

Autism for Family Members

Diagnosis



Competencies for this module are:

As a result of completion of this module, the participant will be able to:

- Explain the criteria professionals use in diagnosing Autism
- Identify the three areas that professionals look at when diagnosing Autism.

Diagnosis



Autism Spectrum Disorder

Internationally, many professionals utilize either the American Psychiatric Association's Diagnostic and Statistical Manual, 4th Ed. TR ([DSM-IV-TR](#)) or the International Statistical Classification of Diseases ([ICSD-10](#)).

Autistic Disorder is one of five disorders that fall under the category of Pervasive Developmental Disorders as defined in the DSM-IV-TR manual. Four additional Autism related disorders are included in the Pervasive Developmental Disorder spectrum: Asperger's Syndrome, Rett's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS).

Diagnosis



Autism Spectrum Disorder (continued)

The ISCD-10 also uses the Pervasive Developmental Disorder category and includes the four additional disorders. It is the set of pervasive developmental disorders that is most typically referred to as Autism Spectrum Disorder (ASD). ASD is a descriptive term that illustrates the varying combinations of symptoms that an individual with Autism may display.

Diagnosis



Diagnostic Criteria

In regard to specific criteria for an Autism related diagnosis, the American Psychiatric Association's Diagnostic and Statistical Manual, 4th Ed. TR and the ISCD-10 are quite similar. Each includes three major areas of deficit:

- **Qualitative impairment in social interaction—** includes marked impairment in nonverbal behavior used to regulate social interaction, failure to develop peer relationships, lack of shared enjoyment, and lack of social or emotional reciprocity.

Diagnosis



Diagnostic Criteria (continued)

- **Qualitative impairment in communication—** includes delay in, or total lack of, language development not accompanied by attempts to compensate; impairment in social imitative or imaginative play; and with individuals that do develop language, impairment in initiating or sustaining a conversation as well as potential repetitive use of language.
- **Restricted, repetitive, and stereotyped behavior, interests, and activities—** includes encompassing preoccupation, inflexible adherence to nonfunctional routines or rituals, stereotyped or repetitive motor mannerisms, attachments to unusual objects, and preoccupation with parts of objects.

Quiz 8

Question 1 of 2 ▾

Point Value: 10

This is a **MUTIPLE RESPONSE** question. Select **ALL** of the answers from the list below that you believe to be correct. (HINT: there are **THREE** correct answers).

Which of the following are listed under Pervasive Developmental Disorders according to the diagnostic manuals?

- Down Syndrome
- Schizophrenia
- Rett's Disorder
- Asperger's Syndrome
- Autism
- Major Depression

PROPERTIES

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Confirming Diagnoses



Confirming Diagnoses



Competencies for this module are:

As a result of completion of this module, the participant will be able to:

- Compare and contrast characteristics of Autism compared to other developmental disabilities
- Explain how professionals rule out other developmental disabilities when diagnosing Autism

Confirming Diagnoses



Is it Autism?

There are 12 developmental and behavioral characteristics that are used by clinicians to determine a diagnosis of Autism in an individual. However there are several other disorders that share important features with Autism, and can, at first glance, look like Autism.

These 12 characteristics are that are usually present in an individual with Autism are:

1. Difficulty relating to people, objects, and events.
2. Prefers to spend time alone, rather than with others.
3. Avoids eye contact.

Confirming Diagnoses



Is it Autism? (continued)

4. Unusual attachment to, and use of, inanimate objects like toys, strings, and spinning objects.
5. Need for a rigid, highly-structured routine.
6. Repetitive movement, such as hand flapping, head banging, spinning and rocking, which may continue even when they cause self injury.
7. Unusual responses to physical sensations—sight, hearing, touch, pain, smell, and taste may be affected to a lesser or greater degree.
8. Communication problems—may exhibit unusual speech patterns, use words without understanding their meaning, or communicate with gestures rather than words.

