

I/DD ECHO

Identifying autism in adults with IDD

Joe McLaughlin

Disclosures

- Target audience: clinicians who care for adults with I/DD
- Objective: To improve the knowledge of primary care providers who care for individuals with I/DD
- Speaker Disclosure: Joe McLaughlin has no relationship with any commercial firm having products related to topics discussed at this conference. Actual disclosure forms are available upon request.

A. Deficits in intellectual functioning

B. Deficits in adaptive functioning

C. Onset of these deficits during the developmental period

- A. Deficits in intellectual functioning
 - Standardized testing with IQ below 70/75

- B. Deficits in adaptive functioning
- C. Onset of these deficits during the developmental period

- A. Deficits in intellectual functioning
 - Standardized testing with IQ below 70/75
 - Standardized measures consistent with clinical presentation

- B. Deficits in adaptive functioning
- C. Onset of these deficits during the developmental period

- A. Deficits in intellectual functioning
 - Standardized testing with IQ below 70/75
 - Standardized measures consistent with clinical presentation

- B. Deficits in adaptive functioning
 - Interview with caregiver regarding day-to-day behavioral skills in conceptual, social, and practical domains

C. Onset of these deficits during the developmental period

- A. Deficits in intellectual functioning
 - Standardized testing with IQ below 70/75
 - Standardized measures consistent with clinical presentation
- B. Deficits in adaptive functioning
 - Interview with caregiver regarding day-to-day behavioral skills in conceptual, social, and practical domains
 - Standardized measure such as the Vineland Adaptive Behavior
 Scales, 3

 edition or the Adaptive Behavior Assessment System, 3

 edition (ABAS-3)
- C. Onset of these deficits during the developmental period

- A. Deficits in intellectual functioning
 - Standardized testing with IQ below 70/75
 - Standardized measures consistent with clinical presentation
- B. Deficits in adaptive functioning
 - Interview with caregiver regarding day-to-day behavioral skills in conceptual, social, and practical domains
 - Standardized measure such as the Vineland Adaptive Behavior Scales, 3⁻⁻ edition or the Adaptive Behavior Assessment System, 3⁻⁻ edition (ABAS-3)
- C. Onset of these deficits during the developmental period
 - Before age 22

Criteria for a diagnosis of Autism Spectrum Disorder

- A. Persistent deficits in social communication and social interaction across multiple contexts
- B. Restricted, repetitive patterns of behavior, interests, or activities
- C. Symptoms present in the early developmental period
- D. Symptoms cause impairment in social, occupational, or other important areas of functioning
- E. Disturbances are not better explained by ID social communication is below that expected for the general developmental level.

Deficits in social communication and social interaction

1. Deficits in social-emotional reciprocity

2. Deficits in nonverbal communicative behaviors

3. Deficits in developing, maintaining, and understanding relationships

Restricted, repetitive patterns of behavior

1. Stereotyped or repetitive movements

2. Insistence on sameness

3. Highly fixated interests

4. Hyper- or hyporeactivity to sensory input

ASD and intellectual ability

 ASD occurs through the full range of intellectual ability from severe or profound ID through intellectual giftedness

About 50% of individuals with ASD also have ID

About 25% of individuals with ID have ASD

Diagnosing ASD

History

- Developmental history cognitive, language, social, motor development
- Requires a knowledgeable informant
- Medical and school records can be very informative

Observation

- Communication and interaction in the clinical setting
- Consider whether the observed behavior is typical (informant is needed)

Adaptive behavior

- Examination of day-to-day behavior skills (conceptual, social, practical)
- Requires a knowledgeable informant

Formal observation of behavior for diagnosing ASD Autism Diagnostic Observation Schedule, Second edition (ADOS-2)

- Various "modules" from toddlerhood through adulthood
- Creation of situations by the examiner that can elicit behavioral characteristics of ASD
- Takes about 45 minutes
- Requires an examiner who is knowledgeable about ASD, is a very good observer, and has good clinical judgment

When should the question of ASD arise for someone with ID

- Unusual behaviors which make developmental progress more difficult
- Difficulty in understanding social rules
- Difficulty understanding nonverbal communication
- Absence of social relationships
- Upset episodes that may reflect sensory issues
- Limited interests and activities

Potential benefits of finding co-occurring ASD and ID

- Better understanding of the patient
- Better understanding of the patient's unique needs
- Basis for advocating for the patient in his/her environments based on greater understanding of him/her
- Possibility of additional services
- Finding new routes to intervention





Thank you!