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Important Changes in Diagnostic Criteria for Autism Spectrum Disorder What does this mean for families living with ASD?

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If you have a child with autism in your home or classroom, you have likely heard of the *DSM* — *Diagnostic and Statistical Manual*, published by the American Psychiatric Association. The *DSM* is the primary manual used by clinicians to provide a formal diagnosis of autism and related disorders. This manual outlines specific criteria that must be met to receive a diagnosis of autism and provides standard guidelines for clinicians to use for the diagnosis of other psychological disorders and conditions. As of 2013, there have been some very important changes in the new *Diagnostic and Statistical Manual – Fifth Edition* (DSM-V)* for the diagnosis of autism spectrum disorder (ASD).



One of the most significant changes is that ***the separate diagnostic labels of Autistic Disorder, Asperger's Disorder, and PDD-NOS (pervasive developmental disorder - not otherwise specified) have been replaced by ONE umbrella term – "Autism Spectrum Disorder."*** The revised diagnosis represents a new, more accurate, medical and scientific way of diagnosing individuals with autism-related disorders. Further distinctions for ASD will now be made according to severity levels, based on the amount of support needed due to one's challenges. The *DSM-V* revision website says the reasons for using the umbrella term of "Autism Spectrum Disorder" are:

- 1) The old way isn't precise enough because different clinicians diagnose the same person with different disorders, and some change their diagnosis of the same symptoms from year to year.
- 2) Autism encompasses by a common set of behaviors and should be characterized by a single name according to severity. The Neurodevelopmental Work Group at the *National Institute of Mental Health* believes a single umbrella disorder will improve the diagnosis of ASD without limiting the sensitivity of the criteria, or substantially changing the number of children being diagnosed.

The removal of the formal diagnoses of Asperger's Disorder and PDD-NOS is a MAJOR change. People currently holding these diagnoses will likely receive a different diagnosis when re-evaluated. Using the old *DSM-IV*, patients could have a diagnosis of four separate disorders: autistic disorder, Asperger's disorder, childhood disintegrative disorder, or the catch-all diagnosis of PDD-NOS. Researchers found that these separate diagnoses were not consistently applied across different clinics and treatment centers. ***Anyone diagnosed with one of the four pervasive developmental disorders (PDD) from DSM-V should still meet the criteria for ASD with a more accurate DSM diagnosis.***

New revisions to other specific criteria needed for a diagnosis of Autism Spectrum Disorder are more thorough and strict compared to the old criteria. For example, the individual must now present more symptoms to meet criteria within the area of fixated interests and repetitive behaviors. Previously, the domains for Autistic Disorder included impairments in Communication

and Social Interaction, and Restricted Interests and Repetitive Behaviors. In the *DSM-V*, the Communication and Social Interaction domains are now combined into one, titled "Social/Communication Deficits." Additionally, the requirement of a delay in language development is no longer necessary for a diagnosis.

These revisions (based on research, analysis, and expert opinion) have been made in hopes that the diagnosis of autism spectrum disorders will be more specific, reliable, and valid. Despite these positive hopes, there are legitimate concerns regarding how these changes might impact people on the spectrum. One of the biggest concerns is that some who are higher functioning will no longer meet the more strict diagnostic criteria and will therefore have difficulties accessing relevant services. There are many questions as to what will happen to people currently diagnosed with Asperger's Disorder or PDD-NOS. Furthermore, there is uncertainty regarding how state and educational services and insurance companies will adopt these changes.

Also, under the new *DSM-V* criteria, individuals with ASD must show symptoms from early childhood, even if the symptoms are not recognized until later. This criteria change encourages earlier diagnosis of ASD but allows people to receive the diagnosis even if their symptoms may not be fully recognized until social demands exceed their capacity. It is an important change from *DSM-IV* criteria, which supported identifying school-aged children with autism-related disorders, but was not as useful in diagnosing younger children.

These changes are sure to have an impact on families and people currently diagnosed with an autism spectrum disorder. It remains to be seen how diagnosticians and clinicians will use the new criteria in evaluating children and the impact it will have on the availability of services. Therefore, it is important to remain informed and up to date. To follow and learn more about the proposed changes, see the *DSM-V* revision website <http://www.dsm5.org/Pages/Default.aspx>.

***DSM-5** is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) published *DSM-V* in 2013, culminating a 14-year revision process.

Resources

American Psychiatric Publishing. American Psychiatric Association. *DSM-5 implementation and support*. Retrieved February 2016 from <http://www.dsm5.org/Documents/Autism%20Spectrum%20Disorder%20Fact%20Sheet.pdf>.

Autism Research Institute: *DSM-V: What changes may mean*. Retrieved February 2016 from http://www.autism.com/news_dsmV

Autism Speaks. Answers to frequently asked questions about DSM-5. Retrieved February 2016 from <https://www.autismspeaks.org/dsm-5/faq>

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