

# PFA Tips

## Staying Ahead of the Game - The DSM-5 and Autism

This is an April 2020 update to our 2015 information guide about the changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM), in order to assess the impact of these changes over the last several years. This is the shortened PFA Tips version. Read the full length article at [pathfindersforautism.org/articles/healthcare/pfa-tips-staying-ahead-of-the-game-the-dsm-5-and-autism/](http://pathfindersforautism.org/articles/healthcare/pfa-tips-staying-ahead-of-the-game-the-dsm-5-and-autism/).

In May 2013, the American Psychiatric Association released the 5th Edition of the DSM. The DSM has undergone regular revisions throughout the past fifty years and serves as a standard classification of mental disorders used by mental and behavioral health professionals and other physicians through the U.S. The diagnosis of autism and related disorders has significant changes in this 5th edition. Many parents, individuals with autism and related disorders, and advocacy groups have expressed concern regarding the implications of these changes.

In a nutshell, the (DSM-IV) diagnoses of Autistic Disorder, Pervasive Developmental Disorder – NOS (PDD-NOS), and Asperger's Syndrome have been replaced by a single category entitled **Autism Spectrum Disorder**. The DSM-5 diagnosis of Autism Spectrum Disorder (ASD) is specified by four criteria:

- **Persistent deficits in social communication and social interaction**
- **Repetitive patterns of behaviors, interests, or activities**
- **Symptoms present in early childhood development**
- **Symptoms impair daily functioning**

### What are the DSM-5 levels of severity for the ASD diagnosis?

To further distinguish clinical profiles of the ASD broader category, the severity assessment scale (Levels 1-3) is based on the level of support needed for daily functioning:

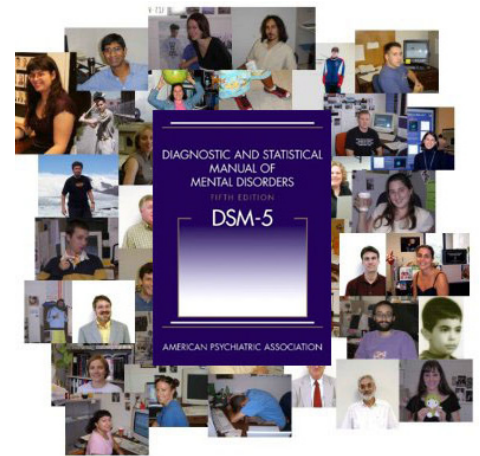
- **Level 1: Requiring support** - Without supports in place, deficits in

social communication cause noticeable impairments and inflexibility of behavior causes significant interference with functioning in one or more contexts.

- **Level 2: Requiring substantial support** - Marked deficits in verbal and nonverbal social communication skills apparent even with supports in place with limited initiation of social interactions and reduced/abnormal responses to social overtures from others; restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts.

- **Level 3: Requiring very substantial support** - Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning with very limited initiation of social interactions and minimal response to social overtures from others; restricted/repetitive behaviors markedly interfere with functioning in all spheres.

In addition, the DSM-5 includes a new diagnosis, **Social (Pragmatic) Communication Disorder**. This diagnosis addresses impairment of pragmatics and is diagnosed based upon **difficulty in the social uses of verbal and nonverbal communication** in a natural context and **low social communication abilities** which result in functional limitations. A third criterion requires that an ASD be ruled out (i.e., **without restricted, repetitive patterns of behavior, interests and activities**), and a fourth criterion requires symptoms present in early childhood.



### What effect has the DSM-5 classification criteria had upon individuals who were already diagnosed with Autistic Disorder, Asperger's Syndrome, or PDD-NOS?

The DSM-5 text states: "Individuals with a well-established DSM-IV diagnosis of Autistic Disorder, Asperger's Syndrome, or Pervasive Developmental Disorder - Not Otherwise Specified should be given the diagnosis of Autism Spectrum Disorder."

A 2013 study by the CDC indicated that children who met the DSM-IV-TR criteria for ASD were more likely to meet DSM-5 criteria if they had a history of developmental regression, intellectual disability, diagnosis by a community provider, and/or special education services under an autism disability code. The 2013 CDC study also predicted lower estimates of children with ASD using the current DSM-5 criteria than using the previous DSM-IV-TR criteria. However, another study showed that most

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children with a prior DSM-IV diagnosis of Autistic Disorder, Asperger's Syndrome, or PDD-NOS met DSM-5 diagnostic criteria for ASD, and of those remaining almost all met criteria instead for SCD.

