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1



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2

continued™

2017 Nancy McKinley Lecture Series: Supporting Young Learners with Autism Spectrum Disorder



**Guest Editor: Linda R. Schreiber, M.S., CCC-
SLP, BCS-CL, ASHA Fellow**
In partnership with University of Wisconsin – Eau
Claire

3

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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

Key Features of Autism Spectrum Disorder That Distinguish it From Other Disorders

Tina K. Veale, Ph.D., CCC-SLP

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com

4



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7

KEY FEATURES OF AUTISM SPECTRUM DISORDER THAT DISTINGUISH IT FROM OTHER DISORDERS

Tina K. Veale, Ph.D., CCC-SLP
Minnesota State University
Moorhead



8

Learning Objectives

After this course, participants will be able to:

1. Describe the diagnostic standards for autism spectrum disorders (ASD) and social communication disorder (SCD).
2. Describe how the new diagnostic standards differ from previous diagnostic models.
3. Define the roles of the SLP in diagnosis of ASD and SCD.
4. Name three differential symptoms to help us know when an individual has ASD.

9

Is it Autism?

10

Diagnosticians



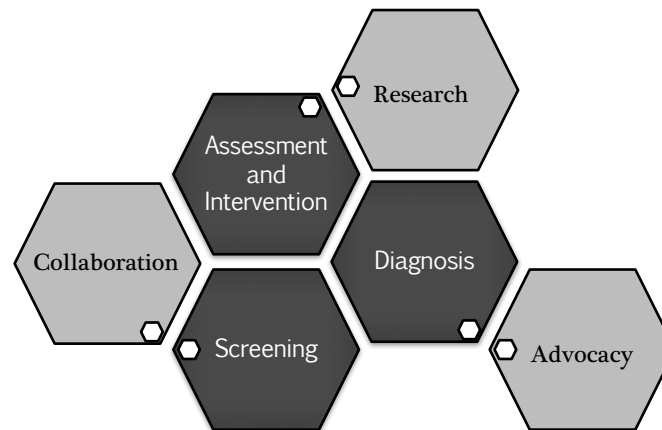
11

Who Is Qualified to Assess the Core Features of ASD....



12

Roles of the SLP: ASD and SCD



American Speech-Language-Hearing Association. (2006). *Roles and Responsibilities of Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span* [Position Statement].

13

AUTISM SPECTRUM DISORDER (ASD)

New Diagnostic Parameters
(DSM-5, 2013)

Changing Criteria for Diagnosing Autism (APA)

DSM-IV-TR (2000) Pervasive Developmental Disorders

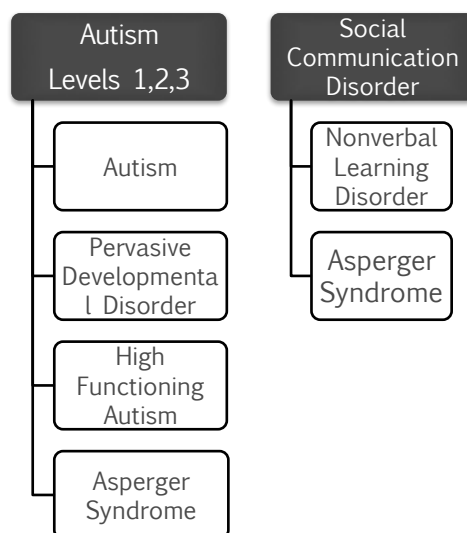
- Autistic Disorder
- Asperger's Disorder
- PDD-NOS
- Rett's Disorder
- Childhood Disintegrative Disorder
- By age 3

DSM-V (2013) Autism Spectrum Disorders

- Social communication and interaction deficits
- Restricted behaviors, activities and interests
- 3 Levels of Severity—based upon levels of support required
 - Level 1—least support
 - Level 2—some support
 - Level 3—very substantial support
- Early in development

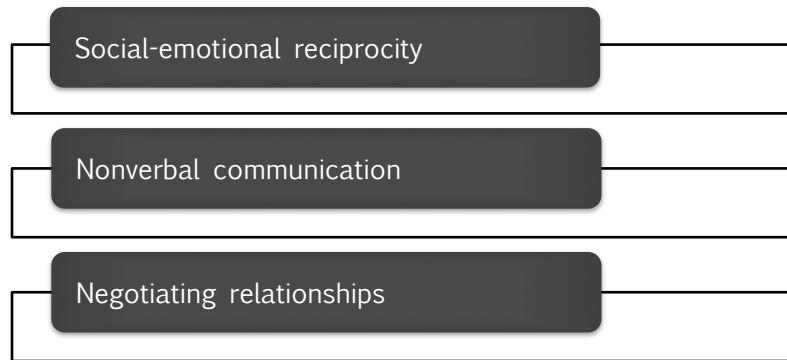
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Diagnoses Then and Now: A Comparison



