

Autism Spectrum Disorder: Diagnosis and Treatment Trends

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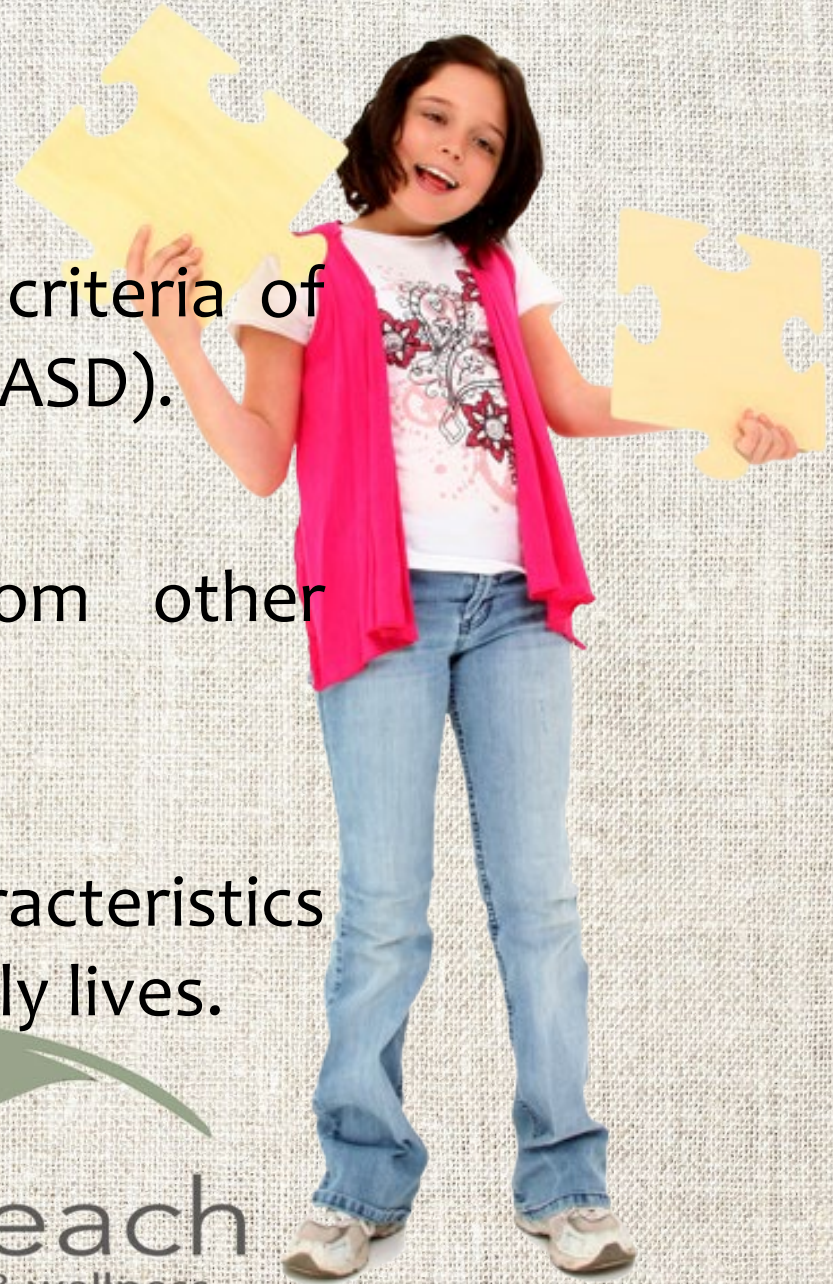
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Objectives

- * *1. Identify the diagnostic criteria of Autism Spectrum Disorder (ASD).
- * *2. Differentiate ASD from other diagnoses.
- * *3. Demonstrate how characteristics of ASD affect our clients daily lives.



