Pervasive Developmental Disorders

- Autistic Disorder
- Asperger’s Disorder
- PDD-NOS
- Rhett’s Disorder
- Childhood Disintegrative Disorder

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DSM-VI-TR Criteria

- Coded on Axis I in DSM-IV-TR as a:
  - Disorder Usually First Diagnosed in Infancy, Childhood or Adolescence
- 299.00 Autistic Disorder
- 299.80 Rhett’s Disorder
- 299.10 Childhood Disintegrative Disorder
- 299.80 Asperger’s Disorder
- 299.80 Pervasive Developmental Disorder
  - Not Otherwise Specified
Characteristics of Each Disorder

• Autism Disorder
  – Qualitative impairment in social interaction
  – Qualitative impairment in communication
  – Restricted, repetitive and stereotyped patterns of behavior, interests, and activities
Characteristics of Each Disorder

• Autistic Disorder, cont.
  – Delays or abnormal functioning in at least one of the following areas with onset prior to age 3 years
    • 1. Social interaction
    • 2. Language as used in social communication or
    • 3. Symbolic or imaginative play
  – The disturbance is not better accounted for by Rhett’s disorder or Childhood Disintegrative Disorder
Characteristics of Each Disorder

• Rhett’s Disorder
  – Occurs primarily in females
  – Prevalence rate: 1 per 20,000

• Distinguished from other PDD’s:
  – Head growth deceleration (5-48 months)
  – Loss of purposeful hand skills
  – Presence of awkward gait and trunk movement
Characteristics of Each Disorder

• Rhett’s cont.
• Social Difficulties:
  – Pervasive and transient
  – Improve between 2 and 10 years
• Cognitive deficits
• Adolescence (girls):
  – Muscle wasting, scoliosis, spasticity and decreased mobility.
Characteristics of Each Disorder

• Childhood Disintegrative Disorder
  – Very rare, 1.7 per 100,000.
  – More likely to affect males

• Characteristics:
  – Impaired development of social interaction and communication
  – Restricted, repetitive and stereotyped patterns of behaviors, interests, and mannerisms
Characteristics of Each Disorder

• CDD cont.
• Distinguished from Autism:
  – Before ten years
    • Pattern of regression, following at least two years of normal development
    • Includes ubiquitous loss of speech, and frequent deterioration of bladder/bowel and motor skills.
    • Severe cognitive deficits
Characteristics of Each Disorder

• Asperger’s Disorder
  – Defined as: Severe and sustained impairment in social interaction…and the development of restricted, repetitive patterns of behaviors, interests and activities (APA, 2000, p. 80)

• Distinguished from Autism
  – No clinically significant delay in language
Characteristics of Each Disorder

• Asperger’s Cont.
  – Autistic disorder must be ruled out before Asperger’s is considered

• Language skills:
  – Preserved
  – Speak incessantly about their own interests, which adversely affects conversational reciprocity
    • Use abnormally sophisticated language
  – Tend to make socially inappropriate statements
  – Often speak in monotone

• Intellectual functioning is within normal limits
Characteristics of Each Disorder

- Pervasive Developmental Disorder’s- Not Otherwise Specified
- Classification:
  - Experience difficulty in at least two of three Autistic Disorder symptom clusters
  - Do not meet the complete diagnostic criteria for any other PDD
  - Typically have milder symptoms
Screening and Referral

• Screening
  – Used to determine the need for additional diagnostic assessments.
  – Behavioral (School Psychologist)
  – Medical testing (Primary Care Physician)
  – Audiological evaluation (Speech pathologist)
Behavioral Screening

• Purpose of screening not to diagnose autism, BUT to determine if diagnostic assessments are warranted.

• Quick, Easy, Liberal
  – Checklist for Autism in Toddlers (CHAT)
  – Modified Checklist for Autism in Toddlers (MCHAT)
  – Pervasive Developmental Disorder Screening Test- II (PDDST-II)
  – Autism Spectrum Screening Questionnaire (ASSQ)
  – Childhood Asperger’s Syndrome Test (CAST)
  – Social Communicative Questionnaire (SCQ)
Behavioral Screening cont.

• Checklist for Autism in Toddlers (CHAT)
  – School Psych/Parent
  – Identify risk of autism among 18 month old infants.
  – Requires direct observation.
  – If failed, re-screening recommended one month later.

• Modified Checklist for Autism in Toddlers (MCHAT)
  – Caregiver/Parent
  – Identify risk of autism among 24 month old toddlers.
  – Does not require the screener to directly observe the child
Behavioral Screening cont.

- Pervasive Developmental Disorder Screening Test-II (PDDST-II)
  - Infant/Toddlers 12-48 months
  - General and Clinical populations
  - Stage I address whether further evaluation is warranted

- Autism Spectrum Screening Questionnaire (ASSQ)
  - Parents or teachers
  - School aged children
  - Items address behaviors associated with autism.
Behavioral Screening cont.