Confirming Diagnoses



Is it Autism? (continued)

9. Very high or low activity levels.
10. Impulsive behaviors—no real sense of danger.
11. Frequent crying and tantrums for no apparent reason.
12. May engage in repetitious verbal or physical behaviors or become fixated on a subject or item.

Confirming Diagnoses



Differential Diagnosis

[Differential diagnosis](#) is the method professionals use to determine not only what disorder an individual has, but to rule out the disorders he or she does not have (Powers, 1989). A differential diagnosis of Autism involves comparing the individual to the characteristics of known disorders and determining in which group of characteristics he or she most appropriately fits.

Some of the disorders commonly evaluated in a differential diagnosis are:

- Pervasive Developmental Disorder—Not Otherwise Specified
- Rett's Disorder

Confirming Diagnoses



Differential Diagnosis (continued)

- Childhood Disintegrative Disorder
- Asperger's Syndrome
- Developmental Language Disorders
- Intellectual and Developmental Disabilities
- Schizophrenia

Quiz 9

Question 1 of 3

Point Value: 10

This is a TRUE OR FALSE question. Simply select whether the statement that follows is True or False by clicking next to your answer choice.

A differential diagnosis involves comparing the individual to the characteristics of known disorders and determining in which group of characteristics he or she most appropriately fits.

- True
- False

PROPERTIES

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Confirming Diagnoses



Pervasive Developmental Disorder—Not Otherwise Specified

[Pervasive Developmental Disorder—Not Otherwise Specified](#) (PDD-NOS) is the disorder most closely related to Autism. Like Autism, PDD-NOS is diagnosed by observing the individual's behavior. A diagnosis of PDD-NOS is frequently made when an individual meets fewer than six of the twelve characteristics of Autism, but still exhibits significant deficits in social interaction and verbal and non-verbal communication skills. Invariably, some people will fall on the borderline between these two diagnoses and professionals may disagree which is more appropriate (COSAC, 1990).

Confirming Diagnoses



Pervasive Developmental Disorder—Not Otherwise Specified (continued)

Family members often wonder if a diagnosis of PDD-NOS is “better” than a diagnosis of Autism. Although an individual with PDD-NOS will exhibit fewer of the common characteristics than one with Autism, the intensity or severity of the characteristics is not taken into consideration when making the diagnosis. It is possible for an individual with a diagnosis of PDD-NOS to have fewer characteristics than a person with Autism, but exhibit them to a greater degree, making it difficult to determine which individual has a more severe form of disability and which has a better prognosis.

Confirming Diagnoses



Pervasive Developmental Disorder—Not Otherwise Specified (continued)

Results from long-term studies comparing the prognosis of individuals with PDD-NOS and individuals with Autism are not yet available. However, most professionals agree that both individuals with Autism and those with PDD-NOS have similar educational needs and are best taught using methods effective for people with Autism (COSAC, 1990).

Confirming Diagnoses



Rett's Disorder

[Rett's Disorder](#) is a pervasive developmental disorder which until recently (2000) was believed to affect only girls. While this is no longer the belief, the prevalence of Rett's Disorder in boys has still not accurately been determined. In girls however, it is estimated to occur in approximately 3.8 births out of every 10,000 (Yale Developmental Disabilities Clinic). Between the ages of five and forty-eight months, head growth, which had been within normal limits at birth, slows significantly. Previously acquired hand skills, such as the ability to manipulate toys and objects, are lost and replaced by stereotyped hand-wringing.

Confirming Diagnoses



Rett's Disorder (continued)

Interest in the social aspect of the environment is lost, although social interaction skills may develop later in life. Problems develop in the area of trunk and gait control, and by adolescence, the majority of young women with Rett's Disorder are not ambulatory. There is also a severe impairment in the ability to understand and use language along with a severe to profound degree of intellectual and developmental disabilities.

Confirming Diagnoses



Rett's Disorder (continued)

Rett's Disorder is easily distinguished from Autism by its three unique features:

1. Significant slowing of head growth
2. Loss of previously learned hand skills
3. Poor coordination in gait and trunk movements

Quiz 10

Question 1 of 4 ▾

Point Value: 10

This is a TRUE OR FALSE question. Simply select whether the statement that follows is True or False by clicking next to your answer choice.

