Diagnosis of Autism Spectrum Disorder and Specific Language Impairment in Clinical and Research Contexts

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How is ASD Diagnosed?
WHAT IS AUTISM SPECTRUM DISORDER?

**DSM-IV**
- Autistic Disorder
- Asperger’s Disorder
- PDD-NOS

**DSM-5**
- Autism Spectrum Disorder
Figure 1. The Changing Landscape of Autism  (A and B) The three-domain model of autism in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) (A), compared with the two-domain model of DSM-V (B).

Catherine Lord (2011)

**RATIONALE FOR CHANGES IN DSM-5**

- **Reflects research**
  - Groups identified in DSM-IV are not necessarily stable over time (nor distinguishable from each other)
  - Clinical diagnosis assigned varies according to clinician making diagnosis and the clinic in which diagnosis made.
  - Language impairment criterion considered non-specific to ASD

- **Improved specificity**
  - Fewer false positives

- **Includes important factors to be considered**
  - Environmental features, intellectual functioning, language level, severity of symptoms, overall impairment
WHAT HAPPENED TO ASPERGER’S DISORDER?

1) Not differentiable from Autism as a distinct subgroup
2) Most children with Asperger’s actually have a DSM communication impairment (e.g., inability to sustain back-and-forth conversation).
3) Most children with Asperger’s have impairments in adaptive functioning/self-help skills

WHAT IS AUTISM SPECTRUM DISORDER?

DSM-5 Criteria:

- Nonverbal Communication Used for Social Interactions
- Social-Emotional Reciprocity
- Developing and Maintaining Relationships
- Stereotyped or Repetitive Behavior
- Insistence on Sameness
- Restricted, Fixedated Interests
- Hyper- or Hyporeactivity to Sensory Input or Unusual Sensory Information

Deficits in Social Communication and Social Interaction

Restricted, Repetitive Patterns of Behavior, Interests, or Activities
Autisms

STRENGTH
Superior
Average
Borderline
Low

WEAKNESS

Child B
Child A

Specific Language Impairment
Specific Language Impairment (SLI)

+ There is no SLI diagnosis in the DSM or ICD-10!
+ SLI=research term not generally used by clinicians

Operational Definitions of SLI

+ “Absolute Impairment” (performance below population average)
  + e.g., CELF-5 Core Language Score 1 SD below mean (SS<85)
+ Discrepancy from Aptitude
  + e.g., Language Ability < 1.5 SD below Nonverbal IQ
+ Scatter
  + e.g., CELF-5 subtest score range ≥ 5 scaled score points
+ Selective impairments
  + e.g., 2+ language-related subtests > 1 SD below mean
Do children with SLI have social impairments?

Yes!!!

Social Functioning in SLI

- Social
- Emotional
- Behavioral

Severity vs. Age
What This Tells Us

- Young children with SLI can have emotional/behavioral problems (e.g., secondary to communication impairments/frustration about not being able to communicate, etc.). Common comorbidities include: hyperactivity, inattention, social anxiety. These can sometimes look a lot like autism.

- Older children with a history of SLI can present with significant social/peer impairments. Older children with SLI who present for evaluation of concerns about social impairments can look a lot like children with ASD.

DSM-5’s Answer to Social Impairments in SLI?
Impairment of pragmatics. Diagnosed based on difficulty in the social uses of verbal and nonverbal communication in naturalistic contexts, which affects the development of social relationships and discourse comprehension and cannot be explained by low abilities in the domains of word structure and grammar or general cognitive ability.

Social Communication Disorder

Or….. “Autism Light”?
How Do Clinicians Sort This Out?

Evidence-Based Assessment of ASD: Best Practices

- Clinical interview, developmental history
- Parent interviews & questionnaires
- Diagnostic observation instruments (e.g., ADOS)
- Intellectual assessment
  - Intellectual abilities associated with severity of autistic symptoms and are one of the best outcome predictors.
- Language assessment
  - Expressive language development other best predictor of outcome.
- Adaptive behavior assessment
  - Often lower than IQ in children with ASD → Useful for treatment planning.
ADOS-2

Modules
(No expressive language to verbally fluent)

+ **Toddler (New for ADOS-2)**. Appropriate for children between 12 and 30 months of age who are not yet using flexible phrases.