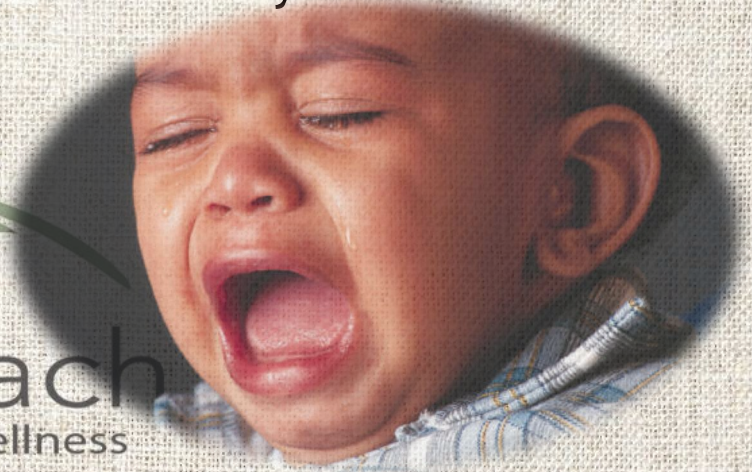
Humans are a Social Species

- * We live together
 - * We play together
 - * We work together
 - * We learn together
 - * We stay together
- * If we have difficulty with social interaction, we find life very confusing and difficult!



Social Emotional Learning

- * The language of relationship
- * Ability to interpret and reason social and emotional information
- * Emotions give words meaning
 - * Double meanings, sarcasm, jokes, anger, guilt, sadness, happiness
- * Don't notice emotions until extreme then its scary so we react!!



Emotional Regulation

- * Child is unable to predict actions of others and has limited history of positive emotional experiences in social interactions, social experiences become threatening, anxiety provoking, and worthy of avoidance.
- * Common Coping Skills: avoiding eye contact, resisting to being touched, removing oneself from stressful situations, preoccupation with specific topics or areas of interest, adherence to rigid routines and rules.



Autism In [her] Own Words

- * “Autism is a disorder that makes it hard for a person to deal with the world around them. A sound like the school bell ringing, which may not bother most kids, may sound like nails on a chalkboard to a child with autism. A tag in a T-shirt might feel like an terribly itchy sweater. The sunlight outside might feel like a flashlight has been just shined into their eyes. Autism is like walking around with your nails cut too short and your shoes on the wrong feet. Every. Single. Day.”

“She Knows, Health and Wellness”



What Causes Autism?

- * WHO KNOWS
- * No really...we don't know. Vaccinations have not been shown to have a causal link to Autism, despite much publicity. Diet, maternal behavior during pregnancy, trauma and many other psychosocial factors have NOT been shown to have a direct causal link to Autism.
- * Typically some genetic similarity
 - * Often kids diagnosed with ASD have a biological parent with a diagnosis or some characteristics
 - * This is speculation and found more and more; research is in progress though takes a significant amount of time to complete
 - * 10-15% is due to known genetic mutations



Did You Know?

- * ~~Autism now affects 1 in 88 children; 1 in 68 children; 1 in 54 children; 1 in 44 children~~
- * In 2023, the Centers for Disease Control and Prevention (CDC) released new data on the prevalence of autism in the United States. This surveillance study identified **1 in 36 children** as having autism spectrum disorder (ASD).
- * Boys are nearly four times more likely than girls to have autism, and much more likely to receive a diagnosis
- * There is no medical detection or cure for autism
- * Autism receives less than 5% of the research funding of many less prevalent childhood diseases

OK... So What is ASD?

- * Neurological differences that impact ability to predict the intentions of others, comprehend gestures/social cues, and share intentions with others (i.e. NOT intentional or malicious!)
- * Vulnerable in social situations
- * Research shows the brain of persons diagnosed with ASD does not fire when they see people's faces- it processes people as objects, devoid of emotion!



