Children with ASD have poor joint attention skills during parent-child interactions (Adamson et al., 2019). Some studies indicate that children with autism make minimal eye contact during play activities whereas some other studies indicate that children with autism make more eye contact, shifting gaze between play materials and their partner's face during play. In individuals with ASD, limited intentionality is considered to be a core deficit in their communication (Maljaars, Noens, Jansen, Scholte, & van Berckelaer-Onnes, 2011). Experimental studies showed that children and adolescents with autism have severe difficulties in producing and in comprehending the declarative, but not the imperative pointing (Baron-Cohen, 1988). Difficulties in initiating a conversation (Baron-Cohen, 1988) and in responding to others' initiations (Stone & Caro-Martinez, 1990) also have been reported. Speakers with ASD appear to have difficulty taking turns appropriately in a conversation (Botting & Conti-Ramsden, 2003).

Children with autism have been seen to make lesser initiations to interact during conversations, comment lesser, take lesser conversational turns and respond less to others during conversations (Jones et al., 2017). Difficulties in initiating a conversation (Baron-Cohen, 1988) and in responding to others' initiations (Stone & Caro-Martinez, 1990) also have been reported. Once engaged in a conversation, speakers with ASD appear to have difficulty taking turns appropriately (Botting & Conti-Ramsden, n.d.).

Deviant patterns of eye contact behaviour are found in individuals with autism, who suffer from severe social and communicative deficits. Eye contact and modulation of gaze behaviour have been found to be difficult areas for individuals with ASD (Toth, Munson, Meltzoff, & Dawson, 2006). Children with ASD, on the other hand, often rely on memorizing items in specific formats rather than analyzing questions into components and abstracting contextual cues from wh- questions (Goodwin, Fein, & Naigles, 2015). Studies indicate Children with ASD have affected turn-taking abilities along with a lesser tolerance for waiting for turn during conversations (Cardillo, Mammarella, Demurie, Giofrè, & Roeyers, 2020)

Children with ASD have been found to have difficulty with 'wh' questions having words like 'what', 'where', 'who' (Daar, Negrelli, & Dixon, 2015). Avoidance of eye contact and difficulty with eye contact during early life have been observed to indicate Autism Spectrum Disorder. These deficits have also been observed to persist through life (Trevisan, Roberts, Lin, & Birmingham, 2017). Studies have shown a positive relation between turn taking and joint attention skills in children (toddlers) with autism (Trevisan et al., 2017).

Studies have evaluated other areas of pragmatics such as extra-linguistic and para-linguistic pragmatic skills (Angeleri, 2016) and documentation of frequency of use of skills and analysis of same in different contexts (Baird &



Norbury, 2016). The tool used in the current study has limitations in ability to assess these areas.

The present study is a pilot study where only six participants were recruited for it. The authors wish to extend the study and recruit more participants for better generalizability. Also, a longitudinal study should be conducted wherein the pragmatic abilities of children with ASD, who are attending therapy, should be monitored.

## **5. Conclusion**

Pragmatic language is a critical part of communication and is related to social skills, learning, and literacy skills in children with autism. Improvement of deficits in communication and social competency can also enhance a child's self-image and sense of belonging in a family and a peer group. When children are diagnosed with ASD, improving their pragmatic language and social interaction are important components of their therapy program. We conclude this article with a recommendation for healthcare professionals to monitor pragmatic developmental milestones in ASD children, to refer them for pragmatic assessments, and to collaborate with researchers to develop valid, reliable tools that adequately capture the pragmatic strengths and weaknesses of ASD children. The study highlights the need to teach children with ASD pragmatic skills as a component of communication, alongside language content and form.

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