Myths and Realities of Evaluation, Identification, and Diagnosis of ASD

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Myths and the Culture of Misunderstanding
Belief in Myths Causes Harm

Myths Harm

- Myths result in delayed identification
- Myths result in delayed intervention
- Myths prevent students from being identified
- Myths prevent students from receiving services

Culture of Misunderstanding

Myth: Individuals with autism do not make good eye contact

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms

Culture of Understanding

Law and Research on Best Practice

Facts

Administration, Staff, Community, and Media

Myths

Administration, Staff, Community, and Media
Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms.

Myth: Individuals with autism do not play with others

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms.

Myth: Individuals with autism do not show affection

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms.

Autism Spectrum Disorders

- Pattern of behaviors
- Impairments in social interaction
- Communication
- Restricted, repetitive patterns of behaviors, interests, or activities

Myth: The Purpose of the DSM is to provide concrete rules for diagnosis

Reality: The DSM criteria are guidelines to be informed by clinical judgment and are not meant to be used in a cookbook fashion.” (APA, p. xxxii)

Not a “Cookbook”

DSM is not perfect
For example:
- Criteria begin around age 3
- Criteria under-identify infants and young children

Proposed Revisions for DSM-V (2013)

- New name: Autism Spectrum Disorder
- Autistic Disorder
- Asperger’s Disorder
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder NOS
- Characteristics in two domains
  - Social/communication deficits
  - Fixated interests and repetitive behaviors

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Parent Educational Level Does Not Cause Autism

“[Higher education] gets you the diagnosis more frequently,” says Irv Hertz-Picciotto, one of the study’s authors and a researcher at the UC Davis MIND Institute.

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Parent Educational Levels and the Autism Cluster in California

“Families often have to fight with state bureaucracies to be deemed eligible for services, and some spend thousands of dollars for private evaluations. ‘You can see the possibility for inequity according to social advantage or cultural background.’”

- James McCracken, Child Psychiatrist

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Identification Imbalance

- It is not appropriate to have a system where those “in the know” and those with means have access to evaluation services and those with less education and less resources do not.

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Myth: Autism is a medical diagnosis

Reality: There are NO medical tests for diagnosing autism. Autism is a clinical diagnosis.
Myth of “Medical Diagnosis”

“There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior, and developmental levels”

(Autism Society of America, n.d.)

Clinical Judgment

“It is important to remember that ASD is first of all a clinical diagnosis. Therefore, it is mandatory to have a trained and experienced provider coordinate the results of the complex diagnostic process”

(Freeman & Cronin, 2002, p. 4)

Expertise is Key

› The field of the professional is less important than the expertise of the professional.

Eligibility and the Myth of Educational Need

› Educational need extends beyond academics and includes social, emotional, and adaptive skills.
› This concept applies to both initial and reevaluations. Evaluation teams must always consider the functional performance of a student.
› Consider changing needs/demands (e.g., social demands in 7th grade differ from 3rd grade)

Adverse Effect on Educational Performance…

› Academic performance
› Communication functioning
› Social functioning
› Pragmatic language
› Organizational skills
› Group work skills
› Problem solving skills
› Emotion regulation
› Hygiene
› Behavior
› Attention challenges
› Daily living skills/adaptive behavior

List of some areas of educational performance impacted by disabilities
Eligibility and Educational Need

- Unfortunately, school evaluation teams sometimes fail to consider educational factors beyond traditional academics. As a result, academically capable students with ASDs who display deficits in socialization and communication that impact educational progress often are not served.

- “A child with Asperger’s Disorder may be more verbal than other children with autism and may have average or above average intelligence, yet still be in need of services.”

Myth of Asperger Syndrome and Eligibility

- Individuals with Asperger Syndrome have a pervasive developmental disorder. It is impossible to have a “pervasive” disorder and not be significantly impacted.

- While many of these individuals are highly intelligent and articulate, they have significant impairments and often require supports and services in order to make educational progress.

Myth: Students with Asperger’s are not eligible for special education

Reality: Asperger Syndrome is covered by Ontario’s Special Education Law

Myth: If a score falls below the cut-off he cannot have autism

Reality: Test are tools. Autism is a clinical diagnosis based on observation of behaviors

Myth: If a score falls on or ABOVE the cut-off he has autism

Reality: Test are tools. Autism is a clinical diagnosis based on observation of behaviors
There are no objective measures that can be used for accurate diagnosis" (Freeman & Cronin, 2002 p.1).

Tests are tools.

