Differential Diagnosis

ASDs
and
Mental Health Disorders

- Matt Reese, PhD

Differential Diagnosis

What Else Could it Be?

**Differential Diagnosis:**
The process of distinguishing one disorder from others which have similar signs and symptoms.
What Other Conditions Are Also Present?

• **Co-occurring Conditions:** The existence of two or more conditions in the same individual at the same time

*terminology: co-occurring conditions versus comorbidity

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### Associated Mental Health Diagnosis

- ADHD
- ODD
- RAD
- Anxiety
- OCD
- Mood Disorders

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### Associated Developmental Disorders

- Global Developmental Delay
- ID
- Language Disorder
- Developmental Coordination Disorder
Intellectual Disability

- Significant delays in cognitive and adaptive abilities
- Delays in social understanding and competencies
- Delays in speech and language abilities
- Play is immature and delayed
- Preference for routines
- Repetitive motor movements

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Intellectual Disability vs ASD

<table>
<thead>
<tr>
<th>Symptom Domain</th>
<th>Intellectual Disability</th>
<th>ASD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socialization</td>
<td>Delayed skills but social interest is present</td>
<td>Lack of Social Interest</td>
</tr>
<tr>
<td>Communication</td>
<td>Delayed Language</td>
<td>Delayed/Disordered</td>
</tr>
<tr>
<td>Repetitive Behavior/Interest</td>
<td>Repetitive Body Movements</td>
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</tbody>
</table>

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Language Disorders

- Impairments in receptive and/or expressive language abilities
- Use and coordinate non-verbal communicative behaviors (eye contact, gestures, facial expressions)
- May have difficulty with social skills and cooperative play
- Behavioral problems
- Delayed pretend play
Social Communication Disorder

- Deficits in using communication for social purposes
- Impairment in changing communication to match listener or environment
- Difficulties in following rules of social interchange such as taking turns in conversation, rephrasing when misunderstood, and coordinating verbal and nonverbal signals

Language Disorders vs ASD

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<tr>
<th>Symptom Domain</th>
<th>Language Disorders</th>
<th>ASD</th>
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<tbody>
<tr>
<td>Socialization</td>
<td>Delayed skills but Social interest present</td>
<td>Lack of Social interest</td>
</tr>
<tr>
<td></td>
<td>&amp; Joint attention</td>
<td>&amp; Joint attention</td>
</tr>
<tr>
<td></td>
<td>&amp; Reciprocity are present</td>
<td>&amp; Reciprocity</td>
</tr>
<tr>
<td>Communication</td>
<td>Delayed skills</td>
<td>Delayed/Disorder</td>
</tr>
<tr>
<td></td>
<td>&amp; Use of non-verbal Coordinating behaviors</td>
<td>&amp; Lack of non-verbal</td>
</tr>
<tr>
<td>Repetitive Behavior/Interests</td>
<td>No repetitive behaviors &amp; Range of interests</td>
<td>Stereotyped Behavior/Interests</td>
</tr>
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</table>

ADHD

- Activity level, impulsivity, attention span
- May not attend to social cues
- Poor social and cooperative play skills
- Trouble making friends
- Use and coordinate verbal and non-verbal communicative behaviors (words, eye contact, gestures, facial expressions)
- Behavioral and learning problems
ADHD vs ASD

<table>
<thead>
<tr>
<th>Symptom Domain</th>
<th>ADHD</th>
<th>ASD</th>
</tr>
</thead>
</table>
| Socialization  | • Poor social skills  
• Poor play skills  
• Social interest  
• Reciprocity     | Lack of  
• Social interest  
• Joint attention  
• Reciprocity     |
| Communication  | • Use of non-verbal communication  
• Not disordered  
• Difficulty attending to conversation | • Delayed/Disordered  
• Lack of non-verbal communication  
• Difficulty with social conversation |
| Repetitive Behavior/Interests | • High activity level  
• Impulsive behavior  
• Limited attention | • Atypical body movements  
• Narrowed interests |

