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Personal–social development differences in toddlers diagnosed with autism spectrum disorder: *DSM-IV-TR* versus *DSM-5*



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ABSTRACT

Recent changes in diagnostic criteria for autism spectrum disorders (ASD) has stimulated research comparing the differences between those who would no longer meet the criteria for an ASD and those who would according to *DSM-5*. Previously, researchers have shown that individuals who no longer meet the criteria still have severe deficits in several areas when compared to atypically developing controls. These challenges are often similar in severity when compared to those who retain their diagnosis. The current study sought to compare these groups on a measure of personal and social development using the Battelle Developmental Inventory, second edition (BDI-2). Results were similar to previous research showing that those in the *DSM-5* group had the most severe impairments followed by the *DSM-IV* group and then atypically-developing peers. The participants who no longer met the new criteria (*DSM-IV* group) were significantly different from both comparison groups but more closely resembled the *DSM-5* group. They exhibited severe deficits in areas of personal–social development. These findings support the idea that these individuals do have significant impairments similar to those who would retain their diagnosis and that treatments developed for those with ASD would be beneficial; however, with the new criteria these children may never receive these services.

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Autism spectrum disorder (ASD) is a neurodevelopmental disorder which is present from birth and is typically diagnosed in the first few years of life (Matson & Boisjoli, 2008; Matson & Wilkins, 2008). Additionally, many problems have been found to co-occur with ASD (Matson, Dempsey, & Fodstad, 2009a; Matson & LoVullo, 2009; Matson & Rivet, 2008; Matson, Rivet, Fodstad, Dempsey, & Boisjoli, 2009d; Smith & Matson, 2010a,b,c). Ever since ASD was first described in the 1940s, researchers have noted that children with ASD may possess widely varying degrees of development across domains, but all possessed notable deficits in social and communication skills (Asperger & Frith, 1991; Fodstad, Matson, Hess, & Neal, 2009; Kanner, 1944). Through all historic variations of ASD diagnostic and categorical criteria, defining symptoms have included varying degrees of deficiencies in social skills and communication as well as restricted interests, activities, and behaviors

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(e.g., hand flapping, preoccupation with objects, and rocking; Matson & Dempsey, 2008; Matson, Dempsey, & Fodstad, 2009b; Matson & Wilkins, 2009).

Revised criteria for ASD diagnosis have directly affected reported prevalence rates of ASD with sequential publication of each DSM edition (Fombonne, Quirke, & Hagan, 2009; Matson & Kozlowski, 2011; Matson & LoVullo, 2009; Shattuck, 2006). Revisions often lead to diagnostic substitution such that even minor changes have historically caused many individuals to shift from one diagnostic category to another as the specificity and sensitivity of diagnostic criteria have become more inclusive or exclusive (Fombonne et al., 2009). For example, diagnostic revisions between editions have led to corresponding increases in ASD rates and decreases in intellectual disability rates over the same period of time. Debate regarding ASD etiology and diagnosis has continued since the diagnosis was first included in the *Diagnostic and Statistical Manual, Third Edition (DSM-III; APA, 1980)* and continues to be an important area of research (Matson, Belva, Horovitz, & Bamburg, 2012; Matson, Kozlowski, Hattier, Horovitz, & Sipes, 2012; McPartland, Reichow, & Volkmar, 2012; Worley & Matson, 2012). As research continues and our understanding of ASD increases, the goal is to develop diagnostic criteria which will avoid false diagnoses while also taking care not to exclude those who may have a less severe manifestation of the disorder. Diagnostic criteria for ASD have accordingly undergone many variations as research has expanded understanding of the disorders; nonetheless, major symptoms including impaired social functioning remain a hallmark of ASD.

