



AUTISM SPECTRUM DISORDER
SOUTH DAKOTA PERSPECTIVE



Department of Education

Objectives

- Objectives
 - History of DSM-5
 - New changes in DSM-5
 - DSM-IV to DSM-5: a crosswalk
 - Evaluating Autism Spectrum Disorder
 - Social Communication Disorder
 - Reporting Procedures
 - Comorbidity
 - SD Eligibility

History of DSM-5 and Autism

- DSM-I (1952) and DSM-II (1968)
 - No term of Autism or Pervasive Development Disorder
- DSM-III (1980)
 - Pervasive Developmental Disorder (PDD)
 - Childhood onset PDD, Infantile Autism, Atypical Autism
- DSM-III-R (1987)
 - Pervasive Development Disorders (PDD)
 - PDD-NOS, Autistic Disorder
- DSM-IV (1994)
 - Pervasive Developmental Disorders: PDD-NOS, Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, Rett Syndrome

www.psychiatry.org; www.theautismeducation.com

Changes in DSM-5



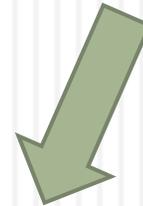
- ❑ Eliminated the term Pervasive Developmental Disorder
- ❑ Rett Syndrome removed as a separate disorder

Autism Spectrum Disorder

Autism

Asperger's Disorder

PDD-NOS



Autism Spectrum Disorder

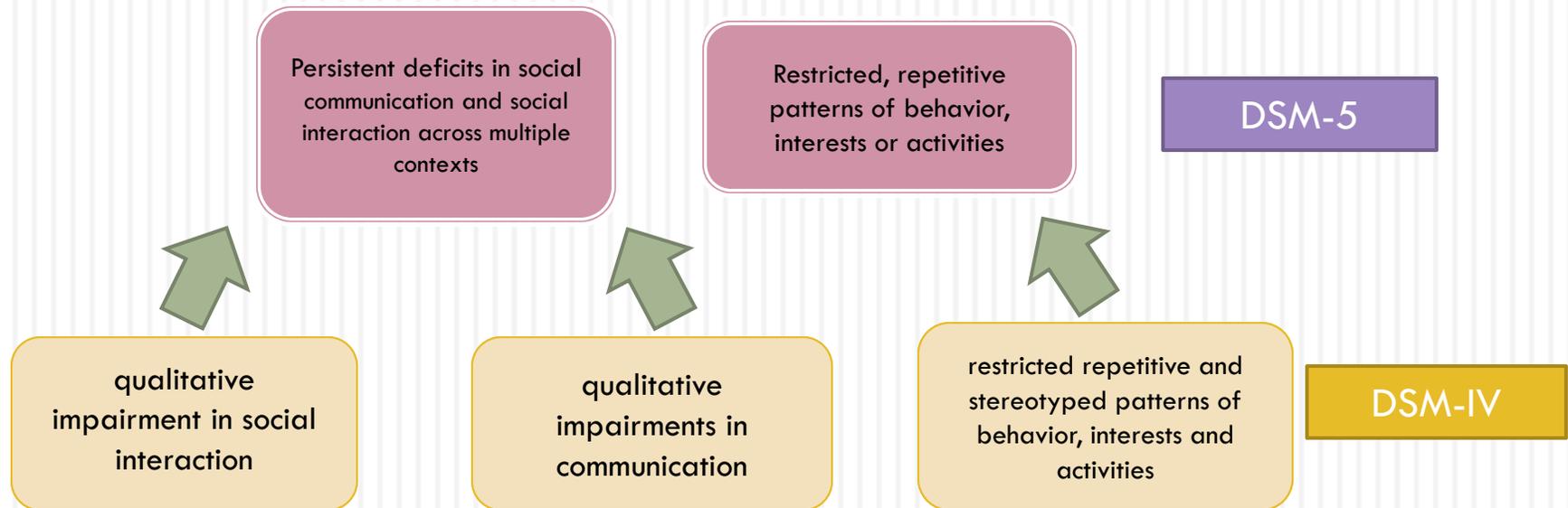
Changes in DSM-5

- Inclusion of Specifiers
 - Associated with a known medical or genetic condition
 - Cognitive Abilities/Intellectual impairments
 - Verbal Abilities/Language impairments
 - Severity Levels

(American Psychiatric Association, 2013)