Reactive Attachment Disorder
• Marked disturbance in social relatedness
• Onset prior to age 5
• Early history of pathological care; basic physical and emotional needs not met
• Repeated changes in caregiver/placements

Inhibited Type
• Failure to initiate and respond to social interactions
• Hypervigilant responses, frozen watchfulness, resistance to comfort, approach and avoidance
• Limited positive affect
• Unexplained irritability, sadness, fearfulness

Disinhibited Social Engagement Disorder
• Little reticence in approaching others
• Overly familiar verbal and physical interactions
• No checking back before leaving an adult
• Willingness to go with unfamiliar adults
**RAD vs ASD**

<table>
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<tr>
<th>Symptom Domain</th>
<th>Reactive Attachment Disorder</th>
<th>ASD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socialization</td>
<td>Watches others, hyper vigilant, indiscriminate</td>
<td>Lack of Social Interest; indiscriminate</td>
</tr>
<tr>
<td>Communication</td>
<td>May avoid but uses non-verbal and verbal behaviors</td>
<td>Delayed/Disordered</td>
</tr>
<tr>
<td>Repetitive Behavior/Interest</td>
<td>May have abnormal attachments to objects/food</td>
<td>Repetitive Body Movements Restricted Interests Sensory issues</td>
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**Mood Disorders-Disruptive Mood Dysregulation Disorder**

- Irritable, negative, oppositional behaviors
- Social withdrawal, loss of interest and pleasure
- Low self-esteem, low energy, hopelessness
- Feelings of guilt
- Frequent changes in mood, easily upset
- Difficulty with sleep, eating, self-care

**Anxiety Disorders**

- Persistent and excessive worry about real life problems
- Poor social skills, poor eye contact
- Easily fatigued, sleep disturbance
- Irritability

**Social Phobia**

- Fear of social or performance situations where embarrassment may occur
- Avoid social situations
Obsessive Compulsive Disorder

**Obsessions**
- Persistent thoughts, impulses or images that are intrusive and interfere with functioning
- Not related to real-life problems
- Attempts to neutralize obsessions with other thoughts or actions

**Compulsions**
- Repetitive behaviors (hand washing, ordering, checking) or mental acts (repeating words silently, counting) that a person exhibits in response to an obsession or rule
- Exhibited to prevent a dreaded event but are not related to the event in reality

Tic and Tourette’s Disorder

**Tics**
- Sudden, rapid, recurrent, non-rhythmic movement or vocalization
- Simple or Complex
- May be suppressed; occur in bouts, exaggerated by stress

**Tourette’s Disorder**
- Presence of both motor and vocal tics for 1 year
- Social isolation, anxiety relating to exhibiting tics in social situation, attention difficulties
- Obsessions and compulsions present

Stereotypic Movement Disorder

- Repetitive, nonfunctional motor behavior
- Hand shaking, waving, body rocking, head banging, mouthing of objects, self-biting, hitting own body
- May interfere with functioning and results in injury
- May increase with stress, fatigue, anxiety
- May occur with ID
- Onset prior to three years of age
What do you think?

- It is ASD.
- It is not ASD—it's another DSM-5 diagnosis
- It is ASD + a co-occurring diagnosis
- It is ASD + symptoms of a co-occurring diagnosis

How do you know?

Pieces of Diagnostic Information

- History and Diagnostic Interview
  - Medical, Social, Behavioral, Educational
- “Gold Standard” assessment tools
- Child observation
- DSM-5 Criteria
- Differential Diagnosis
- Clinical judgment
Diagnostic “must haves”

- Onset of symptoms
- Hx of developmental delay/regression
- Symptoms pervasive across caregivers environments
- Developmental/cognitive functioning level
- Symptoms present across social/communication and repetitive, restrictive, sensory domains

Components of CCHD Diagnostic Evaluation for ASD

- Review of records and gathering of information
  - medical home
- Administration of “Gold Standard” assessment tools
- Child observation
- Differential Diagnosis
- DSM-5 Criteria
- Clinical judgment/Team Discussion