



## Diagnosing Autism – A New Chapter

By Lauren Lowry  
Hanen Certified Speech-Language Pathologist

### What's in the News

You may have noticed a lot of press recently about something called the “DSM-5” and its new definition of autism. DSM stands for “Diagnostic and Statistical Manual of Mental Disorders”, produced by the American Psychiatric Association (APA). This manual is one of the tools used by clinicians when diagnosing Autism Spectrum Disorder. The current DSM (“DSM-IV”) was published in 1994, and is being revised, with a publication date of May 2013.

### So what's all the press about?

Well, a lot of it has to do with concerns about the new criteria for an autism diagnosis that will be described in the DSM-5. Some people worry that individuals with milder forms of autism, such as those currently diagnosed with “Asperger Syndrome” or “PDD-NOS”, will no longer qualify for a diagnosis, as has been suggested by an on-going study at Yale University. Despite the fact that the Yale findings are unpublished and heavily disputed, many parents are worried about how the DSM-5 will affect their child. This is reflected in the title of a recent article in the Globe and Mail, **“Parents of autistic kids fear diagnostic changes will mean reduced services”**.

The APA issued a **press release** on January 20, 2012 to address these concerns, stating that:

*“field testing of the proposed [DSM-5] criteria for autism spectrum disorder does not indicate that there will be any change in the number of patients receiving care for autism spectrum disorders in treatment centers -- just more accurate diagnoses that can lead to more focused treatment” (www.dsm5.org).*

Some supporters of the DSM-5 feel that the new criteria may qualify more individuals for service because everyone will receive the same diagnosis of “Autism Spectrum Disorder”.

## Our Views on the News

### Navigating the DSM-5

Here are a few key points about the proposed criteria for the Autism Spectrum Disorder diagnosis in the DSM-5:

- Single diagnosis - in the proposed DSM-5, there will be a **single diagnosis - Autism Spectrum Disorder** – with no subcategories. The thinking behind this is that the current DSM-IV subcategories (e.g. Autism, Asperger's, PDD-NOS) are really versions of the same underlying condition, but they vary in terms of severity, language level, or intelligence ([www.dsm5.org](http://www.dsm5.org)). Therefore, “Autism Spectrum Disorder” will be used, and an individual's severity will be described according to how much support s/he needs to function in everyday life.
- Diagnosis requires difficulties in two areas - in order to receive a diagnosis of Autism Spectrum Disorder in the new DSM-5, an individual has to have difficulties in the following two areas of development (paraphrased from [www.dsm5.org](http://www.dsm5.org)):
  - i) **social communication and social interaction** – This includes problems with back-and-forth conversation, starting interactions, sharing interests or emotions, nonverbal communication like gestures and eye contact, and developing relationships
  - ii) **repetitive/restricted behaviour and interests** – This includes repetitive speech or movements, rituals, resistance to change, fixated interests, or unusual sensory interests or sensitivities (sensory difficulties were not included in the DSM-4)

Furthermore, an individual must have **symptoms in early childhood** and the symptoms must affect his **functioning in everyday life**.

- A new diagnosis of “**Social Communication Disorder**” – this new diagnosis has been added to the DSM-5. If an individual has difficulties with “social communication and social interaction” (area #1 described above under the “Autism Spectrum Disorder” diagnosis), but not with “repetitive/restricted behaviour and interests”, s/he may qualify for a “Social Communication Disorder” diagnosis.

## What does this mean for families with a child on the Autism Spectrum?

Under the DSM-5, all children will receive the same diagnosis – Autism Spectrum Disorder. This should simplify things a little for parents who grapple with the somewhat confusing differences between the current PDD categories. A single diagnosis will hopefully eliminate much of this confusion, and enhance an understanding that the children are more similar than they are different.

Some families are concerned that their child who is “high-functioning” or has Asperger Syndrome will no longer meet the criteria for a diagnosis since these terms will no longer be used in the DSM-5. However, the APA explains that:

*“anyone who shows the Asperger type pattern of good language and IQ but significantly impaired social-communication and repetitive/restricted behaviour and interests, who might previously have been given the Asperger disorder diagnosis, should now meet criteria for ASD” (www.dsm5.org)*

The impact of the DSM-5 on treatment remains to be seen. The DSM is a tool used for diagnosis, not treatment. However, the first step in identifying an appropriate treatment is for a child to receive a diagnosis. Preliminary data from the APA indicates that the new diagnostic criteria will not change individuals’ access to treatment. The new diagnostic criteria also describe how an individual’s symptoms affect his or her functioning in everyday life. This type of information should be useful when planning appropriate treatment and support.

## Will the changes in the DSM-5 affect Hanen Programs® or resources?

The Hanen Programs® and resources for children with Autism Spectrum Disorder will continue to be appropriate for children diagnosed using the new criteria in DSM-5. Here are some guidelines that may help you decide which program or resource is appropriate for your child:

More Than Words® - uses everyday interactions and routines to build a young (under five years) child’s social communication skills. *More Than Words* is appropriate for:

- young children diagnosed with “Autism Spectrum Disorder” or “Social Communication Disorder” using DSM-5, who are learning to communicate and interact
- young children without a diagnosis who have difficulties with social interaction and communication

For more information about *More Than Words*, [click here](#).

TalkAbility™ was developed for parents of verbal children ages 3-7 with social communication difficulties. In the past, these children may have had a diagnosis of “Asperger Syndrome” or “High-Functioning Autism” or perhaps no diagnosis at all. Under the new DSM-5 criteria, *TalkAbility* is appropriate for:

- verbal children with a diagnosis of “Autism Spectrum Disorder” or “Social Communication Disorder”
- verbal children without a diagnosis who have difficulties knowing what to say in social situations, having conversations, or “tuning in” to others’ words, thoughts and feelings.

For more information about *TalkAbility*™, [click here](#).

## References

DSM 5 website: [www.dsm5.org](http://www.dsm5.org)

<http://www.theglobeandmail.com/life/health/new-health/conditions/autism/parents-of-autistic-kids-fear-diagnostic-changes-will-mean-reduced-services/article2334223/>

*For more than 35 years, The Hanen Centre has taken a leading role in the development of programs and resources for parents and professionals to help all preschool children develop the best possible language, social and literacy skills, including those children with or at risk of language delays and those with developmental challenges such as Autism Spectrum Disorder, including Asperger Syndrome.*