

Spreading the Spectrum

Most people dread being in so-called “socially awkward” situations, but have been in them at least once in their lives. These moments are those in which it is hard to tell what another person is feeling or thinking, when it is hard to think of something to say, or when one is simply not interested in the other person’s topic of choice. For those with Asperger Syndrome, this accurately describes most of their social encounters. Those who have been diagnosed with Asperger Syndrome (also simply known as AS) commonly exhibit behavioral and social difficulties, which is one of the classifying idiosyncrasies of the diagnosis. However, this important characteristic of the disorder will no longer be used to diagnose it. The diagnosis of AS has recently been terminated and instead will simply be categorized as an autism spectrum disorder, or ASD. With this change being so new, it is important to examine the potential effects it will have on those who display the characteristics of Asperger Syndrome and receive specialized care based on the diagnosis.

In December of 2012, information was released stating that the diagnosis of Asperger Syndrome would no longer be referenced in the Diagnostic and Statistical Manual of Mental Disorders (“Asperger’s” par. 1). This change has been met with much agreement as well as opposition, due to the sensitive nature of the diagnosis. Many experts welcome this change, stating that those with autistic tendencies will be more accurately diagnosed and therefore be treated more effectively (par. 9). This is counter-intuitive, as a more specialized diagnosis would seem to warrant more specialized treatment than a general diagnosis. Most opponents argue that those with Asperger Syndrome would fail to be diagnosed and therefore be ineligible for specialized treatment (par. 10). Since the decision has already been made to make the revisions in the Diagnostic and Statistical Manual of Mental Disorders, it is important to compare and

contrast these diagnoses in order to determine the effects that this recent change will have on those with Asperger Syndrome.

The diagnosis of Asperger Syndrome is based on the following criteria: normal cognitive functioning, non-delayed language, impaired social interaction, and restricted interests (King and Toth 958). This diagnostic criterion varies only slightly with that of high-functioning autism, blurring the distinction between the two. Social impairment is a characteristic of both autism spectrum disorders and Asperger Syndrome, though the type and severity of the social impairment varies (Volkmar and Woodbury-Smith 3). This provides a striking similarity between the two diagnoses. In addition to social impairment, other similarities between the two include: repetitive mannerisms, deficient fine motor skills, and language deficiencies (Howlin 7). However, in each of these resemblances, the severity of each characteristic is different for both Asperger Syndrome and autism spectrum disorders. Although the similarities raise questions about whether these two conditions can be characterized under the same umbrella, the differing severities of each could be considered validation for why these were once separate disorders.

One notable difference between the two is the difference in cognitive and linguistic abilities of those diagnosed with Asperger Syndrome and an autism spectrum disorder (Howlin 7). Those with autism have extreme deficiencies in these areas, a blatant contrast with Asperger Syndrome. In children diagnosed with autism, they usually do not begin speaking until very late in their development and have significant continued delays in speech and cognitive abilities (Volkmar and Woodbury-Smith 3). Those with AS typically have no problem achieving early linguistic abilities, like those of children without a developmental disorder (King and Toth 958). This is a notable difference that plays on the fact that autism could be considered a

developmental disorder, whereas Asperger Syndrome does not usually inhibit normal language abilities.

Autism and Asperger Syndrome now share a common diagnosis – autism spectrum disorder. Regardless of the position on the spectrum, whether it be “high-functioning” such as Asperger Syndrome, or severe autism on the polar opposite end, these conditions will all be classified as autism spectrum disorders. This change will have a significant impact on the way these patients are treated and insured, and may even impact whether patients are granted specialized education benefits (Tanner par. 4).

An incredibly important effect of the diagnosis change is that medical insurance benefits may change based upon a diagnosis of autism rather than Asperger Syndrome. It is estimated that families of those with autism spend approximately \$50,000 on treatments and early intervention methods (“Insurance” par. 2). That is a significant amount of money for one family to spend on a member with autism, which does not even include the cost of living for this individual. As such, health insurance is often extremely important for these families. The diagnosis change may have a positive effect on those formerly diagnosed with Asperger Syndrome, because some states do not mandate insurance companies to provide benefits and reimbursement for managing Asperger Syndrome, but do for autism (par. 3). Therefore, it is likely that those previously diagnosed with Asperger Syndrome that qualify for a diagnosis of autism will receive a benefit from this change in the form of better health insurance. This added benefit may cover physical, occupational, and speech therapy that otherwise may not be covered by insurance, but is a viable treatment option for those with AS and autism.

Experts say that by generalizing the diagnosis, more school systems and other institutions will be more willing to provide specialized education for students with an autism spectrum

disorder over students with Asperger Syndrome (Tanner par. 20). This broadening of education benefits for students would be a beneficial effect of the diagnosis change, giving students with special needs more opportunities to succeed. Currently, students with a mild form of Asperger Syndrome may only receive special attention from teachers if they do not have an Individualized Education Plan. These plans outline the specific accommodations for students with special needs and are incredibly useful when they are available (Taylor).

Mrs. Taylor has a son with Asperger Syndrome, and has struggled with the education system to advocate for her son so he could receive certain educational adaptations. “I certainly feel that doing away with the diagnosis of Asperger Syndrome and replacing it with autism spectrum disorder will, in a way, make education benefits more readily available for my son. However, I am also worried that he may be seen as ‘more severely autistic’ than he actually is” (Taylor). Many other parents of children with Asperger Syndrome share Mrs. Taylor’s fears. The current standard for education of students with AS is to devise an individualized education program based on their particular strengths and weaknesses (Volkmar and Woodbury-Smith 6). With the incredible array of autism spectrum disorders and their diversity in severity, it will be difficult to form an individualized education plan for a student based on the very general diagnosis of an autism spectrum disorder. The more specific “Asperger Syndrome” diagnosis would allow teachers and administrators to know that the student mainly struggles with social interaction, but the general “autism spectrum disorder” could range from a very high-functioning student to one that has severe cognitive and developmental delays (Martin 160). This ambiguity will make the evaluation process longer, thus postponing the time it may take for an individualized education plan to be put into place.