From 2000 to 2013, the widely-used *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* included five categories of ASD including Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Rett's Disorder, and Childhood Disintegrative Disorder (*DSM-IV-TR; APA, 2000*). With the publication of the *DSM-5* in May of 2013, these categories have been collapsed and combined into one ASD diagnosis with some alterations in diagnostic criteria. Socialization and communication deficits are joined into a single domain in which an individual must meet all three criteria (i.e., deficits in verbal and nonverbal communication during social interactions, lack of social reciprocity, and inability to develop and maintain developmentally appropriate relationships) in order to qualify for an ASD diagnosis (APA, 2013). The individual must also meet two of the three restricted/repetitive criteria (i.e., stereotyped verbal, motor, or other sensory behaviors; adherence to routines or ritualized patterns of behavior; or restricted interests). These changes are expected to reverse the recent trend of increasing diagnoses.

Over the decades, it has become evident that early intensive behavioral intervention (EIBI) provides a significant advantage in outcome for children with ASD symptoms and related deficits, lessening the effect of delays on later functioning of children by improving social, communication, and adaptive skills (American Academy of Pediatrics Committee on Children with Disabilities, 2001; Cohen, Amerine-Dickens, & Smith, 2006; Committee on Educational Interventions for Children with Autism, 2001; Manning-Courtney et al., 2003; Martinez-Pedraza & Cater, 2009; Matson, 2007; Matson, Wilkins, & Gonzalez, 2008; Remington et al., 2007; Sallows & Graupner, 2005). Increased social skill development is associated with better outcomes in both typically and atypically developing children, whereas deficits correlate with greater severity of comorbid disorders and poorer prognosis in future episodes of psychopathology (Jewell, Jordan, Hupp, & Everett, 2009). In individuals with intellectual or other developmental disability, lower social skills are correlated with challenging behaviors (e.g., self-injury, stereotypy) and the presence of more numerous and more severe pathological symptoms (Matson, Minshawi, Gonzalez, & Mayville, 2006; Matson, Smiroldo, & Bamburg, 1998). Bellini and colleagues found that children with ASD were at higher risk for developing co-morbid anxiety, depression, and social isolation if social skill deficits were not addressed via early intervention (Bellini, 2006; Bellini, Peters, Benner, & Hopf, 2007). Fortunately, interventions for children with ASD have successfully addressed a wide variety of social skills from the simple (e.g., initiating) to the more complex (e.g., perspective-taking; Dixon, Tarbox, & Najdowski, 2009). Behavioral interventions addressing social skills in toddlers with ASD symptoms can have a positive effect across a variety of domains, thus improving overall outcomes not only in social skills, but other areas such as communication, academic skills, and challenging behaviors (Dixon et al., 2009; Matson, Mahan, & LoVullo, 2009c).

One reason that changes to diagnostic criteria must be undertaken with great care is that these criteria often determine the provision of resources and benefits including EIBI (Volkmar, Klin, & Cohen, 1997). Some researchers have suggested that as many as 30–45% of individuals who would have been diagnosed with ASD under the *DSM-IV-TR* would not meet the more stringent *DSM-5* criteria despite substantial impairments that previously would have merited an ASD diagnosis (Matson, Belva, et al., 2012; Matson, Kozlowski, et al., 2012; McPartland, Reichow, & Volkmar, 2012; Worley & Matson, 2012). Accordingly, the *DSM-5* changes are likely to have a substantial impact on future service provision and eligibility.

The purpose of this study is to investigate social skills in a sample of atypically developing toddlers to determine whether toddlers who meet the *DSM-IV-TR* criteria for ASD but who do not meet the *DSM-5* criteria are more similar to atypically developing toddlers without ASD, or to toddlers who continue to meet the more stringent *DSM-5* criteria. If the deficits in those who meet the criteria under the *DSM-IV-TR* criteria are similar to those who maintain a diagnosis under the newly revised criteria, it stands to reason that these individuals would benefit greatly from the same interventions to address social skill deficits in the more severely affected *DSM-5* group. However, without an ASD diagnosis, interventions designed to address the types of social skill deficits common in ASD may not be available to these toddlers, despite similarities in social skill deficits. It is hypothesized that those who meet the criteria under *DSM-IV-TR* but not the *DSM-5* will more closely resemble those who continue to meet the criteria under *DSM-5* as opposed to those who did not meet either ASD criteria (atypically-developing group) in terms of social functioning.

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