TASN
Autism and Tertiary Behavior Supports
www.ksdetasn.org

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Diagnosis of Autism Spectrum Disorders: Changes in the new DSM-V

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For the last couple of years, rumors have been circling about changes to the diagnosis of autism spectrum disorders in the anticipated new DSM-V (Diagnostic and Statistical Manual – Fifth Edition) published by the American Psychiatric Association. This past May, the DSM-V hit bookshelves and the new changes that were talked about for so long were finally published and in print.

There are some big changes to the new DSM-V. In the previous manual, the category for autism spectrum disorders was Pervasive Developmental Disorders (PDD) with separate categories, including Autistic Disorder, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), and Asperger's Syndrome. In the DSM-V the category is now Autism Spectrum Disorders (ASD) with no separate categories. The diagnosis for ASD is now a single diagnosis.

The previous DSM-IV-TR manual's criteria consisted of three domains of autism symptoms: social skills, communication, and restricted and repetitive behaviors. A child qualified for an ASD diagnosis by having at least six of twelve characteristics across the three domains. In the new DSM-V they have changed the criteria from three to two domains: combined social skills and communication, and restricted and repetitive behaviors. A diagnosis requires a child to have three characteristics in social communication and at least two characteristics in restricted and repetitive behaviors. In addition, abnormal sensory interests are now a characteristic under restricted and repetitive behaviors. In addition, characteristics can be currently present in a child or in past developmental history. The criteria in the DSM-V is much more thorough in description and more strict. The changes in criteria are a reflection of current research that has been conducted throughout the years.

The DSM-V manual also has a new diagnosis: Social Communication Disorder (SCD). This diagnosis is for children who have difficulties with the social use of language, but do not have restricted interests or repetitive behaviors.

This is a big change, especially for families who have children with ASD. For years they knew their children as having a specific diagnosis of ASD. Many families have lots of questions like "Why?" and "What do we do now?" The goal of the new DSM-V is to better explain the behaviors of the children rather than label them with a specific diagnosis.

The manual allows for clinicians to capture the child's language, adaptive skills, IQ, loss of skills and other medical problems, which all lead to a much more individualized diagnosis of a child.

Our children who already have a diagnosis do not need to be re-evaluated. Their diagnosis will not change, for they are still considered to be on the autism spectrum.

Educationally, children will continue to receive services if they qualify and schools will continue their current processes. If a child has a DSM-IV-TR medical diagnosis they will not need to be re-evaluated. And if a child receives a DSM-V medical diagnosis a school will provide services based on if the child meets the school's eligibility criteria. For more information on ASD, the DSM-V, and how it impacts our children in the education system. tune-in to the TASN Autism & Tertiary Behavior Supports' webinar October 23, 2013 at 3:30 pm. Register at www.kansasasd.com.

Direct link to our website:

www.KansasASD.com

www.TASNBehaviorSupports.com

OCTOBER TRAININGS

October 2 3:30-4:15

The SETT Framework: Guiding Collaborative Decision Making in the AT Process Webinar

Link to register: http://www.surveymonkey.com/s/TASN-ATBS-web2

October 9 3:30- 4:15

Successful AAC: Options, Implementation and Myths Webinar

Link to register: http://www.surveymonkey.com/s/TASN-ATBS-web3

October 23 3:30-4:15

DSM 5: Medical & Evaluational Perspective on ASD Diagnosis Webinar

Link to register: http://www.surveymonkey.com/s/TASN-ATBS-web4

October 25 8:30 am- 10:00 am

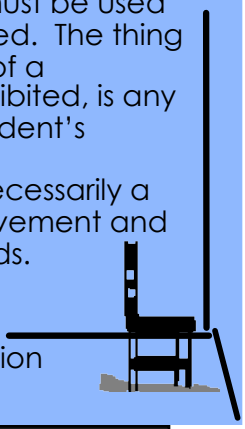
ADT Webinar: ADOS-2 Toddler Module Practice Webinar
Link to register: http://www.surveymonkey.com/s/KFSZBBJ

TIPS FROM THE CORNER:

Last April Kansas adopted some regulations regarding the use of seclusion and restraint. These regulations are called Emergency Safety Interventions or ESI. You can find these regulations at www.KSDETASN.org. Since their adoption there have been several questions circulating regarding the use of restraint, in particular. This article is too brief to cover all of the possible scenarios that have been asked about but here are a few portions of the FAQ section relating to ESI that may be helpful.

Question: If we use sensory integration items with students (e.g. weighted vest or blankets, compression shirts etc…) would this be considered a restraint? Also, is the use of Rifton chair considered a restraint?

Answer: The use of mechanical restraints is prohibited, "except those protective or stabilizing devices either ordered by a person appropriately licensed to issue the order for the device or required by law, any device used by a law enforcement officer in carrying out law enforcement duties, and seat belts or any other safety equipment used to secure a student during transportation." The Rifton Chair must be used for the child for whom it was ordered. The thing to remember is that the definition of a mechanical restraint, which is prohibited, is any device or object used to limit a student's movement.
A weighted blanket alone is not necessarily a restraint unless it is used to limit movement and not just for sensory integration needs.



Look to the TASN site for the regulations as well as a future section with FAQs.

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