

## DSM-V. Comentarios al segundo borrador de la APA.

### Propuesta de borrador a presentar desde AETAPI.

AETAPI, Spanish Professional Association of Autism has put together a series of suggestions to provide some inputs to the preliminary draft designed by the APA, for the next edition of DSM-V in relation to the future elaboration of defined criteria for psychiatric diagnoses of Autism Spectrum Disorders. All these contributions have been established through national web forum and professionals gathering to meet a consensus.

AETAPI association represents 300 professionals from different background (Education, Psychology, Medicine, Social work...) to offer assistance in the phases of diagnosis, assessment and intervention, and also for research porpoises to those affected with ASD.

All members of AETAPI want to thank the APA for the opportunity to provide feedback in the development process of the future edition of DSM\_V. We wish to **highlight our agreement with the following points:**

#### Changes that we consider positive:

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- Relate social symptoms with the developmental level
- Specify that the impairment must be seen in different contexts.
- Adding the criteria of limitations in everyday personal functioning.
- Being more exigent with the number of symptoms that a person must have in each domain to consider that they have a disorder
- Offering clear examples of each of the symptoms.
- Organize symptoms in each area by severity level.
- Including into the symptoms, aspect related to emotion and affect
- Including symptoms related to behaviours initiated by the person child and also by his/her responses to others behaviour.
- Reordering the symptoms in the social and communicative domain.
- Differentiating repetitive behaviour and sensory impairments.
- Allowing ASD and Language Impairment being comorbid.

#### Doubts and concerns.

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##### - Sharing interests:

We will suggest you to reconsider not merging sharing interests and reciprocal social behaviour.

We believe that they are different (but related) areas in the social interaction domain. For example, there are people with high functioning ASD with little reciprocity that share their (circumscribed) interests. Also there are people with ASD and intellectual disability not very reciprocal, but that share their interests.

It could be that merging them we will lose some specificity. We believe that this should be empirically tested.

### **Symbolic play.**

Even when we think that the diagnostic criteria of ASD must include only those symptoms necessary and sufficient to make diagnosis, we do not think that eliminating symbolic game would contribute to facilitate diagnosis. We really will appreciate an explanation justifying this decision.

Symbolic play does not help to differentiate autism from other developmental disorders at early ages (Charman y cols., 1998) or in adults with high functioning (Happè, 1995), but other researches show that symbolic play difficulty is specific to autism and help as to differentiate it from other disorders (Baron-Cohen, Allen, Gilberg, 1992, Hobson, Lee and Hobson, 2009, Rutherford y Rogers, 2003, Rutherford and cols., 2007, Wing y cols., 1977).

We believe it would be interesting to test empirically the utility of symbolic play criteria. We think it should be organized around the play flexibility, creativity and spontaneity, as well as its social quality, like the interest of the child to share the play with others.

### **Deficits in developing and maintaining relationships, appropriate to developmental level**

In our opinion, this criteria is still too broad. For example, many children with other disorders (intellectual disability, childhood anxiety, Social Communication Disorder...) would have difficulties to suit behavior on different social contexts. We think that for this criteria to be useful, it must be defined more clearly the limitations more characteristics of autistic children, like apparent absence of interest in people, difficulties to develop reciprocal friendship with others or to follow cooperative rules in games.

### **Increasing the number of symptoms necessary in the Restricted, repetitive patterns of behavior, interests, or activities**

We agree the importance of increasing the number of symptoms necessary to consider this domain is altered. But we are afraid that some children, some now diagnosed with PDDNOS, but specially young children with ASD, do not fulfil this criteria. Maybe it could have a rule to use this criteria in a more flexible way before 3 years.

### **Stereotyped or repetitive speech**

We do not fully understand the inclusion of this behaviours under restricted, repetitive patterns of behaviour, interests, or activities criteria. We will appreciate if you justified it. Specially we are interested in knowing what kind of ecolalia you are meaning.

Also we will suggest to consider its effect in diagnosis. We mean that it could happen that with this criteria, children that have language impairment and have

ecolalia, with just one other repetitive or restricted behaviour will have an alteration in this domain.

## **Severity**

We believe that the actual severity table is too broad and too global.

Each severity dimension emphasizes some of the diagnostic criteria, not including all of them. The social and communicative domain is over represented by the reciprocal behaviour criteria. The Restricted, repetitive patterns of behaviour, interests, or activities is over represented by the “insistence in sameness”.

Also we are not sure that the lower level of severity in the Restricted, repetitive patterns of behaviour, interests, or activities domain, describes properly the limitations of some children with ASD that even when they have restricted behaviours and interest, they are not specially rigid or they accept the other people attempts to interrupt them.

Following the dimensional logic that supports the ASD conception, we believed that it should be given more relevance to the possibility of measuring the severity in a quantitative way, specially when we have tools for it (Gotham y cols., 2007, 2009).

## **Best practice for ASD assessment.**

We believe that it is really important that the definition of ASD incorporates the recommendation of the minimum characteristics of a quality assessment: cognitive ability, language level, adaptive ability and autism symptoms.

## **Differential diagnosis between ASD and Social Communication Disorder.**

The actual definition differentiates these two disorders only by the Restricted, repetitive patterns of behaviour, interests, or activities criteria. We think that it is necessary to specify more clearly the diagnostic criteria of the SCD to facilitate better differentiation from ASD. Both, social and repetitive symptoms should be better defined. If that is not the case we are afraid that it will become the “new PPDNOS”.