In May 2013, the American Psychiatric Association released the 5th Edition of the DSM. The DSM has undergone regular revisions throughout the past fifty years and serves as a standard classification of mental disorders used by mental and behavioral health professionals as well as other physicians throughout the United States. The diagnosis of Autism and related disorders has significant changes in this 5th revision edition. These changes have been developed by the Neurodevelopmental Work Group of the American Psychiatric Association. Many parents, individuals with Autism and Autism Spectrum Disorders, and advocacy groups have expressed concern regarding the implications of the proposed changes.

In a nutshell, the diagnoses of Autistic Disorder, Pervasive Developmental Disorder – NOS, and Asperger’s Disorder has been replaced by a single category entitled Autism Spectrum Disorder. The diagnosis of Autism Spectrum Disorder is specified by four criteria. The first requires persistent deficits in social communication and social interaction; the second, repetitive patterns of behaviors, interests, or activities; the third includes the presence of symptoms in early childhood; and the fourth requires that the symptoms limit and impair everyday functioning.

Individuals meeting the diagnosis of Autism Spectrum Disorder will then be assigned a severity level which includes Level 3, requiring very substantial support, Level 2, requiring substantial support, and Level 1, requiring support. In addition, the DSM-5 includes a new diagnosis, Social Communication Disorder. This diagnosis addresses impairment of pragmatics and is diagnosed based upon difficulty in the social uses of verbal and nonverbal communication in a natural context and low social communication abilities which result in functional limitations. A third criterion requires that an Autism Spectrum Disorder be ruled out and a fourth criterion requires that the symptoms be present in early childhood.

What effect will the new DSM-5 classification criteria have upon individuals who have already been diagnosed with Autism, Asperger’s, or Pervasive Developmental Disorder – NOS?

While no one knows for sure the exact impact, a number of researchers and advocacy groups have speculated that the new diagnostic criteria will result in fewer individuals diagnosed with an Autism Spectrum Disorder. Studies suggest that the new DSM-5 criteria will alter the composition of the spectrum, improving specificity but excluding a substantial portion of cognitively able individuals. One study, by McPartland et al. (2012), suggested that only 25% of those currently diagnosed as Asperger’s will meet the new criteria and only 28% of those diagnosed as Pervasive Developmental Disorder – NOS (PDD-NOS) will meet the new criteria. In general, researchers and advocacy groups fear that the new diagnostic criteria will exclude people with a diagnosis who are higher functioning. Some feel this may be a large step backwards and may have negative implications for public health, service, eligibility, and research.

What will happen to those individuals who have been diagnosed with Asperger’s Syndrome by the DSM-IV criteria?

The new DSM-5 criteria no longer contains the diagnosis of Asperger’s Syndrome. As indicated in the response to the question above, several studies and advocacy groups suspect that individuals diagnosed with Asperger’s who function within normal to above-average limits intellectually will no longer meet criteria for an Autism Spectrum Disorder. Dr. Simon Barron Cohen, Director of the Autism Research Center at Cambridge University, has argued that we don’t yet know if Asperger’s Syndrome is genetically identical or distinct from classic Autism and that it would make scientific sense to wait until these two sub-groups have been thoroughly tested before lumping them together in a single diagnostic group.

It is also possible that those individuals previously diagnosed with Asperger’s may meet the new DSM-5 criteria for a Social Communication Disorder. This is a brand new diagnosis and may serve as a means to maintain a DSM diagnosis for impairments in aspects of social functioning.

Are the new DSM-5 criteria based on contemporary neuroscience, genetics, or other biological factors?

No. The DSM is essentially a descriptive classification. It is not the DSM’s purpose or intent to base diagnostic criteria upon emerging neuroscience research. When the DSM began, there were few tools to study brain structure, neurochemistry, or other aspects of brain development. At some point in the future, neuroscience may play a more significant role in forming diagnostic criteria.

What should I do if I suspect that my child may not meet the DSM-5 criteria for an Autism Spectrum Disorder, despite a prior diagnosis?

This is a difficult question since we do not yet know how providers will apply the diagnostic criteria. It may be helpful to closely document the functional impact of your child’s Autism Spectrum Disorder upon domains of communication, socialization, daily living skills, and academic functioning. It may be helpful to ask your mental health provider or physician to specify levels of severity in their documentation. Individuals with normal cognitive abilities and more severely impacted functional skills may well meet the DSM-5 criteria.

Will my child’s status with the Developmental Disabilities Administration (DDA) or the Autism Waiver be impacted by the new DSM categories?

At this time (June 2013), both DDA and the Maryland State Department of Education (MSDE, who manages the Autism Waiver) have stated that they do not follow the DSM.

As the future unfolds, DSM-5 changes may have some impact on the diagnosis given to individuals seeking clinical evaluation. How much impact is not yet clear. DDA does not
anticipate that changes in diagnoses will impact DDA waiver eligibility (DDA waiver is NOT the same as the Autism Waiver). DDA eligibility has been based on adaptive functioning since the creation of the DDA waiver in the 1980s. As such, it is not the diagnosis that is important but the degree and kinds of support that individuals require to live in the community. For questions about DDA eligibility, please contact your Regional DDA Office.

The Autism Waiver will continue to use the definitions from the DSM-IV Text Revision (TR) of 299.00 and 299.80. For questions regarding the Autism Waiver, please call Marjorie Shulbank, Section Chief, Family Support Services, for the MSDE Division of Special Education and Early Intervention Services at 410-767-0947.

Will my child's IEP be affected if he or she has Asperger's or PDD-NOS?
Maryland's special education Code of Maryland Regulations (COMAR) uses the verbatim definition of “autism” that is in the Individuals with Disabilities Education Act (IDEA) which does NOT use either the DSM-IV TR OR the DSM-5 definition of autism. For questions regarding the impact on your child's IEP, please contact Marjorie Shulbank, Section Chief, Family Support Services, for the MSDE Division of Special Education and Early Intervention Services at 410-767-0947.

Where can I go to find out more information on how the DSM-5 changes may impact my son or daughter?
Consultation with your mental health provider is recommended in order to clarify current diagnostic formulations and levels of adaptive functioning. The American Psychiatric Association’s website contains the new DSM-5 criteria.

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