Several studies have indicated a percentage between 50 and 75% of individuals maintaining an ASD diagnosis under DSM-5 criteria, with the greatest decreases among high-functioning populations or previous diagnoses of PDD-NOS or Asperger's Syndrome. In a recent study, 97.3% met DSM-5 criteria for ASD; the remainder, who did not meet the full criteria, consisted exclusively of subjects with Asperger's Syndrome.

### Is there evidence of changes in access to services since the use of DSM-5?

Reporting agencies have not noticed post-DSM-5 changes in rates of service access and eligibility. Upon inquiry, many agencies indicated no reversing of diagnoses, with many of those with Asperger's and PDD-NOS still being served.

### What has happened to those individuals who were diagnosed with Asperger's Syndrome by the DSM-IV criteria?

The new DSM-5 no longer contains the diagnosis of Asperger's Syndrome. Many

clinicians are generally encouraging people who wish to continue to use the Asperger's label to do so in order to retain their sense of identity as persons with Asperger's syndrome. The intellectual and language abilities which distinguished Asperger's syndrome from autistic disorder in DSM-IV are now indicated in DSM-5 by use of specifiers: 'ASD without intellectual or language impairments.' It is also possible that those previously diagnosed with Asperger's may meet the new DSM-5 criteria for a Social Communication Disorder (SCD).

### Will my child's status with the Developmental Disabilities Administration (DDA) or the Autism Waiver be impacted by the new DSM categories?

At this time (April 2020), both DDA and the Maryland State Department of Education (MSDE, who manages the Autism Waiver) have stated that they do not follow the DSM and have their own eligibility requirements. As the future unfolds, DSM-5 changes may have some impact on the diagnosis given.

### Will my child's IEP be affected if he or she has Asperger's or PDD-NOS?

Maryland's special education Code of Maryland Regulations (COMAR) uses the

verbatim definition of "Autism" that is in the Individuals with Disabilities Education Act (IDEA) which does NOT use the DSM-IV TR OR the DSM-5 definitions.

### What can parents do to facilitate accurate diagnosis?

1. Document your child's history and behaviors which impact daily functioning.
2. If your child is one that may be diagnosed with Social Communication Disorder, document any speech-language issues and advocate for speech-language services eligibility and additional social components to your child's program.
3. For parents of children who have DSM-IV diagnoses, it may be helpful to have your child re-assessed using the DSM-5 diagnostic criteria.

In summary, the current DSM-5 diagnosis of ASD provides specifiers and levels of severity to better characterize the broader diagnosis and to distinguish clinical profiles based on level of support needed. Findings are mixed regarding the percent of those with a former DSM-IV diagnosis (Autistic Disorder, Asperger's Syndrome, or PDD-NOS) that qualify for a DSM-5 ASD diagnosis, and many who did not qualify instead met criteria for SCD. Recent data indicate a marked increase in ASD diagnosis (1:54). Scientists have yet to clarify factors driving escalating prevalence rates.

### Additional Resources

Autism Spectrum Disorder diagnosis in the DSM-5 by the American Psychiatric Association  
[http://pathfindersforautism.org/wp-content/uploads/2017/01/APA\\_DSM-5-Autism-Spectrum-Disorder.pdf](http://pathfindersforautism.org/wp-content/uploads/2017/01/APA_DSM-5-Autism-Spectrum-Disorder.pdf)

Social (Pragmatic) Communication Disorder diagnosis by the American Psychiatric Association  
[http://pathfindersforautism.org/wp-content/uploads/2017/01/APA\\_DSM-5-Social-Communication-Disorder.pdf](http://pathfindersforautism.org/wp-content/uploads/2017/01/APA_DSM-5-Social-Communication-Disorder.pdf)

Developmental Disabilities Administration (DDA)  
<https://dda.health.maryland.gov/Pages/home.aspx>

Maryland State Department of Education  
<http://www.marylandpublicschools.org/Pages/default.aspx>

Autism Waiver Fact Sheet  
<http://marylandpublicschools.org/programs/Pages/Special-Education/autismfactsheet.aspx>

Individuals with Disabilities Education Act (IDEA) <https://idea.ed.gov/>

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