• **Childhood Asperger’s Syndrome Test (CAST)**
  – Parental Questionnaire
  – Mainstream primary grade children
  – 4 -11 years

• **Social Communicative Questionnaire (SCQ)**
  – 4+ years
  – Lifetime form: Questions regarding child’s entire developmental history. Useful for determining need for diagnostic assessment.
  – Current form: Question's regarding child’s behavior over the last three months. Useful for evaluating treatment and educational plans.
Assessment

• Indirect ASD Assessment
  – Interviews/Rating scales (parents, teachers, caregivers)
  – Easy to obtain
  – Reflect behavior across different settings
  – Subjective, interviewee/rater bias

• Direct ASD Assessment
  – Behavioral Observations, interviews, record review
  – Reflects behavior in limited settings
  – Relatively objective, not subject to interviewee/rater bias

• Psycho educational evaluation
Indirect Assessment

• Rating Scales:

• The Gilliam Autism Rating Scales -II (GARS-II)
  – Age range: 3 - 22 years
  – Three subscales:
    • Stereotyped Behaviors, Communication and Social Interaction
  – No special training is needed to administer or score the GARS
  – Yields an Autism Quotient (AQ)
    • Classified on an ordinal scale from “Very Low” to “Very High” probability of autism.
Indirect Assessment

• **The Asperger’s Syndrome Diagnostic Scale (ASDS)**
  – Ages 5-18
  – Five subtests: Language, Social, Maladaptive, Cognitive and sensory motor
  – No special training needed to administer, beyond having a familiarity with autism.
  – Autism Spectrum Quotient (ASQ)
    • Classified on an ordinal scale ranging from “very low” to “very high” probability of autism.

• **Pervasive Developmental Disorder Screening Test- II (PDDST-II)**
  – Stages II and III address differential diagnosis and discrimination amongst autism spectrum disorders.
    • Stage III designed to discriminate children with Autism from other PDD’s
Indirect Assessment

• Interview:
  • Autism Diagnostic Interview- Revised (ADI-R)
    – 2+ years
    – Semi structured interview
    – Primary focus on three domains of autism:
      • Language/communication, reciprocal social interactions and restrictive, repetitive and stereotyped behaviors
    – Requires TRAINED interviewer and caregiver familiar with developmental history and current behavior(s)
    – Reported to work well for the identification of Asperger’s Disorder.
Direct Assessment

• The Autism Diagnostic Observation Scale (ADOS)
  – Standardized, semi-structured, interactive play assessment of social behavior.
    • 30-45 minutes
  – Uses planned social role-plays to facilitate observation of the social, communication and play behaviors related to the diagnosis of Autism Spectrum Disorder’s.
  – Less consistently able to differentiate among the different ASD’s.
Direct Assessment

• The Childhood Autism Rating Scale (CARS)
  – Ages 2+
  – Data may be obtained from interviews, observations and student record reviews
  – Tendency to incorrectly classify non autistic children with MR as autistic.
Special Education Eligibility

• IDEIA (2004) eligibility for special education services:
  – Autism means a developmental delay significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotypical movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
  • Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.
  • A child who manifests the characteristics of autism after age three could be defined as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.
Special Education Eligibility Cont.

• When it comes to special education, it is the state and federal education codes and regulations (not DSM-IV-TR) that drive eligibility decisions.
• In addition, autism must adversely affect a child’s educational performance in order to meet eligibility.
Psycho educational evaluation

• Used to determine special education placement
• Accommodations
• Areas of assessment
  – Behavioral Observations
  – Cognitive Functioning
  – Functional/Adaptive behavior
  – Social functioning
  – Language functioning (Speech pathologist)
  – Psychological Processes
  – Academics (General ed. and RSP teachers)
  – Emotional Functioning
  – Sensory assessments (Occupational therapist)
  – Functional Behavior Assessment
Recommendations & Interventions
Important in Intervention

- Must begin early
- Must be intensive (25hrs or more per week - 52 weeks a year)
- Must involve the family
- Must have low student teacher ratio
- Must be individualized
- Must be given by experienced individuals
- Must have objectives and goals
- Must do progress monitoring
ABA

- Important strategy for students
- Home based
- Adult directed
- Affective in teaching new skills
- Discrete trial training
- Pivotal Response training
- Incidental teaching
Social Relations

• Provide interpretation of social situations
  – Make use of social stories™
  – Use cartooning to illustrate the rules of challenging social situations
  – Explain problematic social situations and in doing so let the student know that there are specific choices to be made and that each choice has a specific consequence.
  – “social autopsy”
  – Identify specific social conventions that need to be taught and then provide direct instruction.
  – Make use of student’s special interests to develop “power cards” that facilitate the understanding of social rules
Communication

• Picture Exchange Communication System (PECS)
• Total communication
Challenging Behavior

• Functional behavioral assessment is recommended
• “Priming”
• visual schedule of new tasks
• Social stories
Academic Functioning

Often problem such as attention, organization, transition, and auditory processing can be an issue therefore:

Organization

• Add visual structure to assignments
• Label instructional items
Academic Functioning Con’t

Transition
• Signal before transition occurs
• Visual cues for what will happen next
• Use a script or social story when unplanned change occurs

Reading Comprehension/ fluency
• Highlighted text
• Study guide
• Graphic organizer
Academic Functioning Con’t

Written expression

• Assess content knowledge using verbal means
• Allow for use of computer rather than pen or pencil
Psychopharmacologic Interventions

- **Neuroleptics**- irritability, stereotypies, and hyperactivity
- **Antidepressants**- decreased repetitive behaviors, less aggression, and less maladaptive behavior
- **Psychostimulants**- decrease ADHD behavior in children with autism
- **Alpha-adrenergic agonists**- limited research may also help with ADHD
Alternative Treatment

• These do exist.....
• Limited empirical data
References