Autism Spectrum Disorder in DSM-5:
Overview of Updates to the Diagnostic and Statistical Manual and to the Autism Diagnostic Observation Schedule (ADOS-2)

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Goals of this presentation

- Outline DSM-5 changes to Autism Spectrum Disorders (ASD) classification
- Opportunity to discuss implications for clinicians in transitioning from DSM-IV to DSM-5
- Provide overview of updates between ADOS and ADOS-2

DSM-IV-TR (American Psychological Association, 2000)
DSM-5 (American Psychological Association, 2013)
ADOS (Lord, Rutter, DiLavore, & Risi, 1999)
ADOS-2 (Lord, Rutter, DiLavore, Risi, Gotham, & Bishop, 2012)

What this presentation is not:

- A replacement for studying the DSM-5 criteria and text
- Equivalent to training on the ADOS or ADOS-2
  - *Note:* Audience is assumed to have attended an ADOS Introductory Training Workshop
- Equivalent to full preparation for clinical use of either DSM-5 or ADOS-2

Presentation Outline:

- DSM-5
  - Very brief overview of ASD throughout DSM history
  - Broad changes between DSM-IV and DSM-5
  - Specific changes re: ASD classification in DSM-5
  - Strategies for transitioning to the DSM-5 in clinical practice
  - Benefits and potential drawbacks of new criteria
- ADOS-2
  - General background on purpose and format of ADOS/ADOS-2
  - Overview of ADOS to ADOS-2 changes
- Discussion and questions

Very brief overview of ASD throughout DSM history

- DSM-I (1952) and DSM-II (1968)
  - "schizophrenic reaction, childhood type"
- DSM-III (1980)
  - "infantile autism" (strict, monothetic criteria)
  - "child onset pervasive developmental disorder" (mixed bag)
- DSM-III-R (1987)
  - Autistic disorder (now polythetic)
  - PDD-NOS
- DSM-IV (1994) and DSM-IV-TR (2000)
  - Autistic disorder, Asperger disorder, PDD-NOS, Childhood Disintegrative Disorder, Rett syndrome

Take-home point: DSM-IV categories aren't a "universal truth" but had their place in history

Broad changes between DSM-IV and DSM-5

- APA DSM-5 workgroups formed in 2007 with the goals of:
  - Creating a more “dimensional” classification system
  - Separating constructs of impairment and disorder (e.g., with the use of severity scales)
  - Reducing “-NOS” diagnoses in favor of broad categories with dimensional specifiers
  - Representing greater reflection of (and easier incorporation of) neurobiological findings

- Parallel process in ICD-II (scheduled for 2015 release)

Overview of ASD in DSM-5 versus DSM-IV

DSM-IV Criteria

- Multiple ASD categories (Autistic disorder, Asperger disorder, PDD-NOS, Childhood Disintegrative Disorder, Rett syndrome)

- Autism Criteria – 6 symptoms from 3 core domains:
  - A: Qualitative Abnormalities in Reciprocal Social Interaction *(need 2)*
  - B: Qualitative Abnormalities in Communication *(need 1)*
  - C: Restricted, Repetitive, and Stereotyped Patterns of Behavior *(need 1)*

- Abnormality of Development at or Before 36 Months

DSM-IV Criteria (cont.)

- Asperger Criteria
  - A: Qualitative Abnormalities in Reciprocal Social Interaction *(need 2)*
  - B: Qualitative Abnormalities in Communication *(NONE)*
  - C: Restricted, Repetitive, and Stereotyped Patterns of Behavior *(need 1)*
  - *Plus: rule-out autism, no ID or language delay; onset criterion not necessary*

- PDD-NOS
  - Often a mild or subthreshold version of autism
  - Communication and/or RRB symptoms not necessary
  - Onset criterion not necessary

DSM-5 criteria for ASD

- Single broad category “Autism Spectrum Disorder” replaces PDD
  - AD, AS, PDD-NOS, CDD subsumed into “ASD”
  - (Rett, if associated with ASD, is now specified as “known genetic condition”)
- Two core symptom domains instead of three:
  - (1) Deficits in social communication and social interaction
  - (2) Restricted, repetitive patterns of behavior, interests, or activities
  - ASD Dx requires evidence of <u>both</u>
- Dx includes a severity modifier for each symptom domain
  - Requires Support
  - Requires Substantial Support
  - Requires Very Substantial Support

DSM-5 criteria for ASD (cont.)

- Criteria may be met "currently or by history" (APA, 2013)
- ONSET: Symptoms must be present in "early developmental period" but possible that "may not become fully manifest until social demands exceed limited capacities" and/or "may be masked by learned strategies later in life" (APA, 2013).
- Specifiers included for:
  - intellectual disability
  - language impairment (include description of current language functioning)
  - known medical/genetic conditions or environmental factors
  - other neurodevelopmental, mental, or behavioral disorders
- Comorbidity: ASD may be diagnosed with other disorders such as ADHD, Language Impairments

Social Criteria in DSM-5 “ASD”

- To qualify for ASD, must meet all three social-communication criteria.
- These include deficits in:
  - Social emotional reciprocity
  - Nonverbal communicative behaviors used for social interaction
  - Developing, maintaining, and understanding relationships and/or adjusting to social context

Social Criteria in DSM-5 “ASD”

