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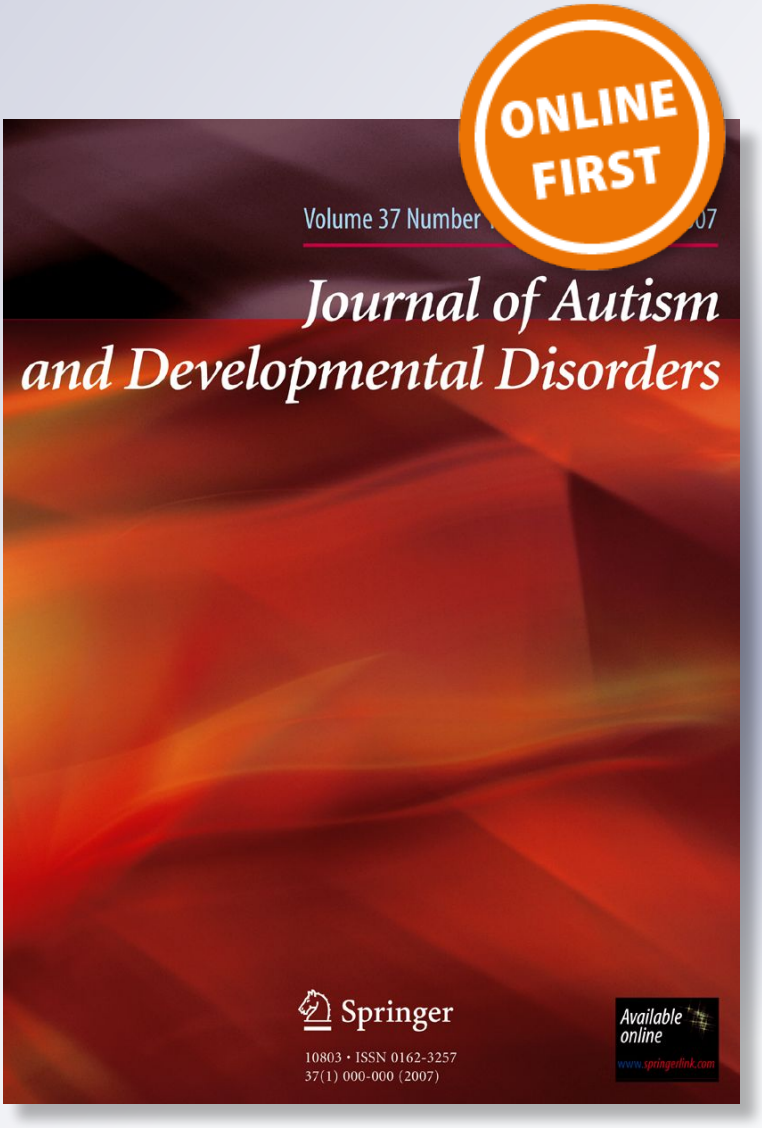
Journal of Autism and Developmental Disorders

ISSN 0162-3257

J Autism Dev Disord
DOI 10.1007/s10803-012-1642-5



Springer

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LETTER

Potential Ramifications of DSM-5 Classification of Autistic Disorders: Comments from a Clinician's Perspective

Laurie Leventhal-Belfer

I write in response to the recent Editorials, "DSM-5 Conceptualization of Autistic Disorders," (Skuse 2012) the "Commentary from the DSM-V Workgroup on Neurodevelopmental Disorders" (Swedo et al. 2012) and the study on the "Sensitivity and Specificity of Proposed DSM-5 Diagnostic Criteria for Autistic Spectrum," (McPartland et al. 2012). I would like to express my perspective as a community based clinician who has directed a therapeutic group program for young children with Asperger's Disorder, PDD-NOS, and related disorders. (Leventhal-Belfer and Coe 2004; Leventhal-Belfer et al. 2012.

The families in our program are already experiencing some of the negative effects predicted by McPartland. Historically insurance companies that provided special coverage for children on the Autistic Spectrum had clinician consultants with expertise in this field. They utilized a broad range of services in their treatment package, attuned to the diverse needs of these children, including behavioral therapy, social skills groups, individual therapy and/or family therapy. Recently they have begun to significantly narrow the range of services that they offer to just behavioral therapy (ABA), which is the recommended treatment mainly for those children with the primary diagnosis of Autism, not PDD or Asperger's.

Services such as social skills group have been moved to the general mental health coverage overseen by clinicians who have limited or no experience working with these children and their families. Parents are now being told that social skills groups are not a covered treatment because there is no outcome data to support them. This statement we know is not true (e.g., Frankel et al. 2010; Koening et al. 2010; Reichow and Volkmar 2010).

The children in our program are experiencing a similar barrier in getting services in their public schools. Schools that had a history of providing services for children on the Autistic Spectrum with pragmatic language groups, social skills groups, buddy programs, Occupational Therapy, and consultation with the children's teachers have moved to diagnostic criteria that are stricter than the new DSM-V, limiting the services only to those children who score 3 standard deviations below an average IQ, effectively eliminating most of our client population. Repeatedly I have attended a child's conference where the teacher and principle are keenly aware of the challenges that the child is experiencing both in the classroom and on the playground, only to be told that the child does not qualify for services.

If these changes come to pass, eliminating the diagnoses of Asperger's Disorder and PDD-NOS, I believe that we must be prepared to demand the inclusion of services that address the full range of challenges that these children and their families manifest. If appropriate diagnoses are not available I fear that these children may receive the same incorrect diagnoses I encountered when I began training: ADHD, Disruptive Behavior, and/or Anxiety Disorders and suffer from the lack of appropriate treatment.

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Published online: 05 September 2012

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