16

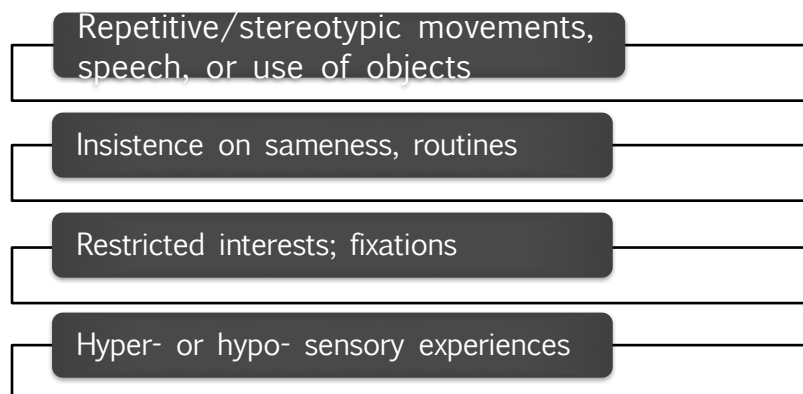
ASD: Social Communication and Interaction Deficits



American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

17

ASD: Restricted Behaviors, Activities, Interests



American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

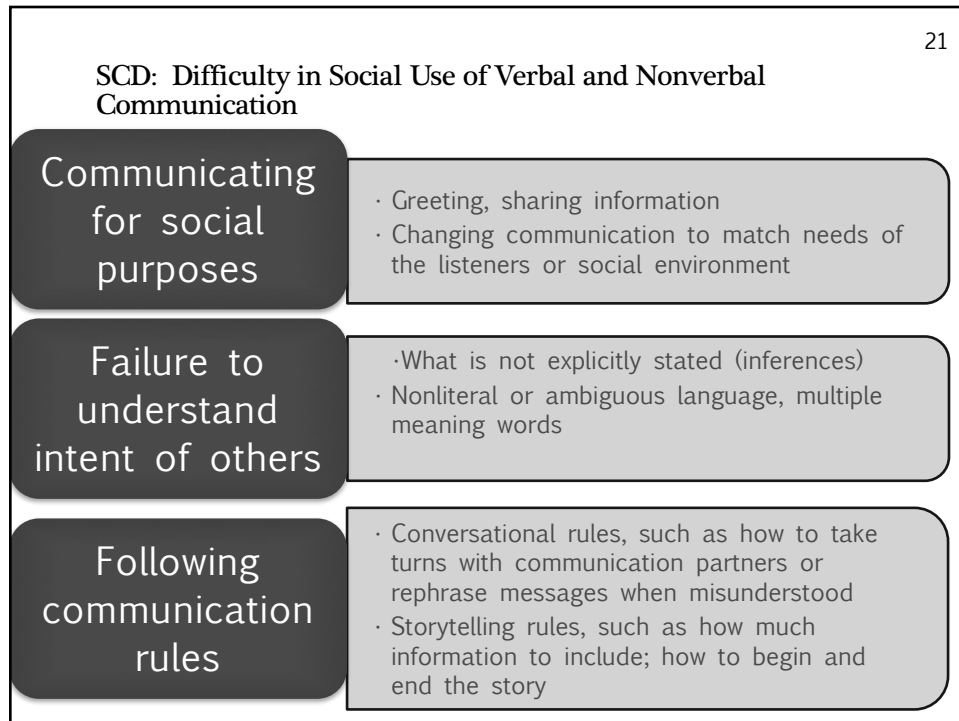
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| | |
|-------------------------------|--|
| When do symptoms present? | <ul style="list-style-type: none"> · Early in development · May continue to emerge based on social demands |
| Are there secondary symptoms? | <ul style="list-style-type: none"> · Primary symptoms lead to clinically significant impairment in social and occupational functioning · May lead to difficulties in all aspects of life |
| Severity | <ul style="list-style-type: none"> · Level 1—Verbalizes in complex sentences, but has trouble socializing and managing daily activities independently. Needs support. · Level 2—Speaks in phrases or simple sentences, but has odd behaviors and difficulty coping. Needs substantial support. · Level 3—Minimal verbal skills, limited social interaction, extreme inflexibility, behavior that interferes with functioning. Requires very substantial support. |

19

SOCIAL COMMUNICATION DISORDER (SCD)

(DSM-5, 2013)



AUTISM

23

ASD: Communication Deficits

| Differential Symptom to Diagnose Autism? | YES | NO |
|---|-----|----|
| Significant delays in emergent language | | * |
| Receptive-expressive language disorder (pragmatic-semantic; global) | | * |
| Diminished verbal fluency and/or facility | | * |
| May have imprecise speech patterns, poor sound discrimination, and/or apraxia | | * |
| Poor understanding of figurative language or indirect messages (literal thinking) | | * |
| Restricted word knowledge | | * |
| Word finding problems | | * |
| May use idiosyncratic phrases | | * |
| May be echolalic | YES | |
| Odd vocal prosody | YES | |

