The Changing Face of Autism:

DSM-5 Diagnostic Criteria

Poll Question

Who Are You?

- Clinical counselor in Private Practice
- Clinical Counselor in Agency/Hospital/Education/Community Setting
- Counselor Educator
- Student
- School Counselor
- Rehabilitation Counselor
- Psychologist
Prevalence of Autism Spectrum Disorders

- 1 in 88 children
- 1 in 54 boys
- 1 in 252 girls
- Compared to 2006 data
- Compared to 2002 data

ADDMNS & CDC, 2012

What is a Pervasive Developmental Disorder? (DSM-IV-TR)

- Severe and Pervasive Impairment in...
  - Reciprocal Social Interaction Skills
  - Communication Skills
  - Stereotyped behaviors, interests, and activities
- Evident within first years of life
- Often associated with some degree of MR
- Some types accompanied by general medical condition

APA, 2000
Autism Disorder (299.00) (DSM-IV-TR)

- At least six items causing qualitative impairment from...
- Social interactions (at least two)
- Communication (at least one)
- Restricted repetitive and stereotyped patterns of behavior, interests, and activities (at least one)
- Delays or abnormal functioning (before the age of three) in at least one: (1) social interaction, (2) language, or (3) symbolic play
- Not better accounted for by another diagnosis

APA, 2000
Asperger’s Disorder (299.80) (DSM-IV-TR)

- Impairment in social interactions (at least two)
- Restricted repetitive and stereotyped patterns of behavior, interest, and activities (at least one)
- Significant impairment in social, occupational, or other important areas of functioning
- No clinically significant language delay
- No clinically significant delay in cognitive development or ADLs
- Not better accounted for by another PDD or Schizophrenia

APA, 2000

Pervasive Developmental Disorder, NOS (299.80) (DSM IV-TR)

- Severe and pervasive impairment in reciprocal social interactions, and
- Impairment in either verbal or nonverbal communication skills or stereotyped behavior
- Does not meet criteria for a specific PDD, schizophrenia, schizotypal PD, or Avoidant PD

APA, 2000
**Why The Change?**

- Improve accuracy of diagnosing
- Describe specific symptoms

APA, 2013

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**Autism Spectrum Disorder**

**DSM-5**

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

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviors uses for social interactions
- Deficits in developing, maintaining, and understanding relationships

APA, 2013
Autism Spectrum Disorder
DSM-5 (Cont.)

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

- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

APA, 2013

Autism Spectrum Disorder
DSM-5 (Cont.)

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.

APA, 2013
Specifiers/Modifiers

- With or without accompanying intellectual impairment
- With or without accompanying language impairment
- Associated with a known medical or genetic condition or environmental factor
- Associated with another neurodevelopmental, mental, or behavioral disorder
- With catatonia

APA, 2013

Level of Severity

Level 1: Requiring Support
Level 2: Requiring Substantial Support
Level 3: Requiring Very Substantial Support

APA, 2013
Focus on History and other Associated Factors

Age of perceived onset
Pattern of onset
Culture-related issues
Gender-related issues

APA, 2013

Differential Diagnosis

- Rett Syndrome
- Selective mutism
- Language disorders
- Intellectual Disabilities without autism spectrum disorder
- Stereotypic movement disorder
- Attention-deficit/hyperactivity disorder
- Schizophrenia

APA, 2013
Concern About Losing Diagnosis

“Individuals with a well-established DSM-IV diagnosis of Autistic Disorder, Asperger’s Disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder.”

APA, 2013

Example Diagnoses

- Autism Spectrum Disorder, Level 2, with mild intellectual disability and language impairment onset age 20 months loss of previously acquired language
- Autism Spectrum Disorder, Level 1, associated with ADHD without intellectual disability and without language impairment
- Autism Spectrum Disorder, Level 2, associated with Cerebral Palsy, mild intellectual impairment and stuttering
Major Changes

Spectrum of Disorders
Focus on two key areas instead of three
More focus on history
Specifiers and Modifiers
Social Communication Disorder (SCD)

APA, 2013; AutismSpeaks.org; Lai, et al., 2013

Implications of the Change in Diagnosis

- Elimination of Asperger’s Disorder and PDD, NOS
- Better history screening
- Comorbid diagnoses
- Hopefully better services
- Intellectual Disability
- New Testing Measures

APA, 2013; AutismSpeaks.org; Lai, et al., 2013
Concerns About the New Criteria

- Spectrum Vs. Individual Diagnosis
- Too Stringent
- Social Communication Disorder
- Educational Needs
- Third Party Payers

AutismSpeaks.org; Lai, et al., 2013

Treatments for Autism

- Team Approach
- Medical Care—pediatrician, neurologist, psychiatrist, gastroenterologist
- Early Intervention/Behavioral Approaches
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Nutritionist

AutismSpeaks.org
Types of Early Interventions

- Applied Behavioral Analysis
- Pivotal Response Treatment
- Verbal Behavior
- Early Start Denver Model
- Floortime
- Relationship Development Intervention
- TEACCH

AutismSpeaks.org

Where to find services?

- Screenings
- Local testing
- Children’s Hospitals
- Local Universities
- Community Mental Health Centers
- Private Practitioners Specializing in ASD
- AutismSpeaks.org—Tool Kits
- Support groups
References


http://www.autismspeaks.org


Q&A

For additional questions, please contact: RBurke@counseling.org

Please Join Us For the Rest of the DSM Series:

- July 10
  Todd Lewis, PhD, LPC- Bi-Polar Disorders

- July 17
  Shannon Ray, PhD, LMHC- Anxiety Disorders

- July 24
  Gary Gintner, PhD, LPC- Depressive Disorders

- July 31
  Paul Peluso, PhD, LMHC, LMFT- Personality Disorders and Wrap-Up