

Autism Forum

Ed Code Eligibility & DSM-V

Piecing it All Together

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So, is it autism, or not?

Ed Code Eligibility

- Autism or Autistic-Like Behaviors, used interchangeably

DSM-V Diagnosis

- Autism Spectrum Disorders, previously known as Pervasive Developmental Disorders

What's the big difference?

Ed Code

ALB

DSM-V

ASD

- Who determines eligibility?

- IEP team based on assessment data from school psychologist

- Who diagnoses?

- Clinical or licensed psychologist, psychiatrist, neurologist, MD

Why do we care?

Ed Code

ALB

DSM-V

ASD

- Eligibility opens doors to special education programs & services

- Clinical diagnoses may open other doors, such as eligibility for Regional Center services

Education Code



**Autism / Autistic-Like Behaviors
CA Ed. Code Eligibility Criteria
California Education Code
Title 5, Division 1
Chapter 3, Subchapter 1
Article 3.1, 3030 (g)**

**A pupil exhibits
any combination
of the following autistic-like behaviors,
to include
but not limited to:**

1. An inability to use oral language for appropriate communication.



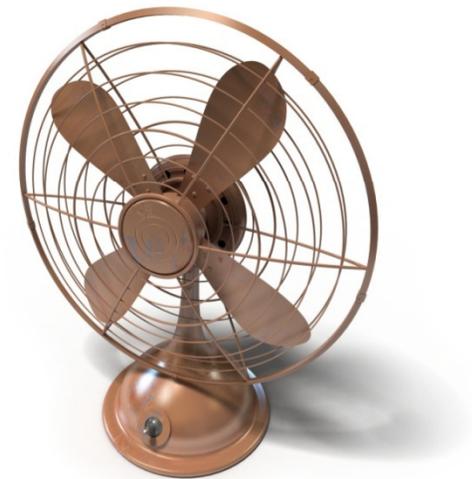
2. A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.



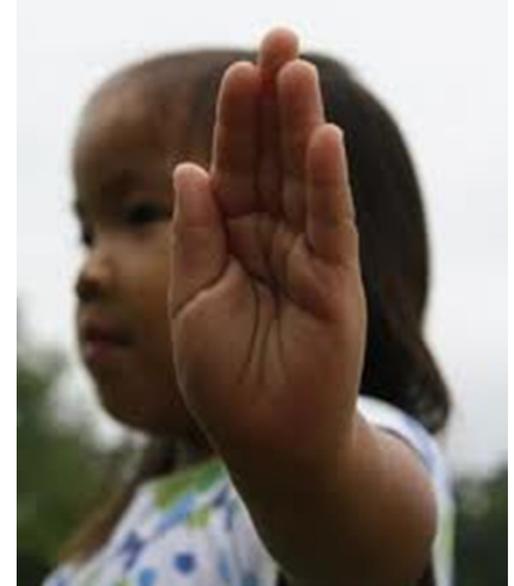
3. An obsession to maintain sameness.



4. Extreme preoccupation with objects or inappropriate use of objects or both.



5. Extreme resistance to controls.



6. Displays peculiar motoric mannerisms and motility patterns.



7. Self-stimulating, ritualistic behavior.



DSM-V



COMING SOON...

DIAGNOSTIC STATISTICS MANUAL
FIFTH EDITION

TEN YEARS IN THE MAKING!

TO BE UNVEILED

AT THE APA CONVENTION

MAY 2013

Proposed DSM-V Changes

per National Autism Center

Several fundamental changes

- Eliminates separate categories of PDD
 - Asperger's Syndrome
 - Autistic Disorder
 - Childhood Disintegrative Disorder
 - PDD-NOS
- Instead, it would bring these disorders together under one new category...

Autism Spectrum Disorders



Proposed Changes Autism Spectrum Disorder

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

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1. Deficits in social-emotional reciprocity; ranging from...

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abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response,

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to total lack of initiation of social interaction.



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2. Deficits in nonverbal communicative behaviors used for social interaction, ranging from...

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...poorly integrated verbal and nonverbal communication...



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...through abnormalities in eye contact and body-language,



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...or deficits in understanding and use of nonverbal communication...



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...to total lack of facial expression or gestures.



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3. Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers); ranging from...

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...difficulties adjusting behavior to suit different social contexts...



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...through difficulties in sharing imaginative play and in making friends...



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...to an apparent absence of interest in people.

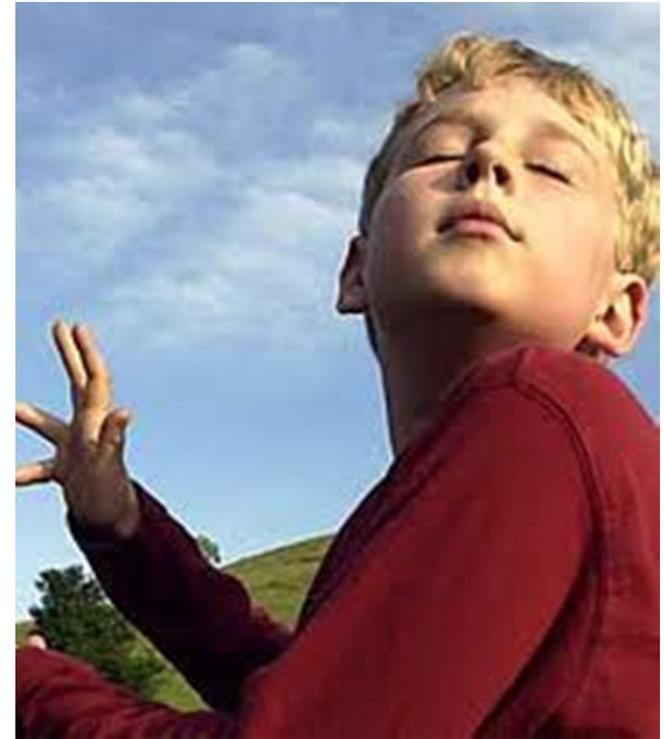


www.dsm5.org/proposedrevisions/

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

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1. Stereotyped or repetitive speech, motor movements, or use of objects (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).



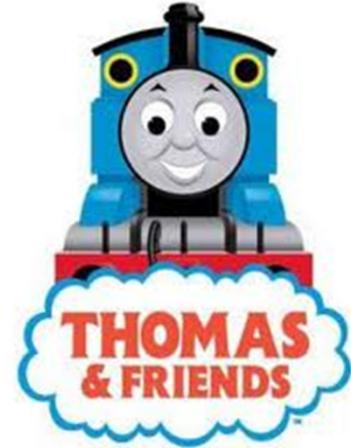
www.dsm5.org/proposedrevisions/

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).



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3. Highly restricted, fixated interests that are abnormal in intensity or focus (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).



4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).



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C. Symptoms must be present in early childhood



but may not become fully manifest until social demands exceed limited capacities.



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D. Symptoms together limit and impair everyday functioning.



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So, should we be worried?

I don't think so.

The phrasing of the new DSM-V covers a range of symptoms to address seemingly “higher functioning” individuals, formerly known as Aspies, as well as those who are more significantly affected by autistic-like behaviors.

**When diagnosticians
carefully and thoughtfully
read and interpret the new criteria,
there should be no
interruption of services
or denial of services
for those who do need services.**

Temple Grandin asks...

What would happen if

the autism gene
was eliminated from
the gene pool?

You would have a lot of people

standing around in caves

chatting and socializing,
and not getting anything done.

-Temple Grandin

In the News!

- New Modules on AutismInternetModules.org
 - Incredible 5 Point Scale
 - www.5pointscale.com

Introducing Emily Branscum