

# **EVALUATION FOR IDENTIFICATION AND PROGRAMMING AND ISSUES RELATED TO ELIGIBILITY VS. DIAGNOSIS**

Autism spectrum disorders (AU) are not rare. In 2007, the Centers for Disease Control and Prevention (CDC) reported the average prevalence rate to be 1 in 150 for 8-year-old children (CDC, 2007a, 2007b). Research has shown that early treatment leads to better outcomes (Dawson & Osterling, 1997; Eikeseth, Smith, Jahr, & Eldevik, 2007). Therefore, early identification can make a critical difference in the lives of individuals with AU. Conversely, delay in identification and intervention is a matter of great concern (Siklos & Kerns, 2007).

## **Early Recognition of Autism**

Typically, parents are the first to suspect developmental differences in children with AU. Parents' first concern, usually when the child is 17 to 19 months old, is most often related to a delay in the development of language (De Giacomo & Fombonne, 1998). Unfortunately, when these concerns are initially reported to professionals, they are met with reassurance that there is nothing to worry about, reflecting either a reluctance to label young children or a lack of knowledge about AU (Coonrod & Stone, 2004). Thus, a two-year delay between the first contact with professionals regarding concerns related to AU and the official diagnosis is not uncommon (Filipek et al., 2000).

In response to this critical and often unwarranted delay, the American Academy of Pediatrics released a clinical report with guidelines for identifying children with AU (Johnson, Myers, & Council on Children with Disabilities, 2007). The guidelines emphasize the importance of early intervention and recommend surveillance for AU at every well-child visit. In addition, formal screening at 18 and 24 months (or at any point when a parent raises concern) is advised. When multiple risk factors are present, it is recommended that the physician avoid adopting a "wait-and-see" approach (p. 1206). Further, the report emphasizes the importance of a team evaluation conducted by specialists in AUs.

Because of the importance of early intervention, if a student has not been identified by school age, it is essential for school professionals to recognize the signs of AU, to respect the validity of parents' concerns, and to use effective tools for screening and identification.

## Diagnosis and Eligibility

Assessment in the public schools is conducted for purposes of identification or establishing eligibility for special education services and to assist in planning an individualized education program (IEP). In Texas, assessment for identification requires that a licensed or certified specialist, such as a licensed specialist in school psychology or a speech pathologist, be involved in the assessment. Evaluation for programming, on the other hand, can be conducted by educational professionals. It is the responsibility of the public schools to provide for assessment (and eligibility determination) of AU at no expense to the family.

The contrast between diagnosis and eligibility is subtle. The term “diagnosis” is used most often in assessments conducted in the private sector. In the United States, diagnosis is based on the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), currently the 4<sup>th</sup> Edition, Text Revision (DSM-IV-TR, American Psychiatric Association, 2000). In other countries, the International Classification of Diseases-10<sup>th</sup> Revision (ICD-10; World Health Organization, 1993) serves as the diagnostic guide.

...the terminology surrounding assessment can be confusing. In particular, the terms “medical diagnosis,” “diagnosis,” and “eligibility” are frequently misunderstood. While the term “medical diagnosis” is often used, it is a misnomer. “There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior, and developmental levels” (Autism Society of America, n.d.). Wide use of the term has also resulted in the false belief that the diagnosis must be made by a medical professional. In fact, in the absence of specific medical concerns, many specialized teams do not require staff with medical training. (Aspy & Grossman, 2007, p. 12)

The Individuals with Disabilities Education Act (IDEA; 2004) defines autism as a disability that affects communication and social interaction. In addition, associated features, such as repetitive activities, stereotyped movements, resistance to change, and unusual sensory responses, may be present. In Texas, students with DSM diagnoses, including Autistic Disorder, Asperger Syndrome, Rett Syndrome, Childhood Disintegrative Disorder, Pervasive Developmental Disorders-Not Otherwise Specified or other pervasive developmental disorders, may qualify under the eligibility category of autism.

A diagnosis of AU in the private sector does not necessarily result in eligibility in the public schools. In order for a child to be eligible for special education supports and

services, his or her disability must have an adverse effect on the student’s education. Unfortunately, school evaluation teams sometimes fail to consider educational factors beyond traditional academics. As a result, academically capable students with AU who display deficits in socialization and communication that impact educational progress often are not served.

