# Autism Update: Classification & Treatment

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10:30-12:30

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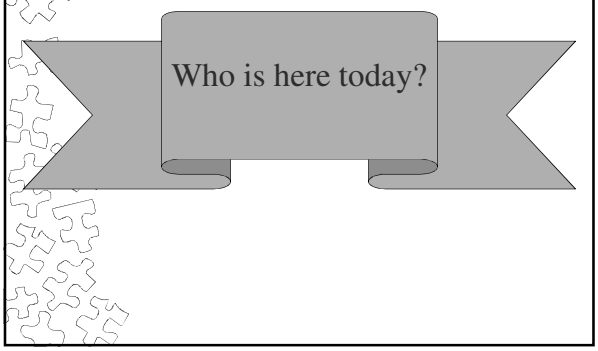


## Our Goals for This Morning

- Introduce diagnostic criteria, etiologies & related characteristics according to DSM-IV
- Discuss the changes in DSM-5
- Review the collateral effects of this change in the areas of:
  - Treatment
  - Education
  - Insurance

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# Introduction

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## Who can have an ASD?

- 1 in 68 children are now being diagnosed as having ASD.
- Not specific to racial, ethnic, or socioeconomic group.
- 5:1 Boys:Girls
- Approximately 75% of children with autism also fall in the range of intellectual disability through IQ testing

(CDC, 2012)

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## Early Perspectives of Autism

- Leo Kanner (1943) provided the first description of a condition similar to autism and is known for coining the term "autism" (Greek word for "self")
- Prior to Kanner's work, autism was not a separate disorder. It was combined with "mental retardation" (now Intellectual Disability) and childhood schizophrenia.

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## Kanner's Syndrome

- Characteristics of the children that Kanner described included:
  - Delay in speech acquisition
  - Immediate and delayed echolalia
  - Pronoun reversal
  - Repetitive/stereotyped play activities
  - Compulsive demand for sameness
  - Lack of imagination
  - Normal physical appearance
  - Abnormalities in infancy

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## What is an Autism Spectrum Disorder?

According to DSM-IV-TR

- Disorder usually diagnosed within the first years of life characterized by:
  - Impairments in social interaction
  - Impairments in communication
  - Presence of stereotyped behaviors, interests and activities

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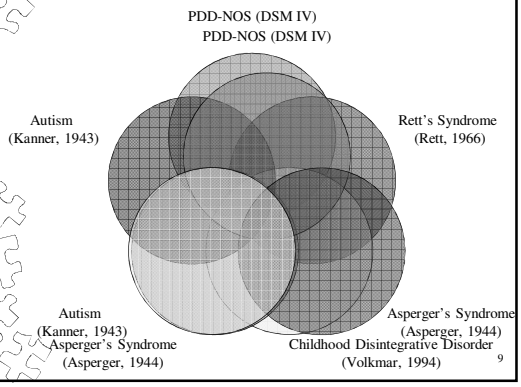
## Autism "Spectrum" Disorders

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## Why Label or Diagnose Individuals?

Positive Aspects:

- guides appropriate intervention
- gives parents relief and direction
- establishes realistic expectations
- facilitates communication among professionals
- guides research and organized treatment
- paves the way for increased funding
- helps individuals identify with others

## Why Label or Diagnose Individuals?

Negative Aspects:

- May create social stigmas
- May lead to a decrease in expectations
- Creates the concept that the person is nothing more than the disability
- may impact on self-esteem
- may lock an individual into a certain lifestyle or educational track

## Diagnostic Criteria

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## DSM

- Diagnostic Statistical Manual of Mental Disorders (DSM)
- Standard classification of mental disorders used by professionals in mental health in the US
- Contains listing of Dx criteria for *every* psychiatric disorder recognized by the US healthcare system

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## How is Autism Diagnosed?

- Clinical observation based on criteria in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV-TR)
- Menu-type format
- DSM IV-TR is used to Diagnose all psychological and psychiatric disorders

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## Confusing Terminology

Autism = Autism Spectrum Disorders = Pervasive Developmental Disorder

# WHAT?

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## Characteristics of Autism

- Child must show at least two of the following impairments in social interaction:

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

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## Characteristics (cont.)

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

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## Characteristics (cont.)

- Child must show at least one of the following impairments in communication:

a) Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternate 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

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## Characteristics (cont.)

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

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## Characteristics (cont.)

