



LEARNER OBJECTIVES

WEBINAR – When Is It Autism – Differential Diagnosis

Participants will:

- Be able to identify the co-morbid expressions of autism (ADHD, trauma, OCD, etc.)
- Be able to differentiate between autism and trauma
- Be able to differentiate between autism and ADHD
- Be able to differentiate between autism and anxiety disorders
- Be able to identify when autism is the primary diagnosis and what that means for treatment.
- Be able to distinguish between functioning levels.

Tri-State Webinar Series

When Is It Autism? Differential Diagnosis

Presented by:
Robert Cox, MA, PLPC, NCC



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Tri-State Autism Spectrum Disorder Webinar Series



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Presenter Information

- Robert Cox, MA, PLPC, NCC



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Learner Objectives

Participants will be able to:

- List the major Diagnostic Criteria for Autism
- List the common comorbid disorders known to appear with autism.
- Distinguish between the major comorbid disorders and autism as a primary diagnosis.
- Distinguish between trauma and autism.

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Presentation Summary

Because autism is a traumatic event on the individual we often see comorbid expressions that are also seen in trauma, stress and anxiety related disorders. Distinguishing between these comorbidities can be difficult, even for professionals. There are a few key indicators that can tell us whether autism is the primary diagnosis and assist us in directing treatment for individuals.

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Importance of Diagnosis

- The diagnosis of autism is a complex process.
- Becomes more complex with higher functioning individuals (team approach)
- Becomes extremely important in high functioning individuals because cognitively they perform at the same level, but socialization is difficult creating a social trauma experience.

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Autism DSM-V Changes

- Unlike DSM-IV everything is now on a continuum which is based on the severity of symptoms.
- Asperger's is now considered the highest functioning end of that spectrum
- Diagnosis of High Functioning Autism (HFA) may be difficult and delayed.

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Autism DSM-V Criteria

Deficits in Social communication and interaction across multiple contexts as manifested by:

1. Deficits in social-emotional reciprocity
 - a) Sharing of common interests
 - b) Lack of back and forth
 - c) Failure to initiate or respond

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Autism DSM-V Criteria

Deficits in Social communication and interaction across multiple contexts as manifested by:

2. Deficits in nonverbal skills
 - a) Eye contact and body language
 - b) Lack of ability to read emotional cues
 - c) Lack of facial expression

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Autism DSM-V Criteria

Deficits in Social communication and interaction across multiple contexts as manifested by:

3. Deficits in Developing and Maintaining Relationships
 - a) Adjusting behaviors to suit situation
 - b) Sharing play or making friends
 - c) Absence of interest

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Autism DSM-V Criteria

Restrictive Repetitive Patterns of Behavior:

1. Stereotyped or repetitive motor movements
 - a) Lining up toys
 - b) Flipping objects
 - c) Echolalia or repeated phrases

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Autism DSM-V Criteria

Restrictive Repetitive Patterns of Behavior:

2. Insistence on sameness and routine
 - a) Changes in structure or routine cause great distress.
 - b) Ritualized patterns of behavior or actions

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Autism DSM-V Criteria

Restrictive Repetitive Patterns of Behavior:

1. Restricted and/or fixated interests that are abnormal in intensity (perseveration)
2. Hyper or hyporeactivity to sensory input (sensory issues).
 - a) Last of the listed criteria but really *the* key indicator at times.

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Polling Questions

One of the major defining criteria of autism is Hypo and/or Hypersensitivity to sensory stimuli?

❖ True

❖ False

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Comorbid Disorders

1. ADHD/ADD
2. OCD, Anxiety disorders
3. Trauma
4. Schizophrenia
5. Bipolar Disorder (seldom confused for autism)
6. Intellectual Disability

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Commonly Confused With

- Fragile X
Elongated face and large ears
- Angelman Syndrome
No sense of danger and may only indicate happy emotions
- Reactive Attachment Disorder
Same lack of eye contact and emotional connection
Same lower level of oxytocin
- Sensory Processing Disorder

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Polling Questions

- Please list three of the disorders that can occur with autism.

Please indicate your answer:

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Comorbid Disorders

ADHD/ADD

- Generally no sensory issues involved
Hyperactivity is not the same as sensory seeking
- Communication and socialization are less effected

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Comorbid Disorders

OCD/Anxiety

- Can look like perseveration
- In autism will generally be accompanied by sensory issues
- Can result from changes in routine and inability to take perspectives in social anxiety
- Can result from lack of pruning and amygdalic differences

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Comorbid Disorders

Trauma

- Trauma can also cause similar symptoms
- Look for history
- Are there sensory issues?
- Examples

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Comorbid Disorders

Reactive Attachment Disorder (RAD)

- Trauma Based and related to lack of social interaction
- Looks like autism in social withdrawal
- May also result in high anxiety and behavioral meltdowns.

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Comorbid Disorders

Schizophrenia

- Sensory issues will be lacking
- Anxiety will be present
- "Normal" hallucination and fantasy vs. schizophrenia (Example)
- Autism used to be diagnosed as "early childhood schizophrenia"
- Catatonia vs. isolation

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Comorbid Disorders

Intellectual Disability

- Can create similar symptoms
- Are there underlying sensory issues?
- Is there a lack of engagement?

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Comorbid Disorders

Discriminating Issues

- Are sensory issues involved?
- Is there a lack of engagement?
- Are there apparent underlying causes that rule out autism?
- Is there a family history of DX?

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Polling Questions

What are two of the major issues that will rule out other diagnosis and rule in Autism?

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Early Diagnostic Indicators

DNA Markers

- There are multiple genetic indicators
- Many of them also indicated in schizophrenia

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Early Diagnostic Indicators

Lack of eye contact/socialization issues

- Often diagnosed as early as 2 years now and a push to diagnose earlier
- Hyper or hypo-sensitivity to stimulus
- Inability to change fluidly from one task to another without anxiety and/or meltdown

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Issues in Early Diagnosis

What if it's not autism?

