

Understanding Autism Spectrum Disorder

Peter Tolisano, Psy.D.
Director of Psychological Services
Connecticut Department of Developmental Services

Tracey M. Sondik, Psy.D.
Director of Behavioral Intervention Services
Connecticut Valley Hospital
Department of Mental Health and Addiction Services

Jennifer Krom, MA, LPC
Director Of Autism Services
Beacon Health Options

Autism Spectrum Disorder



Data and Statistics

Steady Increase in Autism Prevalence (existing cases):

- ✘ 2000 birth year of 1992- rate 1 in 150
- ✘ 2004 birth year of 1996-rate of 1 in 125
- ✘ 2008 birth year of 2000-rate of 1 in 88
- ✘ 2010 birth year of 2002-rate of 1 in 68

In 2014, the Centers for Disease Control and Prevention indicated that the prevalence (existing cases) of autism spectrum disorder in the United States is about 4.5 times more common among boys (1 in 42) than among girls (1 in 189).

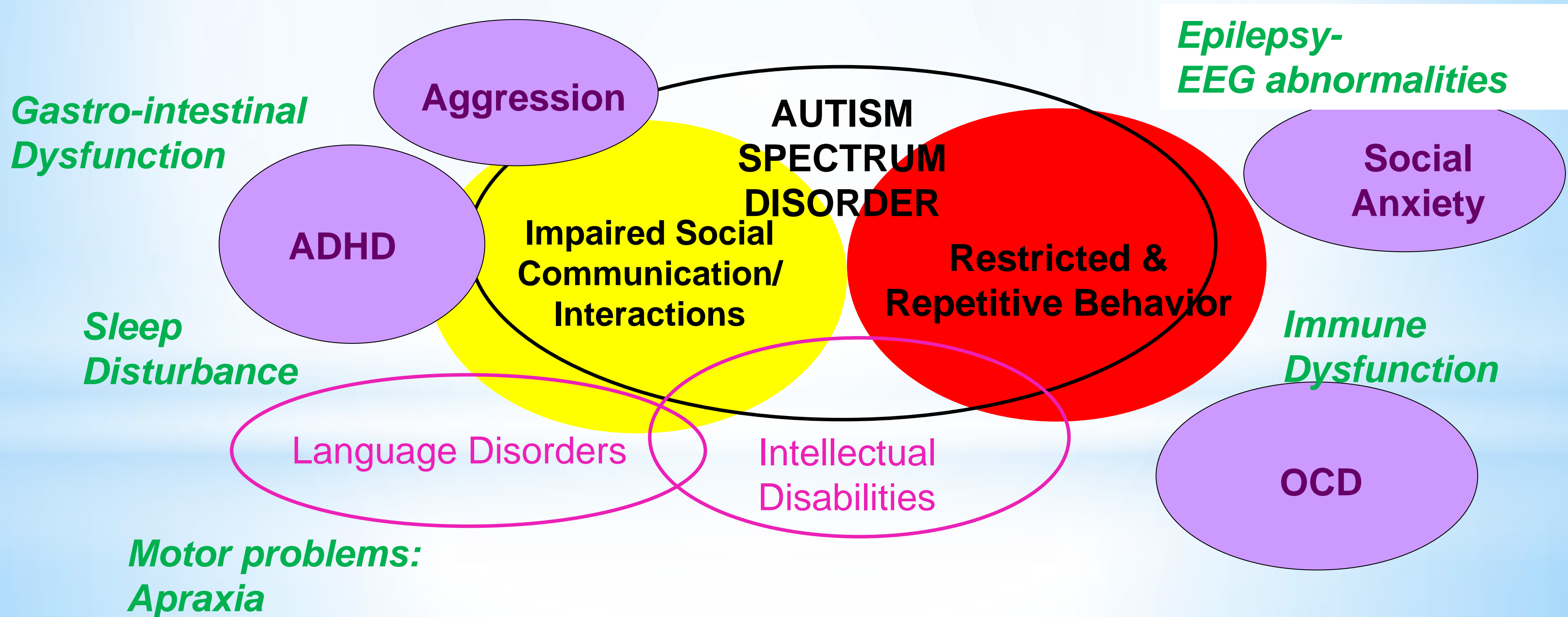
Possible Reasons Why the Numbers are Increasing?