- Child must show at least one of the following restricted, repetitive and stereotyped patterns of behavior, interests and activities:

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, non-functional routines or rituals

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## Characteristics (cont.)

c) Stereotyped and repetitive motor mannerisms (e.g., hand flapping or twisting, or complex whole body movements)

d) Persistent preoccupation with parts of objects

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## Additional Criteria

- Delays in either social interaction, social language or imaginative play with onset prior to age three
- The disturbance is not better accounted for by Rett's disorder or Childhood disintegrative disorder

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## Associated Features

The following characteristics are seen in some individuals with autism, but not all:

- Cognitive skills falling in the range of intellectual disability
- Particular strengths in learning style (e.g., better than average visual-spatial skills)
- Exceptional cognitive abilities in one particular area (e.g., mathematics, computers)

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## Associated Features (cont.)

- Abnormal sensory reactions
- Abnormalities in eating, drinking, toilet training and sleeping
- Self injurious behavior
- Aggressive behavior
- Tantrum behavior
- Seizure disorders

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## How is PDD-NOS diagnosed?

- Often this diagnosis (Dx) is given as a lesser Dx to autism
- May be given for young children and later changed to autism
- A Dx of intensity

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## How is PDD-NOS Diagnosed?

- Severe and pervasive impairment in the development of reciprocal social interaction
- Associated with impairment in either verbal and nonverbal communication skills
- Or with the presence of stereotyped behavior, interests, and activities,
  - but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder

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## How is AS diagnosed?

- Controversy about this diagnostic category
- May be considered HFA (High functioning autism) rather than a separate category.

(Asperger, 1944)

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## How is AS diagnosed?

Distinctions of Asperger's:

- No general delay in language
  - e.g., single words used by age 2 years, communicative phrases used by age 3 years.
- No delay in cognitive development or in the development of age-appropriate self-help skills, or adaptive behavior
  - (other than social interaction and curiosity about the environment in childhood).

(Asperger, 1944)

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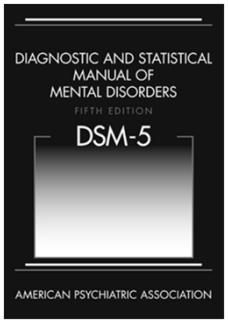
## Allow me to introduce you to….

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## Why the change?

- A living document, supported by ongoing research
- Separate diagnoses were not consistently applied across different diagnosticians
- Improve accuracy of the Dx and allow clinicians to describe specific symptoms

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## Why the Change?

- Rett's disorder is clearly a separate disorder with a genetic marker. Developmental disorders with known genetic profiles are typically not included in DSM.
- Social deficits in Rett's disorder follow a different trajectory than ASD.
- We do not know enough about Childhood disintegrative disorder to truly evaluate.
  - A differential diagnosis from autism, resulting in autistic-like behavioral expression. Maybe age of onset does not matter as long as deficits are noted in early development.

## Five Major Changes

1. Elimination of subcategories (now all ASD)
2. Three domains (social, communication, behavioral) collapsed into two (social communication & restricted/repetitive interests)
3. Symptoms can either be present or in past history
4. Additional evaluation of known genetic cause (e.g., fragile X, Rett's), level of language & ID, and presence of medical conditions.
5. New disorder (Social Communication Disorder)

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## DSM-5 Change #1

- Elimination of subcategories


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## DSM-5 Change #1 (continued)

- code remains 299.00
- ASD placed under the category of Neurodevelopmental Disorders

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## DSM-5 Change #2

- Three Categories Collapsed into two

Social Communication & Interaction

Impairments in Social Interaction

Restricted, Repetitive Interests

Impairments in Communication

Restricted, Repetitive Interests

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## DSM-5 Change #2 (continued)

- Persistent deficits in social communication and social interaction across contexts; not accounted for by general developmental delays; and manifest by 3 of 3 symptoms.
  1. Deficits in social emotional reciprocity
  2. Deficits in Non-verbal communication used for social interactions
  3. Deficits in developing & maintaining relationships; appropriate to developmental level

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## DSM-5 Change #2 (continued)

1. Deficits in social emotional reciprocity
   - Abnormal social approach
   - Failure of normal back & forth conversation
   - Reduced sharing of interest
   - Reduced sharing of affect
   - Lack of initiation for social interaction
   - Poor social imitation
   -

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## DSM-5 Change #2 (continued)

2. Deficits in Non-Verbal Communication Used for Social Interactions
   - Impairments in social use of eye contact
   - Impairment in use and understanding of body postures
   - Impairment in use and understanding of gestures
   - Abnormal volume, pitch, prosody or volume
   - Lack of coordinated nonverbal and verbal communication

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## DSM-5 Change #2 (continued)

3. Deficits in developing & maintaining relationships; appropriate to developmental level
   - Lack of Theory of mind or perspective taking
   - Difficulty adjusting behavior to social contexts
   - Difficulty sharing imaginative play
   - Difficulty in making friends
   - Absence of interest in others

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## DSM-5 Change #2 (continued)

- Stereotyped or repetitive speech, motor movements or use of objects
- Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

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## DSM-5 Change #3

- Symptoms can either be in present or past history
  - Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)

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## DSM-5 Change #4

- Additional evaluation of known genetic causes. Specifiers account for presence or absence of:
  - Intellectual impairment
  - Language impairment
  - Medical/genetic impairment
  - Association with another neurodevelopmental, mental, or behavioral disorder

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## DSM-5 Change #4 (continued)

- Level 3
  - Requiring VERY substantial support
- Level 2
  - Requiring substantial support
- Level 1
  - Requiring support

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## 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.