Rett's Disorder is a pervasive development disorder which, until recently, was believed to affect only girls.

- True
- False

PROPERTIES

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Confirming Diagnoses



Childhood Disintegrative Disorder

[Childhood Disintegrative Disorder](#) is diagnosed when a child who had been developing normally for at least two years experiences a significant loss of previously learned skills in at least two of the following areas:

- Understanding or using language
- Social skills or adaptive behavior
- Bowel or bladder control
- Play or motor skills

Confirming Diagnoses



Childhood Disintegrative Disorder (continued)

This disorder is believed to be caused by an insult to the central nervous system, but no specific factors have been identified (American Psychiatric Association, 1994).

Childhood Disintegrative Disorder is *only* diagnosed if a child had been developing normally for at least two years. While some children with Autism do show some periods of normal development, the behaviors characteristic of Autism are usually apparent before two years of age. It should also be noted that like Rett's Disorder, Childhood Disintegrative Disorder is very rare, and occurs much less frequently than Autism (American Psychiatric Association, 1994).

Confirming Diagnoses



Asperger's Syndrome

Like Autism, [Asperger's Syndrome](#) is a pervasive developmental disorder that is characterized by a severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests, and activities. Unlike Autism, however, individuals with Asperger's Syndrome experience no delay in their development of language, cognitive and self-help skills, and curiosity about their environment.

Confirming Diagnoses



Asperger's Syndrome (continued)

Because there are no significant developmental delays early on (difficulties with social interaction often become most evident when the child enters school), individuals with Asperger's Syndrome are usually identified later than those with Autism. Asperger's Syndrome is easily distinguished from Autism because the individuals experience no language or cognitive delays (i.e., they are of average or above average intelligence), two features of Autism.

Quiz 11

Question 1 of 2

Point Value: 10

This is a **MULTIPLE RESPONSE** question. Select **ALL** of the answers from the list below that you believe to be correct. (HINT: there are **THREE** correct answers).

Which of the following correctly outline the facts related to Childhood Disintegrative Disorder?

- It may be caused by an insult to the central nervous system.
- Signs and characteristics are usually noted within two months of birth.
- It is a very common disorder in children.
- Experience loss of their bowel and bladder control.
- Child exhibits poor coordination in gait and trunk movement.
- Child's development is "normal" for at least two years.

PROPERTIES

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Confirming Diagnoses



Developmental Language Disorders

People with developmental language disorders fail to develop, or are delayed in developing, the ability to understand and use language. Like people with Autism, language-delayed individuals often exhibit echolalia, pronoun reversal, sequencing problems, and difficulties with comprehension (Schreibman, 1988). Due to their language deficits, these individuals may also have trouble with social relationships. Unlike people with Autism, however, these individuals generally have normal eye contact, effectively use gestures to communicate, exhibit emotional intent, and engage in imaginative play (Schreibman, 1988).

Confirming Diagnoses



Developmental Language Disorders (continued)

While people with developmental language disorders generally want to communicate socially with others and can use creative means to get their point across, individuals with Autism generally do not communicate socially and without specific teaching, are unable to use other means of communication such as gestures and body language.

Confirming Diagnoses



Understanding and Using Language

Since individuals with Autism have such great difficulty understanding and using language, many family members may feel that the undesirable behaviors they exhibit are results of their inability to communicate. While it is true that many undesirable behaviors of individuals with Autism are related their difficulty with communication, their inability to communicate is not their sole disability. As individuals with Autism gain language, undesirable behaviors do not necessarily improve, especially self-stimulatory or compulsive behaviors. And although people with Autism can learn social skills such as shaking hands or hugging, they usually perform them as part of a learned routine rather than to initiate or sustain a social interaction.

