# The Evolution of Autism and Asperger’s Syndrome  
## Where from Here?  
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## Introduction
- The DSM-5, released in 2013, replaced the previous Autism, Asperger’s Syndrome, childhood disintegrative disorder, and pervasive developmental disorder with an umbrella diagnosis of Autism Spectrum Disorder (ASD) (Dailey et al., 2014; Zwaigenbaum, 2012).
- Concerns about this diagnostic change began before the release of the DSM-5, and current literature reflects ongoing concerns (Dailey et al., 2014).
- Many helping professionals view Asperger’s Syndrome as a distinctive diagnosis with its unique challenges and strengths (Dailey et al., 2014; Lord & Jones, 2012).
- Current research has reflected both positive and negative implications associated with this diagnostic change as it relates to Asperger’s Syndrome (Dailey et al., 2014).
- The primary concerns include stronger negative implications with an Autism diagnosis including stigmatization by the general public who do not understand the diagnosis (Dailey et al., 2014).

## Changes to Diagnosis

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<th><strong>The DSM-5 has four major criteria including continuous impairment in interaction and communication that are reciprocal and social in nature, patterns of interests and behaviors that are restricted and repetitive, symptoms that are persistent from early childhood, and symptoms that interfere with everyday functioning (Lobar, 2016; Volkmar &amp; McPartland, 2014).</strong></th>
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<td><strong>The DSM-IV-TR required one symptom of fixed interests, while the DSM-5 requires a minimum of two (Dailey et al., 2014; Lobar, 2016).</strong></td>
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<td><strong>The DSM-IV-TR prescribed that the symptoms must occur before the age of three, and the DSM-V does not specify an age rather that they are present in early development with the caveat that there may not be detected until there is an increase in social demands beyond the child capacity (Dailey et al., 2014; Lobar, 2016; Volkmar &amp; McPartland, 2014).</strong></td>
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## Rationalization for Changes

The rationale for this change had a scientific basis and reflects the understanding that all of these diagnoses have a similar set of behaviors and a single diagnostic category is the best way to represent Autism (Dailey et al., 2014; Lord & Jones, 2012).

## Diagnosis History
- Mystery surrounding the early descriptions of Autism and Asperger’s Syndrome due to the extraordinary coincidence surrounding the inception of the diagnoses (Barahona-Corrêa & Filipe, 2016; Chown & Hughes, 2016; Fellows, 2015).
- 1943 - Kanner, an Austrian-born physician living in America, described certain traits as autistics and specifically considered a variance of language abilities as a defining feature (Barahona-Corrêa & Filipe, 2016; Tsai & Ghaziuddin, 2013; Volkmar et al., 2014).
- 1944 - Asperger, also an Austrian-born physician but residing in Austria, used the term autistische to describe a unique group of children that had impairments in social interactions and restricted behavior and interests (Barahona-Corrêa & Filipe, 2016).
- Because of the timeliness and similarities of their discussions, there have been speculations of both conspiracy and plagiarism (Chown & Hughes, 2016).
- Kanner’s syndrome first appeared in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), while Asperger made no attempt to define diagnostic criteria for his description and, at that time, it remained virtually unknown (Barahona-Corrêa & Filipe, 2016).
- Asperger’s Syndrome was finally introduced in the DSM-IV in 1994 as a separate diagnosis (Barahona-Corrêa & Filipe, 2016; Tsai & Ghaziuddin, 2013).

## Importance of Diagnostic Accuracy
- Diagnostic accuracy and sensitivity are paramount, especially when there are DSM changes (Blumberg et al., 2015; Volkmar et al., 2014).
- Diagnostic accuracy drives medical necessity requirements and ultimately treatment and services for children (Volkmar et al., 2014).
- There are multiple necessary levels of understanding including insurance companies, school staff, counselors, and counselor educators.
- Diagnostic accuracy is paramount at all levels.

## Public Health Policy and Funding Concerns
- The majority of the time the authorities that make decisions on service entitlement are unfamiliar with the needs of children with Asperger’s Syndrome or Autism (Volkmar et al., 2014).
- Often, advocacy by clinicians and other treatment team members is the only way children are eligible for services (Volkmar et al., 2014).
- Insurance and managed care companies vary by state and multiple levels including insurance companies, school staff, counselors, and counselor educators.
- Public funding and entitlements in the school setting are unfamiliar with the needs of children with Autism and Asperger’s Syndrome (Volkmar et al., 2014).

## How to Support Stakeholders
- Provide expertise through educating ALL stakeholders.
- Advocate and provide support for the families.
- Conduct research to increase the knowledge base about effects of diagnostic changes.

## References