Restrictive, 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.

## 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 who has markedly odd nonverbal communication.

Restrictive, 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.

## 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 responses to social overtures of others. My 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.

Restrictive, 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.

## DSM-5 Change #4 (continued)

- Additional evaluation of known genetic causes
  - Fragile X syndrome
  - Rett's syndrome

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## DSM-5 Change #5

- Social (Pragmatic) Communication Disorder 315.39 (F80.89)
  - Intended for application to individuals who demonstrate deficits in social use of language, but DO NOT have the restricted interests or repetitive behavior observed in ASD.

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## DSM-5 Change #5 (continued)

- Deficits in using communication for social purposes, such as greeting & sharing information in a manner that is appropriate for the social context
- Impaired ability to change communication to match context or needs of the listener
  - Speaking differently in a library than a playground
  - Speaking differently to a peer than an adult

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## DSM-5 Change #5 (continued)

- Difficulties following rules for conversation & storytelling
  - Turn taking in conversation
  - Rephrasing when misunderstood
  - Integrating verbal & nonverbal signals to regulate interaction
- Difficulty understanding what is not explicitly stated

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## DSM-5 Change #5 (continued)

- Difficulty understanding what is not explicitly stated
  - Making inferences
- Difficulty with nonliteral or ambiguous meanings of language
  - Idioms, humor, metaphor, context dependent puns

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## DSM-5 Change #5 (continued)

- Deficits result in functional limitations in effective communication, social participation, social relationships, academic advisement, or occupational performance
  - Individually or in combination

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## DSM-5 Change #5 (continued)

- Onset of symptoms is in the early developmental period
  - Deficits may not become fully manifest until social communication demands exceed limited capacities.

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## DSM-5 Change #5 (continued)

- Symptoms are NOT attributable to:
  - another medical/neurological condition
  - low abilities in the domains or word structure and grammar
  - autism spectrum disorder, intellectual disability, global developmental delay, or another mental disorder

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## NOTE

- Anyone who had been assigned a Dx under the DSM-IV previously should either:
  1. still meet the criteria for ASD in the DSM-5, or
  2. meet criteria for another, more representative DSM-5 Dx.

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## Impact
## Incidence vs. Prevalence

**Incidence:**

The number of *new* cases diagnosed within a population, within a specific time frame.

1 in 54 boys, 1 in 252 girls in the US

**Prevalence:**

*Total number* of individuals with a given disorder.

1 in 68

## General Impact

- DSM stands to reduce the prevalence of ASD slightly.
- It is estimated that approximately 14% of children diagnosed with ASD under the DSM-V-TR would receive a Dx of Social (Pragmatic) Communication Disorder under the DSM-5 criteria.

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## Collateral Effects

Treatment
Education
Insurance

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## Treatment/Education Implications

- For those with a CURRENT Dx, there should be no change, as the label will remain as ASD.
- Some have actually projected that the new DSM system will enhance access to services
  - A Dx of Aspergers does not automatically make the person eligible for services unde rthe education syste or the State Medicaid System

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## Treatment/Education Implications (continued)

The change in criteria is most likely to affect:

- those previously diagnosed with PDD-NOS
- those with higher cognitive functioning, and
- younger children not yet showing a full range of symptoms.

## Treatment/Education Implications (continued)

- Those children who could benefit most from the effects of EIBI might be excluded from services
  - indicating a worse prognosis over time.
- Children who fall in this category may be diagnosed under Social (Pragmatic) Communication Disorder,
  - however it is unclear as to the range of treatment services that will be offered to this population.

## Treatment (Education) Implications (Continued)

- Current problem:
  - No available treatment guidelines for Social (Pragmatic) Communication Disorder (SCD)
  - Unclear at present whether individuals with a Dx of SCD will be eligible for insurance based services.

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## Insurance Update

- If your insurance plan currently provides coverage for diagnosis and treatment of autism spectrum disorder, there should be no disruption of coverage as a result of the DSM change.
  - it is unclear what challenges people will have in accessing insurance coverage.

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## Insurance Update

- January 10, 2014, Governor Cuomo signed a bill facilitating insurance coverage for providers who are state licensed Behavior Analysts.
- In most ideal scenarios, insurance carriers will cover up to 680 visits per year.

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Thank you!

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