+ **Module 1** – For children 30 months and older *without* flexible phrase speech (2-3 word phrases).

+ **Module 2** – Some flexible phrase speech; not verbally fluent

+ **Module 3** – Verbally fluent (expressive language of a typical 4 year old) and playing with toys is appropriate

+ **Module 4** – Verbally fluent; more conversational
ADOS as a clinical instrument:

- Creates a “social world”
- Structured and unstructured activities
- Guidelines for “hierarchy” of examiner’s behavior
- Dependent on examiner’s experience and sensitivity (to act and not to act)

Vignettes

- 10-year-old male
  - ASD diagnosis at age 5 by school
  - ADHD diagnosis at age 9 by pediatrician
  - Mainstream classroom (pull-out for language-based academics, speech and language therapy, and occupational therapy).

- Intellectual:
  - Verbal: Low Average
  - Nonverbal: Average
  - Processing Speed: Impaired
Language: CELF-5: Below Expectations
- Core Language Index: SS=81
- Word Classes: ss=9 (Average)
- Following Directions: ss=5 (Low)
- Formulated Sentences: ss=5 (Low)
- Recalling Sentences: ss=9 (Average)
- Semantic Relationships: ss=4 (Low)

Adaptive: Age-Appropriate

Behavioral: Mild concerns about anxiety

Social
- ADOS: Below Cut-Off
- Observations:
  - Frequent Grammatical Errors
  - Occasional Unusual Intonation
  - Occasional awkward social overtures (e.g., slightly inappropriate questions)
  - Decreased understanding of social relationships
- SCQ (parent questionnaire; historical ASD symptoms): Below Cut-Off
- SRS (parent questionnaire; current social impairments): Below Cut-Off
Evidence-Based Assessment of ASD: Best Practices

- Developmental History: ?Yes
- Parent Questionnaires/Interview: No
- Intellectual Impairment: No
- Language Impairment: Yes
- Adaptive Impairment: No
- Emotional/Behavioral Concerns: Mild

Diagnosis:
- Mixed Receptive-Expressive Language Disorder (DSM5: Language Disorder)
- Possible ADHD
- SCD: “cannot be explained by low abilities in the domains of word structure and grammar”
- Can’t diagnose SCD due to presence of frank structural language impairments????
Case 2

- 10-year-old boy
- Asperger’s Disorder diagnosis
- ADHD diagnosis
- Mainstream classroom
- Behavioral supports; social skills groups (school-based); outpatient OT (past); outpatient counseling/therapy (past)

- Intellectual
  - Verbal: High Average
  - Nonverbal: Superior
  - Processing Speed: Average
  - Working Memory Average
- Language: Average
- Behavior:
  - Clinically Significant Anxiety and Somatic Complaints
  - Clinically Significant ADHD symptoms
- Adaptive:
  - Age-Appropriate Self-Help Skills and Functional Communication Skills
  - Age-Appropriate Interpersonal Relationships
  - Mild Weaknesses in Emotion Regulation and Play Skills
Social:
- ADOS: Did not meet criteria
- Social Motivation
- Effective Use of Nonverbal Communication (e.g., eye contact, gestures, facial expressions)
- Reciprocal Communication
- Spontaneously Labels Emotions
- Significant inattention and hyperactivity
  - Sometimes misses social bids
- Becomes very irritable/withdrawn when asked social-emotional questions.
- SCQ: Met Criteria (Historical symptoms of ASD)
- SRS: Met Criteria (Current symptoms of Social Impairment/ASD)

Evidence-Based Assessment of ASD: Best Practices

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Diagnosis:

+ Residual ASD ("Optimal Outcome")?
+ ADHD + Anxiety?
+ Cannot diagnose SCD due to parent report of RRB, as well as observed strong use of nonverbal communication strategies.

Comparing the Profiles
Conclusions

• Differential diagnosis in ASD requires comprehensive assessment and consideration of functioning in multiple domains.
• Children with developmental disorders other than ASD can present with social, behavioral, and emotional symptoms that are frequently overlapping with ASD and that can often be misdiagnosed as ASD.
• Even very experienced clinicians can have difficulty parsing apart these factors in making a diagnosis.
• The jury is still out on Social Communication Disorder. More research and more clinical experience are needed.
• Groups of children with ASD and/or SLI in research samples may be very different, depending on the criteria used.

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