- Probably genuine rates
- Diagnostic changes: Broadening of Categories
- Better tools and identification process
- Awareness (e.g., mental health providers, pediatricians, schools, media, parents)
- Previous underestimates
- Methodology for obtaining epidemiological data
- Access to services (Medicaid, waivers, school-based, etc.)
- Increased treatments (ABA, speech therapy)

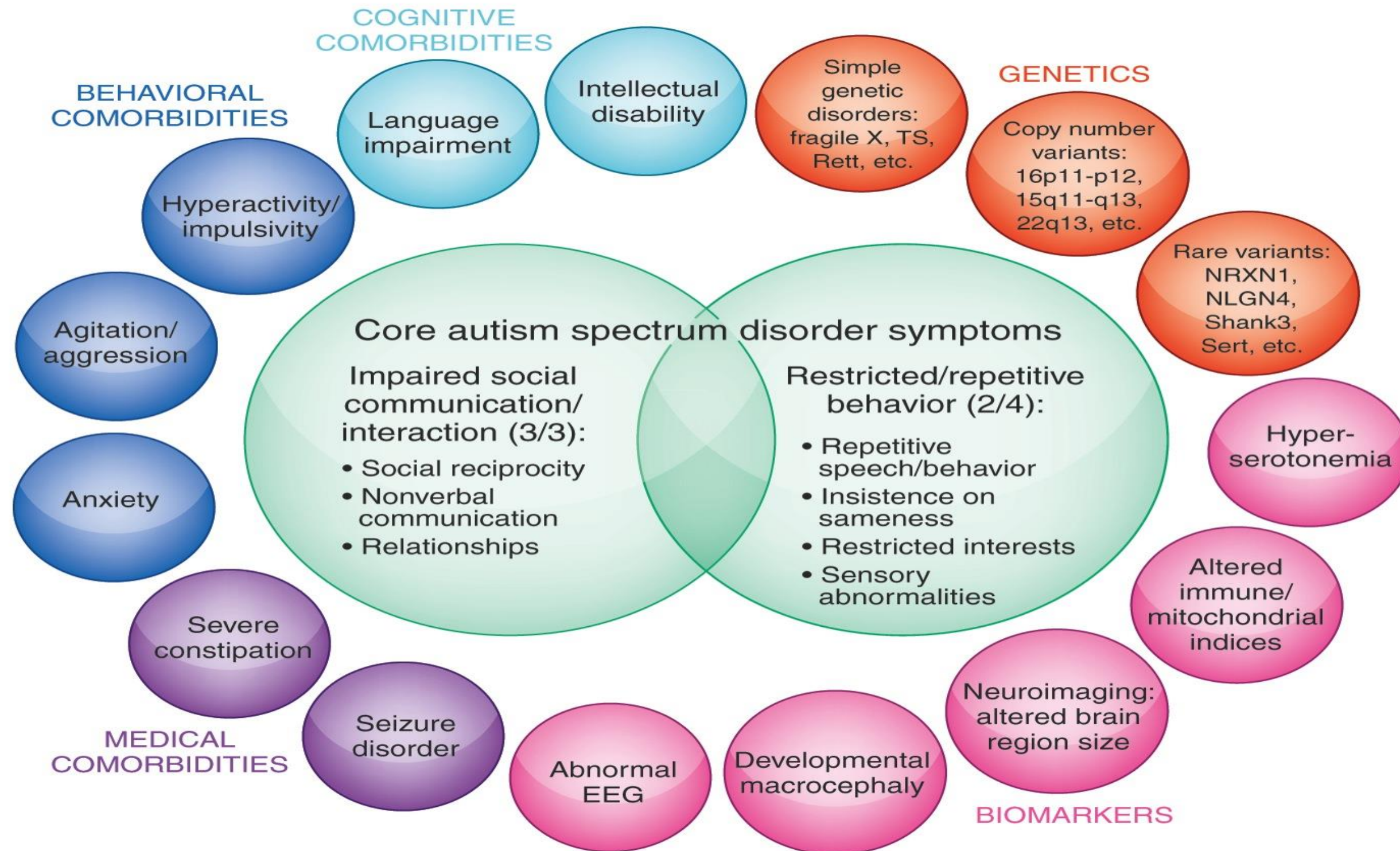
Department of Social Services: Eligibility Determination Process for Autism

- ❖ A primary diagnosis of autism spectrum disorder using standardized tests, such as the Gilliam Autism Rating Scale (GARS) or the Autism Diagnostic Observation Schedule (ADOS).
- ❖ Impairment prior to age 22 years, which is expected to continue indefinitely. (PDD-NOS or Asperger's syndrome diagnosis given before 2006.)
- ❖ Deficits in adaptive functioning in at least 3 of 6 areas, as measured by an appropriate instrument (e.g., Vineland or BASC).
- ❖ Intellectual functioning above the ID level, which is an IQ of 70 or above.