- Providing early supports can only help
- Treating what is before us
- Changing diagnosis as things progress

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Conclusion

- The diagnosis of autism is a complex process.
- Becomes more complex with higher functioning individuals
- It is extremely important by middle school that we identify this disorder to begin helping the individual account for social deficits.
- Failure to implement social supports relates to increased incidence of bullying resulting in trauma and delayed development.

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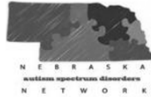
Thank You!

Feel free to contact me about speaking engagements
or consultation Services.

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Department of Education



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Sensory Assessment List

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Tactile Issues (Touch):

Issue	Seeks	Avoids	Neutral
Being touched specific areas (specify)			
Hugs, snuggling, etc			
Clothing: tight, loose, materials (specify)			
Getting hands, face, etc messy or wet			
Using towels after bath			
Crowds or personal space issues			
Walking barefoot			
Personal grooming (brushing hair, teeth, nails, etc)			

Scores: _____

Proprioceptive issues:

Issue	Seeks	Avoids	Neutral
Jumping, bouncing into things, climbing, hanging, etc			
Perching in high places, risky bike riding, jumping from heights, other risky behavior			
Fine motor tasks (picking up small beads, etc)			
Physically demanding tasks requiring muscle			
Having eyes closed or covered while walking			

Scores: _____

Vestibular Issues:

Issue	Seeks	Avoids	Neutral
Spinning in circles			
Shaking head from side to side or back and forth, hanging upside down			
Rocking			
Balance activities (biking, skating, etc)			
Walking on soft deep carpet, snow, sand			
Riding in a car or on a sled, etc			

Scores: _____

Vision Issues:

Issue	Seeks	Avoids	Neutral
Reading for longer than a couple of min.			
Shiny, spinning objects like pinwheels or chandeliers			
Hidden picture puzzles or mazes			
Going to crowded public places			
Light sensitivity or seeking			
Action packed, colorful TV or computer			
Using a kaleidoscope or looking through colored glasses			

Scores: _____

Auditory Issues:

Issue	Seeks	Avoids	Neutral
Loud noises in general			
Loud noises at specific frequencies			
Music, TV at too high or too low volume			
Conversation in noisy areas			
Concentration in noisy areas			
Rapid verbal instructions (games, etc)			
Back and forth conversations			
Alone time			

Scores: _____

Taste and Smell Issues

Issue	Seeks	Avoids	Neutral
Certain food textures (specify)			
Strong citrusy flavors			
Spicy foods			
Tangy foods (Sharp cheese, etc)			
Chemical smells (plastic, bleach, etc)			
Crunchy foods			
Soft foods			
Perfumes, strong odors			

Scores: _____

Creating a Sensory Diet

Using the list above you can easily assess whether the individual is over or under sensitive in each region. Add the marks in each column. If there is an overwhelming tendency in one area or the other then you need to start there first in developing the sensory diet. Below are some links to resources with lists of activities for meeting those needs. These activities will be hit and miss for the individual so it will require tracking what is and is not having an effect. Once you find a list of things that begin working try and integrate more things like that.

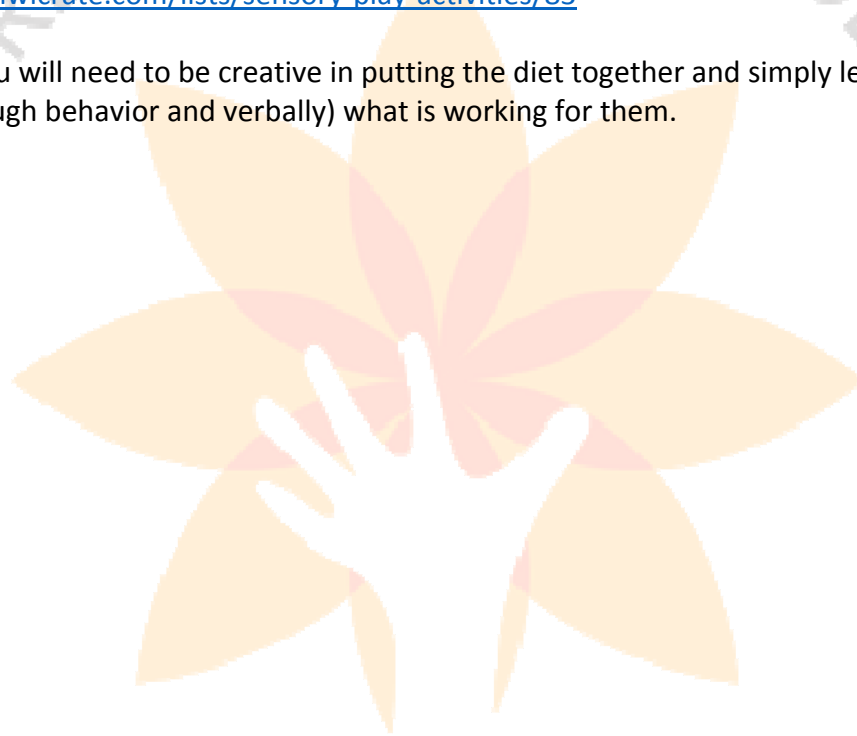
Here is a link to a good article on Sensory diets and how to think about implementing them:

https://www.sensorysmarts.com/sensory_diet_activities.html

This is a site that provides fantastic sensory activities for kids:

<http://www.kiwicrate.com/lists/sensory-play-activities/83>

Essentially you will need to be creative in putting the diet together and simply let the individual tell you (through behavior and verbally) what is working for them.



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