

Comprehensive Overview of Assessment and Autism

When we discuss assessment in the world of autism, we must discuss two different aspects – a clinical diagnosis and an educational identification.

Clinical Diagnosis

A clinical or medical diagnosis is made from the Diagnostic and Statistical Manual IV, Text Revision (DSM-IV-TR). From that manual, physicians, psychologists and other mental health professionals have a choice of three diagnoses: Asperger's Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and Autism. A description from the DSM-IV-TR is as follows:

Asperger's Disorder

A - *Qualitative impairment in social interaction*, as manifested by at least two of the following:

- 1 - *marked impairment in the use of multiple nonverbal behaviors*** such as eye-to eye gaze, facial expression, body postures, and gestures to regulate social interaction
- 2 - *failure to develop peer relationships*** appropriate to developmental level
- 3 - *a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people*** (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
- 4 - *lack of social or emotional reciprocity***

B - *Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:*

- 1 - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity of focus
- 2 - apparently inflexible adherence to specific, nonfunctional routines or rituals
- 3 - stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- 4 - persistent preoccupation with parts of objects

C - *The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.*

D - *There is no clinically significant general delay in language* (e.g., single words used by age 2 years, communicative phrases used by age 3 years).

E - *There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior* (other than in social interaction), and curiosity about the environment in childhood.

F - *Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.*

Autistic Disorder

An individual meets the diagnostic criteria for autistic disorder if they exhibit a total of six (or more) items from (A1), (A2), and (A3), with at least two from (A1), and one each from (A2) and (A3), item B and item C.

A1 - qualitative impairments in social interaction (a-nonverbal behaviors, b-failure to develop peer relationships, c-lack of spontaneous seeking to share enjoyment, d- lack of social or emotional reciprocity).

A2 - qualitative impairments in communication (a-delay in or totally lack of the development of spoken language, b-marked impairment or inability to initiate or sustain a conversation, c- stereotyped and repetitive use of language or idiosyncratic language, d- lack of play appropriate to developmental level)

A3 - restricted repetitive and stereotyped patterns of behavior, interests, and activities (a- preoccupation that is abnormal in intensity or focus, b-apparently inflexible adherence to specific, nonfunctional routines/rituals, c-stereotyped and repetitive motor behavior mannerisms, d-persistent preoccupation with parts of objects)

B - 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.

C - The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism) This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behavior, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes "atypical autism" - presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.

Educational Identification

An educational identification of autism follows the definition set forth in IDEA (Individuals with Disabilities Education Act) and continued in IDEIA (2004) (Individuals with Disabilities Education Improvement Act of 2004). According to the federal law, for educational purposes, the definition of autism is:

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely

affected primarily because the child has a serious emotional disturbance as defined below.

Several differences exist between the two categories. The most obvious is that instead of three categories (DSM-IV-TR), the federal law (IDEIA 2004) uses one term – AUTISM. This one term is general enough to describe any child who exhibits the characteristics whether they are mildly, moderately, or severely affected.

Another strong point of difference is that a child qualifies for services under this definition only if their educational performance is adversely affected. This is an important point. The law does not say only academic performance but EDUCATIONAL performance.

ASHA, through Stan Dublinske, asked for clarification of this phrase in 1980 and again in 2002. A document entitled "**Adversely Affects Educational Performance" Policy 1980-2002; Nothing Has Changed** is available at www.asha.org.

Another, and certainly not the last difference between the two sources is that a team, the multifactor evaluation team (MFE), including the parent(s) is responsible for collecting data and educationally identifying the child as having autism. In the clinical/medical area of practice, a knowledgeable individual may make the clinical diagnosis.