In educational settings, a common treatment method for helping desensitize those with Asperger Syndrome is to expose them to small groups of people in order for them to learn about social cues and how to interact with others (Volkmar and Woodbury-Smith 6). This is superimposed by the way autistic students are often treated, as they are often placed in self-contained or special education class settings. A study was done in 1989 to compare outcomes of autistic children and children with Asperger Syndrome based on the educational setting they had been placed in. The autistic children in the study were placed in self-contained settings more often than those with Asperger Syndrome, implying that these students were more delayed than those with AS (Bartolucci, Bremner, and Szatmari 717). Being placed in a self-contained setting would be detrimental for many with AS, as a crucial treatment strategy for these students is developing social skills, which can only be achieved by allowing students to engage in social interactions with their peers (King and Toth 961). Thus, the diagnosis change may cause a negative effect on those formerly diagnosed with Asperger Syndrome by “generalizing” the education benefits available to them instead of focusing more on their individual strengths and weaknesses.

While it is important to focus on the individual strengths and weaknesses of those with autism, it is also important to remember that they are individuals, not just “autistic.” Martin states, “When comparing individuals with the same autism diagnosis, one will undoubtedly encounter many different personalities, strengths, and weaknesses” (160). The social perception of those with the former diagnosis of Asperger Syndrome may be changed when the diagnosis officially changes to autism spectrum disorder. There is a negative stigma associated with autism, that is not necessarily associated with Asperger Syndrome as much or as often (162). This negative stigma is often exacerbated by the fact that many autistic individuals lack a

significant amount of linguistic and cognitive function that may would help them express how they feel (163). Margaret Taylor described her son's situation using the term "bullied." With the special accommodations that her son Andrew receives, the other students in his class know him as "autistic" and pick on him for it (Taylor). This bullying and negative action is a result of the negative social stigma associated with autism, and the false impression that someone with autism is unintelligent.

Unfortunately, this may be an effect of the diagnosis change. While those with autism face this negative stigma on a regular basis, those with Asperger Syndrome may currently be somewhat protected from it, as it has not necessarily been viewed as autism due to the controversial nature of the diagnosis (Volkmar and Woodbury-Smith 2). This will, however, most likely change when the revised Diagnostic and Statistical Manual of Mental Disorders is released and begins influencing the way doctors diagnose patients with Asperger Syndrome.

While the positive and negative effects have been identified, it is important to examine the whole picture of what this diagnosis change actually means for those with Asperger Syndrome. It will change the diagnostic criteria for being considered autistic, meaning those on the high-functioning end of the autism spectrum may not be diagnosed with autism and thus lose a diagnosis completely, forfeiting the specialized education benefits that they may desperately need. For those who do receive a diagnosis of an autism spectrum disorder, the specialized education may be generalized and not catered to individual needs. However, those who do receive a diagnosis of autism will also be more likely to receive health insurance benefits for treatment as a result of the label "autistic." Unfortunately, this label, which has both positive and negative effects, may invoke a negative stigma that was not necessarily present with the diagnosis of Asperger Syndrome. The effects of the diagnosis change will not occur

immediately, but will need to be reviewed and considered continually as the change weaves its way into the medical practice.

Works Cited

- “Asperger’s Syndrome Dropped from Psychiatrists’ Handbook the DSM.” *The Guardian*.
Guardian News and Media Limited, 1 Dec. 2012. Web. 8 Apr. 2013.
- Bartolucci, G., Rebecca Bremner, and Peter Szatmari. “Asperger’s Syndrome and Autism:
Comparison of Early History and Outcome.” *Developmental Medicine and Child
Neurology* 31:6 (1989): 709-720. *Wiley InterScience*. Web. 8 Apr. 2013.
- Howlin, Patricia. “Outcome in High-Functioning Adults with Autism with and without Early
Language Delays: Implications for the Differentiation Between Autism and Asperger
Syndrome.” *Journal of Autism and Developmental Disorders* 33.1 (2003): 3-13. *Springer
Link*. Web. 14 Apr. 2013.
- “Insurance Coverage for Autism.” *National Conference of State Legislatures*. National
Conference of State Legislatures, 2012. Web. 16 Apr. 2013.
- King, Bryan H., and Karen Toth. “Asperger’s Syndrome: Diagnosis and Treatment.” *The
American Journal of Psychiatry* 165:8 (2008): 958-963. *ProQuest*. Web. 8 Apr. 2013.
- Martin, Danielle N. “The Ever-Changing Social Perception of Autism Spectrum Disorders in the
United States.” *Explorations* 7.0 (2012): 160-170. Web. 16 Apr. 2013.
- Tanner, Lindsey. “‘Asperger’s Disorder’ Being Dropped from Psychiatrists’ Diagnostic Guide.”
Vitals. NBC News, 1 Dec. 2012. Web. 8 Apr. 2013.
- Taylor, Margaret. Personal interview. 12 Apr. 2013.
- Volkmar, Fred, and Marc Woodbury-Smith. “Asperger Syndrome.” *European Child and
Adolescent Psychiatry* 18.1 (2009): 2-11. *Springer Link*. Web. 7 Apr. 2013.