Core Symptom Domains with Associated Conditions

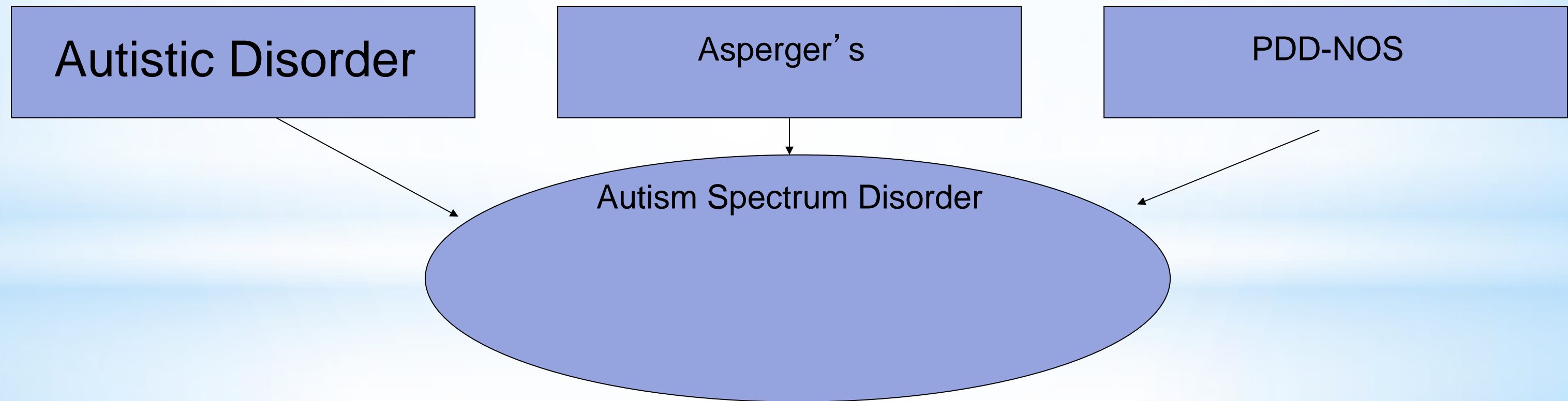


Core Symptom Domains with Associated Conditions



DSM-5

Distinctions can be difficult both within the spectrum and across other disorders



DSM-5 and ADOS-2 Categories

- × Autism**
- × Autism Spectrum (PDD-NOS, Asperger's, Childhood Disintegration Disorder)**
- × Non-Spectrum (Rhett Syndrome, Fragile X)**

Comparison in Diagnostic Changes in Autism

Table 1. Comparison of key characteristics of diagnostic criteria for the Pervasive Developmental Disorders in *DSM-IV-TR* and Autism Spectrum Disorder in *DSM-5*

<i>DSM-IV-TR</i>		<i>DSM-5</i>	
Diagnostic Classification			
Pervasive Developmental Disorders		Autism Spectrum Disorder	
Number of Diagnostic Categories			
<ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder 5 • Rett's Disorder • Childhood Disintegrative Disorder • PDD-NOS 		<ul style="list-style-type: none"> 1 • Autism Spectrum Disorder 	
Number of Domains			
<ul style="list-style-type: none"> • social interaction • communication 3^a • restricted, repetitive and stereotyped patterns of behavior 		<ul style="list-style-type: none"> • social communication and social interaction 2 • restricted, repetitive patterns of behavior 	
Number of Criteria			
<ul style="list-style-type: none"> 12^a • 4 social • 4 communication • 4 restricted, repetitive behavior 		<ul style="list-style-type: none"> 7 • 3 social • 4 restricted, repetitive behavior 	
Number of Criteria Needed for Diagnosis			
<p><u>Autistic Disorder</u> – 6 criteria</p> <ul style="list-style-type: none"> • at least 2 social • 1 communication • 1 restricted repetitive behavior • 2 additional from any category <p><u>Asperger's Disorder</u> - 3 criteria</p> <ul style="list-style-type: none"> • at least 2 social • 1 restricted, repetitive behavior <p><u>PDD-NOS</u> – 2 criteria</p> <ul style="list-style-type: none"> • at least 1 social • 1 from either communication or restricted, repetitive behavior 		<p><u>Autism Spectrum Disorder</u> – 5 criteria</p> <ul style="list-style-type: none"> • 3 of 3 social communication and social interaction • 2 of 4 restricted, repetitive behavior 	
Criteria (symptom) Presentation			
<ul style="list-style-type: none"> • Current 		<ul style="list-style-type: none"> • Current or by history 	
Age By Which Symptoms Must be Present			
<p>Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.</p>		<p>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).</p>	