“...cut-off scores should not be viewed as similar to a standard score, such as an IQ score. Rather, these scores should be used as a clinical guide and taken in the context of other information about the child... This issue alone emphasizes the critical importance of the need for school districts to invest in providing quality clinical training...” (p.270)

Need for Quality Clinical Training

Reality: Communication skills appear more typical when the individual is discussing areas of strong interest.

Myth: If a student chats with friends, he must have good communication skills

Reality: Communication skills appear more typical when the individual is discussing areas of strong interest.

Façade of Normality

“...a short encounter or routine interaction will not reveal anything unusual. However, over time and in unexpected situations, it appears that the façade of normality cannot be kept up” (Frith, 2004, p.675)

Change it Up

Communication skills often look more impaired during spontaneous social interactions.

Be sure to “change it up” when evaluating individuals with ASD.
Good Evaluators Gather Data from Multiple Sources
- Parent Interview
- Teacher Interviews
- Observations in multiple settings

Myth: The individual cannot have Asperger’s because he had a language delay
Reality: Experts recommend using current language functioning

DSM Diagnosis of Aspergers
"It can be argued that Asperger Syndrome is logically impossible to diagnose according to the DSM IV.” -Frith, 2004
Possible solution- consider verbal ability in later childhood or adulthood as a discriminating criterion. (Frith, 2004)

Language Delay and Aspergers
“. . . Early speech delay may be irrelevant to later functioning in children who have normal intelligence and clinical diagnoses of autism or Asperger syndrome and that speech delay as a DSM-IV distinction between Asperger’s disorder and autism may not be justified.” (Mayes & Calhoun 2000, p.81)

Scattered Profile
- Individuals with ASD often demonstrate a profile of scatter on comprehensive cognitive measures, performing better on tasks involving rote skills than on tasks involving problem solving, conceptual thinking, and social knowledge (Mayes & Calhoun, 2008; Meyer, 2001-2002)
Well-Below Average IQ

- Formal cognitive assessments may not yield valuable information for assessing current level of functioning and needs for programming. For example, a flat profile of skills may indicate difficulty assessing what the student knows.

IDEA (2004) on Evaluation Procedures 300.304 (b)(1)

- The public agency must use a variety of tools and strategies to gather relevant functional, developmental, and academic information about the child ...

The Importance of Informal Data

- Informal classroom data...
  - Daily functioning
  "Informal classroom data may be more valuable than information gathered in a contrived one-on-one setting when assessing skill levels and determining appropriate programming for a student with ASD."

Study on Vineland and AS

- While individuals with AS had cognitive skills in the average to above average range, adaptive skills were low or moderately low across all areas including communication ($M=76.1$), daily living skills ($M=67.75$), socialization ($M=62.27$) and the adaptive behavior composite ($M=64.28$).

Myth: Individuals with Asperger’s have average adaptive skills

Reality: Research has shown that adaptive skills are significantly impaired.
Adaptive Skills and Intervention

- Regardless of whether a student has average cognitive and academic skills, adaptive behavior should be measured. Adaptive skills are a critical area of planning for students who have ASD in order to help them to be successful when transitioning from the school to the work and community settings.

Differences in Adaptive Behavior Across Settings

- Lee & Park (2007) suggest that differences in measured adaptive skills may reflect differences in demands across settings and a lack of skill generalization.
- Some settings are more supportive and facilitate success.

Occupational Therapists and ASD Evaluation

- Motor and sensory issues are associated features of ASD and impact functioning at a very basic level.
- Occupational therapists have unique training and experience and are vital for ASD evaluation and treatment planning for motor and sensory issues.

Myth: If adaptive behavior measures demonstrate a discrepancy between home and school, the results are invalid.
Reality: Demands of settings differ and skills may not generalize across settings.

Myth: Because AU criteria do not include motor and sensory characteristics OTs are not needed on evaluation teams.
Reality: Motor and sensory issues are frequently seen in ASD and impact functioning.

Myth: If an individual does not display an immediate reaction to a sensory stimulus during the evaluation, or at school, he or she does not have sensory processing issues that need to be addressed.
Reality: Reactions to sensory events can be cumulative.
Need for Sensory Intervention

- Reactions can be cumulative. A student may be able to tolerate a certain level of sensory discomfort from individual events; however, once a threshold is met, he may have a reaction at a later time. This may indicate a need for sensory intervention throughout the day to prevent problems later in the day (Dunn, 1999; Glennon, Miller-Kuhaneck, Henry, Parhan & Ecker, 2007).

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