DSM-5 Diagnostic Criteria

- * Autism Spectrum Disorder

- * Now includes autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified

- * Plus specifiers based on language delays, severity and a variety of other factors



DSM-5 Diagnostic Criteria

- * 299.00 (F84.0) Autism Spectrum Disorder
- * A. **Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:**
- * 1. 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.
- * 2. 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.
- * 3. Deficits in developing, maintaining, and understanding 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.
- * Specify current severity:
- * **Severity is based on social communication impairments and restricted repetitive patterns of behavior**

DSM-5 (Continued)

- * B. **Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:**
- * 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- * 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
- * 3. 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 interest).
- * 4. Hyper- or hypo-reactivity to sensory input or unusual interests 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).
- * *Specify current severity:*
- * **Severity is based on social communication impairments and restricted, repetitive patterns of behavior**

DSM-5 (Continued)

- * 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 (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.
- * **Note: 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. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.**

DSM-5 (Continued)

- * Specify if:
With or without accompanying intellectual impairment
With or without accompanying language impairment
Associated with a known medical or genetic condition or environmental factor

(Coding note: Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder
(Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119-120, for definition) (Coding note: Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

* APA, 2013



Severity Level	Social Communication	Restricted, Repetitive Behaviors
<p align="center">Level 3 "Requiring very substantial support"</p>	<p>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</p>	<p>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.</p>
<p align="center">Level 2 "Requiring substantial support"</p>	<p>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 how has markedly odd nonverbal communication.</p>	<p>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.</p>
<p align="center">Level 1 "Requiring support"</p>	<p>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</p>	<p>Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</p>

Explanation of Diagnostic Criteria

- * Severe and sustained impairment in social interaction
 - * Impairment in nonverbal communication
 - * No 'give and take'
- * Development of restricted, repetitive patterns of behavior, interests, and activities
- * Significant impairment in areas of life (home, school, peers, etc)



General Characteristics: Level 1

- * 'Normal kid, acting differently'
- * Aloof, awkward (typically not great at organized sports)
- * Wants to fit in and seek interaction but doesn't know how to do it
- * Socially awkward
- * Less eye contact than others
- * Lack of empathy
- * Doesn't understand nonverbal communication
- * May meltdown in public places

