

ABS 300 Week One Assessment Scenario

Donna, age 14, had consistently been a B+/A- student throughout elementary school and the beginning of middle school. However, in the 8th grade, she started demonstrating difficulty understanding some of her work. Increased difficulties were noted when she was required to work with abstract concepts rather than rely on rote memorization. Donna had always been fascinated with flowers, and she could remember the details of hundreds of different species of wild and domestic flower she encountered.

Donna's classmates and cousins thought she was odd, and her mother said that Donna was frequently picked on—at times without even realizing she was being made fun of. Donna was described as a confused and socially awkward girl who tended to keep to herself. The incident that led to her first psychological evaluation occurred after one of her classmates teased her repeatedly over several days to the point of making Donna upset. Donna decided to write a threatening note to the student as a warning for him to stop. The note included details of which species of flowers would be found growing on top of the place he would be buried. The boy's parents brought the note to the principal and Donna was suspended from school and charged with terroristic threatening. The school ordered a psychological evaluation and risk assessment before they allowed her to return to school.

Donna was observed to have awkward mannerisms, and she smiled at what appeared to be inappropriate times, for example, when she was talking about the teasing at school. She made very poor eye contact in ways that were atypical for her culture, and she had a difficult time staying on topic, frequently shifting the topic of conversation onto her interest in flower.

Donna's intelligence was found to be in the upper limits of the average range on the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V). The Gilliam Asperger's Disorder Scale as rated by Donna and her mother together was in the clinically significant range, with her largest deficits being reflected in her social interactions scale. There were also deficits noted in pragmatic skills, restricted patterns of behavior, and cognitive patterns. Problems were also noted with reciprocal social interaction skills, communication skills, and stereotyped behaviors, interests, and activities.

Donna's QEEG results showed multiple abnormalities. Her right parietal-temporal lobe showed excessively slow activity. This is an area important for facial recognition and empathy. She also had excessive mid-line frontal hi-beta, something that is often seen in those with mental rigidity and obsessive thinking. Multiple problems in coherence were noted, reflecting cognitive inefficiency in her mental processing. Excessive connectivity was noted in the frontal lobes areas and there were excessive disconnections between her frontal lobes and the central and back parts of her brain.

Donna was diagnosed with Asperger's Disorder in accordance with the DSM-IV criteria and referred for academic and social skill instruction.

Approximately, two years later, Donna, age 16, and her parents met with the school's child study team to review a revised Individualized Education Program (IEP). Although Donna's academic achievement was approximately one grade level behind her current 11th grade placement, she had made significant academic and social gains over the past two years. Ms. Kraut, Donna's mother, noted a change in her daughter's diagnosis from Asperger's Disorder to Autism Spectrum

Disorder, Level 1—Requiring support, Without accompanying intellectual impairment, Without accompanying language impairment. The school psychologist explained that the change in diagnoses was due to changes in the manual used to assign psychiatric diagnoses (the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition*, DSM-5). Ms. Kraut insisted that her daughter was not autistic and demanded a re-evaluation. The psychologist stated that there was no data supporting a re-evaluation at this time. Ms. Kraut left the meeting, declaring that she would pay for a second opinion herself. When Mr. Kraut met with the private psychologist she stated that her daughter needed “a more appropriate diagnosis.” The private psychologist reviewed the previous records and explained the change to the DSM-5 and the professional directive that individuals with a well-established DSM-IV diagnosis of Asperger’s disorder should be given the diagnosis of autism spectrum disorder. Ms. Kraut responded, “I do not care! My daughter is not autistic. She can be ADHD or LD, but she cannot be autistic. Do you understand me?!”