Key: ^a – for Autistic Disorder and PDD-NOS; Asperger's Disorder does not contain the communication domain and Rett's Disorder and CDD have unique domains and criteria

Connecticut Guidelines for a Clinical Diagnosis of Autism Spectrum Disorder — **13** —

Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. © 2000. American Psychiatric Association.
 Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. © 2013. American Psychiatric Association.

ASD: Themes and Variations

'Severely Affected'
Non-verbal
Intellectual Disability
Severe behaviors (e.g. self-injury)
Little to no social skills ('in their own world')

'Less Noticeably Affected'
Average to above average IQ
Verbal
Lack of social understanding
Inability to see another's perspective (ToM)
Insistent on sameness

Autism Spectrum Disorder

Theory of the Mind:

- Those with an autism spectrum diagnosis often have significant difficulty understanding and appreciating that others may have thoughts, feelings, opinions, intentions, and plans that are different from their own.
- Difficulties with intuition, can result in the following:
 - **Misreading body language.** It is used to regulate social interactions (e.g., tone of voice, facial expressions, postures, and vocal volume).
 - **Misinterpreting subtle social cues.** “Distancing” in the form of indirect eye contact allows those with autism time and space to make meaning out of sensory information.
 - **Problems with “give and take.”** Poor reciprocation in social relationships.
 - **Difficulty understanding expectations.** Problems predicting what they and others will say or do in social situations.
- Painful awareness of social differences and challenges with "fitting in" socially may give rise to episodes of anxiety and depression.

Autism Spectrum Disorder

- **Cognitive Functioning:**
 - Often rigidly cling to beliefs, convictions, or rules.
 - Autism is frequently misassociated with intellectual disability.
 - On the contrary, strong language skills can easily be misinterpreted as advanced communication/social skills, which can lead others to mislabel their actions as purposeful and manipulative.
- ***Early interventions (e.g., ABA) are crucial!***
- ***Symptoms may not manifest until social demands exceed capacities or may be masked by learned “compensatory” strategies in adolescence and adulthood.***
- ***Awareness of differences might trigger anxiety and depression.***

Autism Spectrum Diagnostics

- **Goal is symptom identification (phenotypes) and an understanding of severity (specific abnormalities not general impressions).**
- **ADOS creates a “Social World” with interactive questions.**
- **Cautiously look for atypicalness (normal kids will persevere or overtly gesture to communicate).**
- **ASD can be reliably diagnosed at 2 years. If regressed type check medical first. For example, “prancing” might be other physical condition or smelling of hands could reflect a tic disorder.**
- **Its found across all cultures and socioeconomic groups. About 5:1 male to female.**
- **Often symptoms present in early developmental period but diagnosis comes later (becomes noticeable where social and communication skills are needed across different environments.**
- **Delays are an absence of skill sets. Can be diagnostic overlap (e.g., expressive language affects socialization).**

Areas for Diagnostic Consideration

- **Language and communication skills**
- **Social relationships and responses to social situations**
- **Responses to noises, touch, sights, and other senses**
- **Behaviors while alone versus in groups**
- **Ability to do a range of intellectual activities**

ASD Treatment Considerations

- **A lifelong condition. No biological tests exist. Multigenetic make-up with 10 to 15% genetic markers identified.**
- **Younger age makes it more difficult to differentiate ID from ASD. Before 70-80% were ID; now 30-80%. About of those with ASD 75% acquire language.**
- **Diagnostics and treatment are challenging because there are both positive (abnormal) and negative (absence of normal) behaviors.**
- **Heterogeneity and variability in behaviors in same child versus different children (e.g., ID, language deficits, ADHD, anxiety disorder).**
- **Overarching treatment goals are often modulation of behavior and building life skills especially socially.**
- **A variety of treatment options should be explored, as no one treatment type will impact all signs and symptoms in the same way (e.g., Applied Behavior Analysis, Speech, OT, PT, etc.)**