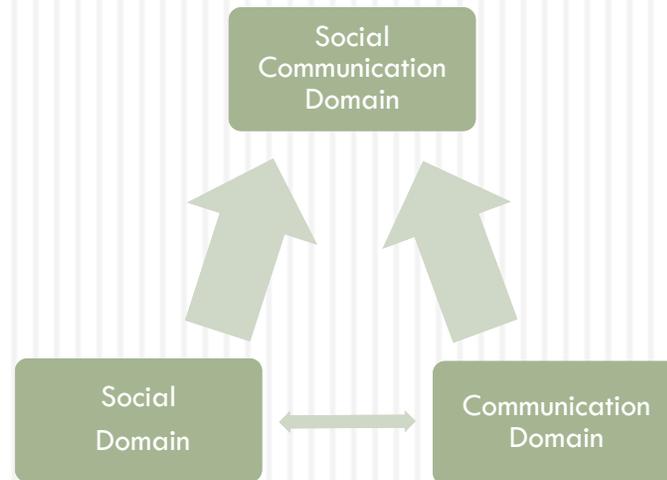
From DSM-IV to DSM-5 a crosswalk

- Three Symptom Domains (DSM-IV) merged into Two (DSM-5)



From DSM-IV to DSM-5 a crosswalk

- Social Communication Domain (DSM-5) will combine elements of Social and Communication Domains (DSM-IV)



□ DSM-IV

- A total of six (or more items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)
- (1) qualitative impairment in social interaction, as manifested by at least two of the following:
 - (a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - (b) failure to develop peer relationships appropriate to developmental level
 - (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - (d) lack of social or emotional reciprocity
- (2) qualitative impairments in communication as manifested by at least one of the following:
 - (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - (c) stereotyped and repetitive use of language or idiosyncratic language
 - (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- (3) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
 - (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
 - (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - (d) persistent preoccupation with parts of objects

□ DSM-5

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

- Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
- Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
- Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

- Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
- Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

DSM-IV

- DSM-IV requires symptoms begin prior to age of 3

DSM-5

- DSM-5 requires that symptoms begin in early childhood
- stating “symptoms may not be fully manifest until social demands exceed capacity” –during middle-school years, later adolescence, or young adulthood.

Autism Spectrum Disorder DSM-5



Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history

(American Psychiatric Association, 2013)

A. Deficits in Social Communication and Social Interaction

Deficits in Social-Emotional Reciprocity

Abnormal social approach

Failure of normal back-and-forth conversation

Reduced sharing of interests, emotions, or affect

Failure to initiate or respond to social interactions

Deficits in Nonverbal Communicative Behaviors Used for Social Interaction

Poorly integrated verbal and nonverbal communication

Abnormalities in eye contact and body language

Deficits in understanding and use of gestures

Total lack of facial expressions and nonverbal communication

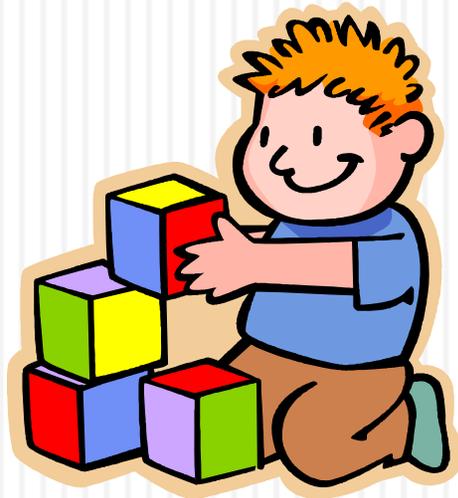
Deficits in Developing, Maintaining and Understating Relationships

Difficulties adjusting behavior to suit various social contexts

Difficulties in sharing imaginative play or in making friends

Absence of interest in peers

Autism Spectrum Disorder DSM-5



Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:

(American Psychiatric Association, 2013)

B. Deficits in Social Communication and Social Interaction

Stereotyped or Repetitive Motor Movements, Use of Objects or Speech

Simple Motor Stereotypes

Lining up toys or flipping objects

Echolalia

Idiosyncratic phrases

Insistence on Sameness, Inflexible Adherence to Routines, or Ritualized patterns of Verbal and Nonverbal Behavior

Extreme distress at small changes

Difficulties with Transitions

Rigid Thinking Patterns

Greeting Rituals

Need to take the same route or eat the same food every day

Highly Restricted, Fixated Interests that are Abnormal in intensity or Focus

Difficulties adjusting behavior to suit various social contexts

Difficulties in sharing imaginative play or in making friends

Absence of interest in peers

Hyper- hyporeactivity to Sensory Input or Unusual Interest in Sensory aspects of the Environment

Apparent indifference to pain/temperature

Adverse response to specific sounds or textures

Excessive smelling or touching of objects

Visual fascination with lights or movement

C. Symptoms must be present in the Early Developmental Period

- But may not become fully manifest until social demands exceed limited capacities,
- or may be masked by learned strategies in later life

D. Symptoms Cause Clinically-Significant Impairment

- In social, occupational, or other important areas of current functioning.