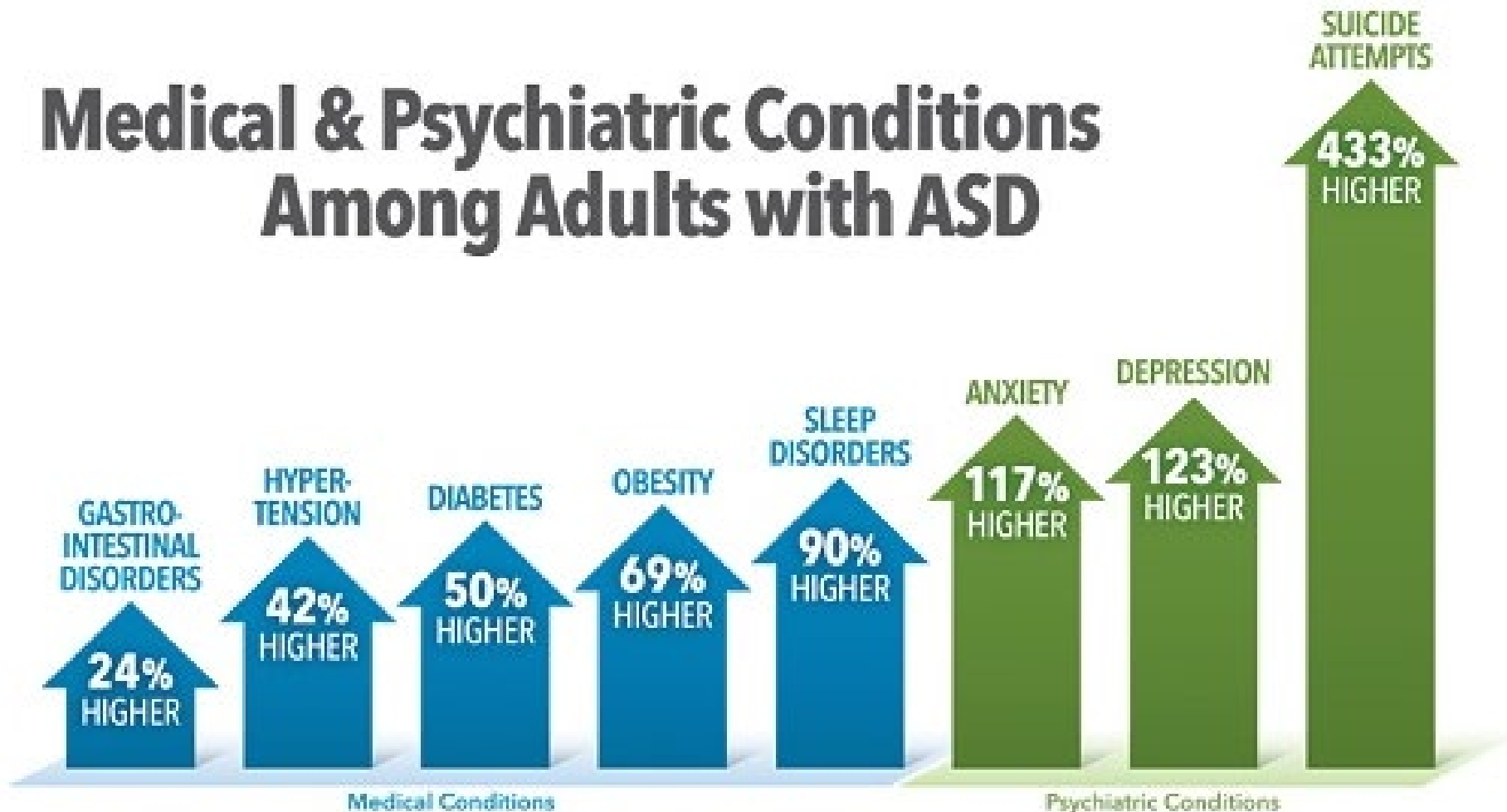


General Characteristics

- * Interested (reframe: PASSIONATE) in a particular subject
- * No give and take of conversation, rigidity/concreteness
- * Typically average to above average intelligence
- * Many appear clumsy
- * Speech patterns are unusual in some way
 - * Tone
 - * Volume
 - * Formal
 - * Pitch



Medical & Psychiatric Conditions Among Adults with ASD



Health Care Providers



Social Services



Education



Employment



Community



Family / Care Givers

Figures as compared to adults without ASD.

DIVISION OF RESEARCH
AUTISM RESEARCH PROGRAM

Differential Diagnoses

- * Children diagnosed with ASD can also be diagnosed with other challenges, which is often seen in the ‘real world’ and not as well researched in academia
 - * ADHD
 - * OCD/Anxiety Disorder
 - * Depression
 - * Learning Disorders



Treatment

- * No cure for ASD
- * How can we help build up strengths and support challenges in our society
- * Children are often medicated with mood stabilizers and anti-psychotics for symptoms



ASD is NOT a Disease

- * Some children will become concerned that there is something seriously wrong with them which will affect their health. **You may need to emphasize that an ASD is not a disease and no one can die from it.** Although an ASD cannot be 'cured' there are ways of helping to overcome some of the difficulties it brings.



Treatment

- * Be concrete.
- * Teach concepts and skills for understanding other people's perspectives.
 - * Example: Social stories teach clients that what people think and what they say may or may not match
- * Teach concepts and skills for generalization in different contexts.
 - * Instead of teaching client to stop a specific thing (crying), teach him the 'w's' of appropriate behavior (when is it appropriate to cry, whom can I cry around, where is an appropriate place, etc.)
- * Add visual components to therapy.
 - * Scaling questions with visuals



Treatment

- * ABA (Applied Behavior Analysis)
 - * Antecedent, Behavior, Consequence
 - * Discrete Trial Teaching (“traditional ABA” or the Lovaas Model). DTT involves teaching individual skills one at a time using several repeated teaching trials and reinforcers that may or may not be intrinsically related to the skill that is being taught.