24

ASD: Social-Communication (Pragmatic) Deficits

| Differential Symptom to Diagnose Autism? | YES | NO |
|---|-----|----|
| Reduced social-emotional reciprocity (joint attention; intentionality) | YES | |
| Absent or reduced initiation | YES | |
| Absent or diminished reciprocity (turn-taking) | YES | |
| Lack of showing off or sharing behaviors | YES | |
| Limited range of communicative functions (naming, requesting, commenting, information gathering, narration, persuasion, humor, etc.) | YES | |
| Poor topic maintenance | | * |
| Reduced use of facial expression, vocal prosody, body language, or gestures (nonverbal communication) to send effective messages | | * |
| Absent or deficient theory of mind (perspective-taking) | | * |
| Low to absent social drive | | * |
| Few to no peer relationships | | * |

25

ASD: Behavioral Issues

| Differential Symptom to Diagnose Autism? | YES | NO |
|--|-----|----|
| Ritualistic ; strict adherence to routines | YES | |
| Intense interest in only one or two topics/things | YES | |
| More interested in objects than people. | YES | |
| Repeats behaviors over and over again (perseveration) | YES | |
| Preoccupation with parts of objects | YES | |
| Stereotypies | | * |
| Obsessive-compulsive behavior patterns | | * |
| Noncompliant | | * |
| Adaptive behavior delays | | * |
| Cognitive inflexibility | | * |

ASD: Other Indicators

| Differential Symptom to Diagnose Autism? | YES | NO |
|--|-----|----|
| <ul style="list-style-type: none"> ▪ Perceptual differences <ul style="list-style-type: none"> ▪ Strong visual processing ▪ Poor auditory processing | | * |
| <ul style="list-style-type: none"> ▪ Organizational skills <ul style="list-style-type: none"> ▪ Varies from very neat to indifferent ▪ Needs help to organize | | * |
| <ul style="list-style-type: none"> ▪ Time/Space judgment <ul style="list-style-type: none"> ▪ Excellent sense of time and space | | * |
| <ul style="list-style-type: none"> ▪ Motor skills <ul style="list-style-type: none"> ▪ Emergent skills on time to delayed ▪ Balance may be excellent to average ▪ Fine motor may be excellent to delayed ▪ Handwriting problems | | * |
| <ul style="list-style-type: none"> ▪ Sensory integration dysfunction <ul style="list-style-type: none"> ▪ Hypersensitive hearing ▪ Crave vestibular and proprioceptive input ▪ Tactile defensiveness | | * |

26

SOCIAL COMMUNICATION DISORDER

SCD: Social-Communication (Pragmatic) Deficits

- Failing to communicate for social purposes
 - Knowing when to say hello, thank you, etc.
 - Sharing information to get to know someone
- Communication not appropriate for the social context
 - Overly formal language
 - Knowing when to say what; how to speak to a child vs. adult; how to talk in a library vs. a football stadium
- Does not follow rules for conversation or storytelling
 - Rephrasing when misunderstood
 - Using verbal and nonverbal cues to regulate interaction
 - Reduced use of facial expression, vocal prosody, body language, or gestures (nonverbal communication) to send effective messages
- Literal communicator
 - Not understanding unless something is explicitly stated
 - Difficulty with inferences
 - Problems with ambiguous language

(Tanguay, 2002; Thompson, 2001; Thompson, 1997; Vacca, 2001; Volden, 2004)

SCD: How is it Different than Autism?

Children and adolescents with SCD:

- Initiate communication, take turns, use language for a variety of communicative purposes, and share their experiences with others.
- Use appropriate tone of voice and demeanor when talking with others.
- Talk about a variety of topics rather than perseverating on a limited number of ideas.
- Are more interested in people than in objects.

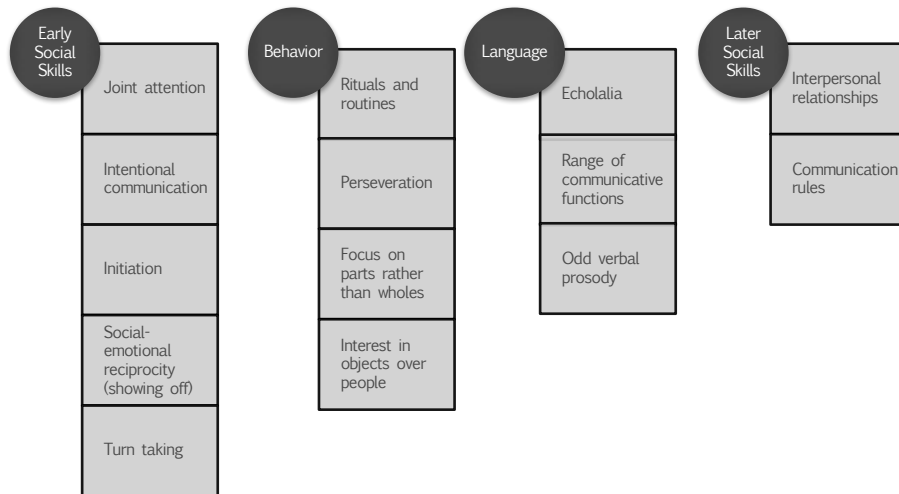
29

HOW DO YOU KNOW IT'S AUTISM?

Differential Symptoms that Confirm the Diagnosis of ASD

30

Autism: What to Look For



31

Questions?

32

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33

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39

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40