Confirming Diagnoses



Intellectual and Developmental Disabilities

Intellectual and Developmental Disabilities is a broad diagnosis that applies to individuals who are showing developmental delays. People with a diagnosis of intellectual and developmental disabilities have significant deficits in cognitive and adaptive functioning that will persist throughout their lives. Many of these individuals, especially those who fall into the severe and profound ranges of the disability, exhibit behaviors typically seen in people with Autism, such as echolalia, self-stimulatory behaviors, self-injurious behaviors, and attention deficits. However, several characteristics differentiate these two diagnoses.

Confirming Diagnoses



Splinter Skills

First, although approximately 75 percent of children with Autism will function in the moderate range of intellectual and developmental disability, they often display splinter skills—isolated skills that stand out from the rest of their abilities. People who are unable to dress themselves independently, for example, may be able to read at or above grade level, put together complicated puzzles or exhibit exceptional motor abilities. People with intellectual and developmental disabilities tend to show consistently low levels of functioning in all areas.

Confirming Diagnoses



Splinter Skills (continued)

Second, people with Autism generally have normal physical and motor development while people with developmental disabilities typically experience delays in these areas. And finally, individuals with Autism have great difficulties with social interactions. As stated above, people with Autism generally use their social skills as part of a learned routine. Many individuals with intellectual and developmental disabilities, however, exhibit social behavior that is appropriate for their developmental age.

Confirming Diagnoses



Schizophrenia

Until the 1960's, Autism was thought to be a form of childhood [schizophrenia](#). Research, however, has shown that these are two distinct and separate disorders (Schreibman, 1988). One of the primary differences between these two disorders is age of onset. While Autism is diagnosed before 36 months of age, schizophrenia is not diagnosed until much later, usually between five and fifteen years of age. Development up to this point is usually normal.

Confirming Diagnoses



Schizophrenia (continued)

A second important difference is the presence of delusions and hallucinations in schizophrenic children. People with Autism do not experience either delusions or hallucinations. Lastly, individuals diagnosed with schizophrenia usually have family history of mental illness, normal cognitive and language skills, and periods of remission during which no symptoms are present.

Quiz 12

Question 1 of 3

Point Value: 10

This is a **MULTIPLE RESPONSE** question. Select **ALL** of the answers from the list below that you believe to be correct. (HINT: there are **TWO** correct answers).

Which of the following are **NOT** examples of splinter skills?

- Lin cannot read, but throws tantrums every time he is given a book.
- Jamal can recite the square root of any number, but cannot dress himself.
- Antonio is a skilled athlete, but doesn't like to participate in group sports.
- Maria cannot read and comprehend a story, but is an excellent speller.
- Susie cannot talk but, is very adept at doing jigsaw puzzles.

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Confirming Diagnoses



Difference Between Diagnosis and Educational Classification

Several states in the US have developed separate educational categories for Autism Spectrum Disorder (ASD). This means that educational classes for people with Autism must meet specific requirements as defined by the state's Administrative Code. For example, the [New Jersey Administrative Code 6.28](#).

Confirming Diagnoses



Difference Between Diagnosis and Educational Classification (continued)

These administrative codes include requirements such as maximum class size, maximum student/teacher ratios, and evaluation requirements. Before changes such as these, individuals with Autism were frequently classified as emotionally disturbed, neurologically impaired, multiply handicapped, or communication handicapped. Currently, people with a diagnosis of Autism may also receive an educational classification of Autism and be educated in classrooms designed to meet their unique educational needs.

Confirming Diagnoses



Appropriate Diagnosis

It is important to remember, however, that even if Autism is the most appropriate diagnosis for your family member, it may not be the most appropriate educational classification. For example, if your family member has age-level academic skills and can work in larger groups but has difficulties with language and social skills, his or her educational needs may best be met through an educational classification of communication disabled and placement in a class designed for people with communication impairments. As stated earlier, individuals with Autism exhibit unique combinations of strengths and weaknesses. Your family member's individual abilities will determine the most appropriate and beneficial educational classification.

Congratulations on Completing this Lesson



You have
successfully unlocked
the next lesson