Treatment

- * Pivotal Response Training

- * PRT is used to teach language, decrease disruptive/self-stimulatory behaviors, and increase social, communication, and academic skills by focusing on critical, or “pivotal,” behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and initiation of communications with others.

- * Child-Directed (unlike ABA)

- * e.g. if a child attempts a request for a stuffed animal, the child receives the animal.
- * ABA the child would receive a M & M perhaps or even be re-directed to what the ABA therapist was trying to teach

Effects on Daily Life: Home and School

- * It helps to give our kids very specific verbal cues and supports- be very blunt about behaviors they are doing and consequences
 - * Structured Parenting Plans
- * Written instructions are helpful- promotes them making new routines and lists to organize their thoughts
 - * Assignments broken up to a daily schedule so it isn't so daunting
 - * Sample IEP Accommodations



Sample IEP Accommodations

- * Individualized motivational systems and behavioral plans
- * Preferential seating, away from distractions
- * Allow XX a pass to leave the classroom if he feels over stimulated or overwhelmed. He can get a drink of water, go to the restroom or walk to the office and back.
- * Designate a “safe person” or counselor to talk to when needed
- * Social skills infused into lesson plans or group work
- * Teacher chosen partners or groups
- * Teacher provided responsibility or job (ie. Going to the office, helping with chairs or the white board)
- * Frequent motor breaks throughout the day
- * Use of a small fidget toy during seated activities
- * Use of multi-sensory, hands-on learning experience.
- * Providing visual aides and visual schedules
- * Breaking longer tasks into smaller components or multiple steps. Have XX “check-in” with teacher between completing small sets or manageable parts of an assignment (i.e. Give XX 10 math problems to complete, he then must have those problems checked by the teacher prior to completing 10 more math problems).
- * Reviewing key points with XX orally. Ask XX to repeat instructions and steps of tasks before he begins.
- * Highlighting directions or key points on worksheets verbally
- * Extended time for testing as needed. He will likely benefit most from extended time being in the form of short breaks throughout the test as opposed to just having more time.
- * Reducing amount of work required (i.e. just completing even or odd numbered items)

Effects on Daily Life: Peers

- * Often seek social interaction but awkwardness typically pushes people away
- * Social and peer connectedness offers opportunities to develop identity within the context of groups including friendships, peers and sports
- * Lack of ability to speak about imaginative play
- * Social Skills Groups are very helpful



Why Social Skills?

- * Self-Confidence
- * Decrease in Anxiety, Depression
- * Socially Appropriate Behaviors
- * Identity Development/Independence Skills
- * FUN



Social Skills Basics

- * Difficulty relating to others is typically the strongest difficulty adolescents diagnosed with ASD face:
 - * Difficulty relating to others
 - * Low level of interaction/opportunities to practice
 - * Social anxiety (most interactions have gone badly in the past)
 - * Choosing the WRONG people or social situations



Social Skills Basics

- * Difficulty relating to peers:
 - * Share MY experience with YOU
 - * Ask about YOUR experience/reciprocity
 - * Understand that others have information I might want
 - * Sometimes people have different opinions than I have!
 - * Showing empathy (this is not a lack of empathy!)
 - * Difficulty seeing intent and misreading social cues
- * Nonverbal Language (majority of communication is not verbal)
 - * Facial expression, gestures, body language, touch

A Word on Pediatricians

- * M-CHAT (Robins, Fein, & Barton, 1999)
 - * Part of well-child check-up
 - * High false positive because the goal is to maximize sensitivity (detect as many cases of ASD as possible, so not all positives will end up being ASD)
 - * This gets them to a specialist
- * ALL CHILDREN SHOULD BE SCREENED FOR AUTISM AT BOTH 18 AND 24 MONTH CHECK-UPS!!!!
- * Developmental Screenings in the community

Video: Alex (8 mins.)

<https://youtu.be/rbgUjmeC-40>



References

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