E. These Disturbances are Not Better Explained by Intellectual Disability or Global Developmental Delay

□ In SD:

Intellectual Disability = Cognitive Disability

- Cognitive Disability and Autism Spectrum Disorder frequently co-occur
- To make co-morbid diagnoses of Autism Spectrum Disorder and Intellectual Disability, social communication should be below that expected for general developmental level.

Severity Levels: Level 3

("Requiring very substantial support")

Social Communication

- Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others.
- For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.

Restricted, Repetitive Behaviors

- Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres.
- Great distress/difficulty changing focus or action.

Severity Level: Level 2

("Requiring substantial support")

Social Communication

- Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others.
- For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and has markedly odd nonverbal communication.

Restricted, Repetitive Behaviors

- Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts.
- Distress and/or difficulty changing focus or action.

Severity Level: Level 1 ("Requiring support")

Social Communication

- Without supports in place, deficits in social communication cause noticeable impairments.
- Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others.
- May appear to have decreased interest in social interactions.
- For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.

Restricted, Repetitive Behaviors

- Inflexibility of behavior causes significant interference with functioning in one or more contexts.
- Difficulty switching between activities.
- Problems of organization and planning hamper independence.

Note

- Individuals with a well-established DSM-IV diagnosis of Autistic Disorder, Asperger's Disorder, or Pervasive Developmental Disorder Not Otherwise Specified already meet DSM-5 criteria and should be given the diagnosis of Autism Spectrum Disorder.

(American Psychiatric Association, 2013)

Note

- Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for Autism Spectrum Disorder, should be evaluation for Social (pragmatic) Communication Disorder

(American Psychiatric Association, 2013)

Social (Pragmatic) Communication Disorder 315.39

- A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
- 1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
 - 2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
 - 3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
 - 4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

Social (Pragmatic) Communication Disorder 315.39

- B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- C. The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

Comorbidity

- Autism spectrum disorder is frequently associated with intellectual impairments and language disorder
- Many individuals with autism spectrum disorder have psychiatric symptoms
- When criteria for both ADHD and autism spectrum disorder are met, both diagnoses should be given

Reporting Procedures

- For autism spectrum disorder that is associated with a known medical or genetic condition or environmental factor or with another neurodevelopmental, mental, or behavioral disorder
- Record autism spectrum disorder associated with (name of condition, disorder, or factor).
 - *“Autism spectrum disorder associated with Rett syndrome”*

(American Psychiatric Association, 2013)

Reporting Procedures

- Severity level should be recorded as level of support needed for each of the two psychopathological domains in Table 2 (DSM-5)
 - *“requiring very substantial support for deficits in social communication and requiring substantial support for restricted, repetitive behaviors”*

(American Psychiatric Association, 2013)

Reporting Procedures

- Specifications of “with accompanying intellectual impairment” or “without accompanying intellectual impairment” should be recorded next.
- Language impairment specifications should be recorded thereafter. If there is accompanying language impairment, the current level of verbal functioning should be recorded:
 - ▣ “with accompanying language impairment– no intelligible speech” or “with accompanying language impairment– phrase speech”.
- If catatonia is present, record separately:
 - ▣ “catatonia associated with autism spectrum disorder”.

SD Eligibility

- In SD, for reporting purposes, psychological report should include the DSM-5 criteria in a table format with evidence/data/observations that support the diagnosis given.
- The evidence can come from historical data, parent report, questionnaires, standardized assessments, etc.
- The report should include Severity Levels
- See Example – (handout)

SD Eligibility (Prong 1)

- Prong 1: Diagnosis of Autism Spectrum Disorder
 - ▣ Autism spectrum disorder should be evaluated in a team approach
 - ▣ The team should specialize in the diagnosis and educational evaluation of autism spectrum disorder
 - ▣ There is no “I” in team!!

SD Eligibility (Prong 2)

- Prong 2 – Determining Educational Impact
 - The IEP team must consider all aspects of “education impact”, not just academics.
 - Grades might be average or above average, but the student might have difficulties functioning socially in a group.
 - Concerns with behavior in the classroom, even though the student does well academically.
 - The student cannot make and maintain friendships at an age-appropriate level.

SD Eligibility (Prong 2 cont.)

- Prong 2: Determining need for Specialized Instruction
 - IEP team needs to determine whether the needs of the student require an Individual Education Program and specialized instruction

SD Eligibility

- Those students who are already diagnosed with Autism or Asperger's Disorder and are being served under an IEP do not need to change categories until their next 3-year re-evaluation...
- ...unless parents request a re-evaluation to re-evaluate their student's diagnosis and eligibility for services.

Questions/Discussions



➤ Questions

Citations

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

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