- Developmentally sensitive (but non-exhaustive) examples provided for each
- These include deficits in:
  - Social emotional reciprocity
    - e.g., abnormal approach; failure of back and forth conversation; reduced sharing of interest or affect; failure to initiate or respond
  - Nonverbal communicative behaviors used for social interaction
    - e.g., poorly integrated V and NV behavior; abnormal eye contact and body language; poor understanding and use of gestures; lack of facial expressions
  - Developing, maintaining, and understanding relationships
    - e.g., difficulties in adjusting to social context, sharing imaginative play, making friends; absence of interest in peers

RRB Criteria in DSM-5 "ASD"

- To qualify for ASD, must meet 2 out of 4 RRB criteria.
- These include:
  - Stereotyped or repetitive motor movements, use of objects, or speech
  - Insistence on Sameness, inflexible adherence to routines, 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
- Developmentally sensitive (but non-exhaustive) examples provided for each

“Grandfathering in” existing diagnoses

- DSM-5 text makes explicit that individuals with “well-established” DSM-IV diagnoses of Autistic Disorder, Asperger Disorder, or PDD-NOS should received a DSM-5 diagnosis of ASD without the need for re-evaluation
- Thus, no one with an existing diagnosis will “lose” their diagnosis or access to services

Social (Pragmatic) Communication Disorder

- Deficits in:
  - Using communication for social purposes;
  - Changing communication to match context or the needs of the listener;
  - Following rules for conversation and storytelling, and knowing how to use verbal and nonverbal signals to regulate interaction;
  - Understanding what is not explicitly stated (e.g., inferencing) and nonliteral or ambiguous meanings of language.
- Deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance.
- Onset criteria same as ASD
- Rule out IDD, specific language disorders, ASD

Revisiting the goals of the DSM-5 revisions:

- Creating a more “dimensional” classification system
  - Example: Broad “ASD” rather than numerous categories
- Separating constructs of impairment and disorder
  - Example: Disorder stable across patients/participants while “Levels of Support” for each symptom domain can vary
- Reducing “-NOS” diagnoses in favor of broad categories with dimensional specifiers
  - Throughout DSM-5, “NOS” categories largely still exist as “Unspecified…” per disorder; Social Communication Disorder as new PDD-NOS?
- Representing greater reflection of (and easier incorporation of) neurobiological findings
  - Example: “Neurodevelopmental Disorders” instead “…First Seen in Childhood”
  - Example: Specify associated genetic (and later neurobiological) conditions with ASD
  - Example: DSM-5 rather than DSM-V

Strategies for transitioning to the DSM-5 in clinical practice

Using the DSM-5 in making diagnoses that are sensitive to developmental and contextual factors

- Examples to guide, not exhaustive
  - Example: Social reciprocity in mildly-affected girls
  - Sensitivity should actually be greater than DSM-IV
- Clinical judgment necessary to recognize ASD-specific sx
  - Example: Repetitive use of objects (autism-related vs. developmentally appropriate for infant play)
  - Specificity dependent on clinician's skill and expertise

Priority on background information

- IQ testing
  - verbal and performance separately
- Language assessment
  - receptive and expressive separately
- Specify current language level
- Assess for other conditions/disorders
- Assess for onset
  - be mindful of situational demands, compensation with other skills

Severity Modifier not equivalent to Intervention Eligibility

- Severity modifier by symptom domain
  - Requires Support
  - Requires Substantial Support
  - Requires Very Substantial Support

- Eligibility and provision of services must be developed at the individual level and in discussion with family/educational team

Ruling out ASD for Social Communication Disorder

- Avoid overuse of SCD as “lesser stigmatized” diagnosis
- Make sure to delve sufficiently for both symptom domain criteria by history and to be looking for it by observation of current presentation

Example of recording a “simple” ASD clinical diagnosis

299.00 Autism Spectrum Disorder;

Requiring substantial support for deficits in social communication;

Requiring support for restricted, repetitive behaviors;

Without accompanying intellectual impairment;

Without accompanying language impairment – fluent speech.

Example of recording a “complex” ASD clinical diagnosis

299.00 Autism Spectrum Disorder associated with Fragile X syndrome and Attention Deficit Hyperactivity Disorder;

Requiring substantial support for deficits in social communication;

Requiring very substantial support for restricted, repetitive behaviors;

With accompanying intellectual impairment (319, F71: Moderate);

With accompanying language impairment – phrase speech;

Benefits of DSM-5 revisions

- Flexible, “example-based” criteria and text guidelines intended to improve upon DSM-IV in sensitivity to certain populations
- Eliminate confusion over within-spectrum differential dx
- Better reflection of research findings (over DSM-IV)
  - Language delay/lack no longer a criterion of ASD
  - Three domains down to two based on factor analyses
  - “Softened” onset criteria
  - Elimination of Asperger syndrome, CDD
  - Inclusion of sensory criterion

Public and Professional Concerns about DSM-5

- Elimination of Asperger's label
- Altered prevalence rates, and individuals "losing" diagnoses (McPartland et al., 2011; Huerta et al., 2012)
- Altered prevalence rates, and too many individuals "gaining" diagnoses

Public and Professional Concerns about DSM-5 (cont.)

- Dimensional classification more important/relevant than DSM categories
- Lack of validity of SCD