This practice conflicts with the very purpose of special education. According to federal law (IDEA), the purpose of special education is “to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their *unique* needs and *prepare* them for *further education, employment, and independent living*” (Individuals with Disabilities Education Act, 2004, §300.1; emphasis added). In light of this purpose, it is evident that the social and communication deficits displayed by students with AU must be included in the evaluation of educational need. In order to properly prepare students in these areas, the curriculum must include intervention beyond traditional academics.

<b>Diagnosis Versus Eligibility</b>	
<b>Diagnosis</b>	<b>Eligibility</b>
<ul style="list-style-type: none"> <li>• Based on a set of criteria (e.g., DSM-IV-TR, ICD-10)</li> </ul>	<ul style="list-style-type: none"> <li>• Based on federal law (IDEA)</li> </ul>
<ul style="list-style-type: none"> <li>• Refers to a specific disorder (e.g., Autistic Disorder, Asperger Disorder)</li> </ul>	<ul style="list-style-type: none"> <li>• Refers to a broad disability category</li> </ul>
<ul style="list-style-type: none"> <li>• Used in private settings</li> </ul>	<ul style="list-style-type: none"> <li>• Used only in public school system</li> </ul>
<ul style="list-style-type: none"> <li>• May be determined by an individual or team</li> </ul>	<ul style="list-style-type: none"> <li>• Must be determined by a team</li> </ul>

<b>Educational Need</b>	
<b>Educational need may include:</b>	
<ul style="list-style-type: none"> <li>• Academic performance</li> </ul>	<ul style="list-style-type: none"> <li>• Communication functioning</li> </ul>
<ul style="list-style-type: none"> <li>• Social functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Pragmatic language</li> </ul>
<ul style="list-style-type: none"> <li>• Organizational skills</li> </ul>	<ul style="list-style-type: none"> <li>• Group work skills</li> </ul>
<ul style="list-style-type: none"> <li>• Problem-solving skills</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional regulation</li> </ul>
<ul style="list-style-type: none"> <li>• Hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior</li> </ul>
<ul style="list-style-type: none"> <li>• Attention</li> </ul>	<ul style="list-style-type: none"> <li>• Daily living skills/adaptive behavior</li> <li>• Vocational assessment</li> </ul>

## Differential Diagnosis

Many of the characteristics of AU are also seen in other diagnostic conditions. What makes AU unique from other disorders is a pattern or “triad” of characteristics, including impairments in social interaction and communication, and the presence of restricted, repetitive behaviors. Trained and experienced evaluation professionals are able to use a range of information to distinguish AU from other disorders by close examination of the student’s developmental history and presentation of symptoms.

Often individuals with AU meet the criteria for one or more additional diagnoses. According to one study, co-occurring diagnoses, or comorbidity, “is to be expected” (Gillberg & Billstedt, 2000, p. 327). Indeed, in one study 65% of individuals with Asperger Syndrome were diagnosed with at least one other psychiatric disorder (Ghaziuddin, Weidmer-Mikhail, & Ghaziuddin, 1998). Disorders that often coexist with AU include anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, fetal alcohol syndrome, nonverbal learning disabilities, and obsessive-compulsive disorder.

If a student who is eligible for special education under the category of Autism or Other Pervasive Developmental Disorder has an additional eligibility, the student should be served under both categories. IDEA stipulates “Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance” (IDEA, 2004, §300.8, (c)(1)(ii)). In the vast majority of cases, Autism or Other Pervasive Developmental Disorder is appropriately considered the primary eligibility area. For example, when disorders such as depression or anxiety are observed, AU is most likely the underlying or “primary” disorder. Given that, by definition, symptoms of autism must emerge by age 3, it is difficult to imagine a scenario where symptoms of anxiety or depression precede the autism.

### **Other Conditions That May Share Some Characteristics with AU**

- Attention-deficit/hyperactivity disorder (ADHD)
- Obsessive-compulsive disorder
- Bipolar disorder
- Reactive attachment disorder
- Schizophrenia
- Visual impairment
- Early speech delays
- Cognitive disabilities
- Nonverbal learning disabilities
- Fetal alcohol syndrome