



**INDIVIDUAL PRESENTATION PROPOSAL**  
**2012 APA Annual Convention**

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- 1. Preferred mode of presentation:** Poster Session
- 2. Title of presentation:** High Ability Youth with Autism Spectrum Disorders
- 3. Division to submit this proposal:** 33 - Intellectual and Developmental Disabilities
- 4. Other division appropriate for submission:** 53 - Clinical Child and Adolescent Psychology
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- 7. Accommodation request:** None
- 8. Electronic archiving:** Yes

### *High Ability Youth with Autism Spectrum Disorders*

High Functioning Autism (HFA) is a term used to describe individuals who have average or above average cognitive abilities along with an autism diagnosis (Bagatell, 2010; Baron-Cohen, 2000). Despite the apparent simplicity of this diagnosis, HFA has been challenging to clinicians in regard to identification, differential diagnosis, and treatment. One reason may be because anxiety disorders, ADHD, non-verbal learning disorder, and other autism spectrum disorders [ASD; e.g., Asperger Syndrome (AS)] share considerable behavioral, emotional, and developmental features with HFA (Baron-Cohen, 2000; Bennett et al., 2007; Gillberg, 1998; Williams, Goldstein, Kojkowski, & Minshew, 2008). Also problematic is the academic dissent about whether HFA is a distinct disorder or congruent with the AS diagnosis (Gillberg, 1998). This confusion could be somewhat alleviated with the proposed shift to a single ASD diagnosis in the upcoming DSM-V.

Unrecognized in academic publications until DeMyer, Hingtgen, and Jackson (1981) discussed autistic features in individuals of average or above average intelligence, high ability ASD has become a topic of great academic interest over the last 30 years (Gillberg, 1998). Unfortunately, this expansion of empirical and theoretical knowledge is yet to be translated into broadly disseminated measurement and treatment practices specific to high ability populations. In addition to specific challenges related to differential diagnosis, considerable variance in the presentation of high ability students with ASD complicates clinicians' ability to know when a child should be referred for an ASD evaluation. For example, a child with ASD and an IQ of 80 would be considered HFA, as would a child with an IQ of 150. Yet the extremely large discrepancy in ability most likely influences cognitive, social, and behavioral presentation, as well as response to intervention (Foley Nicpon, Assouline, Amend, & Schuler, 2010). At present, screening and diagnostic tools for identifying HFA and AS have often set a minimum Intelligence Quotient (IQ) around 80 (mean=100, SD=15; Schoepler, Reichler, & Renner, 1988). Unfortunately, the cognitive diversity of a sample this broad may hinder the identification of individuals with higher cognitive functioning. High ability youth are a part of the constellation of referrals for autism spectrum evaluations, but extant screening tools may not have adequate sensitivity to identify those who require further evaluation. Screening tools specific to HFA and AS populations with high cognitive ability characteristics are needed. A recent study (Foley Nicpon & Sussman, 2011) suggested current ASD screening tools may have limited use with twice-exceptional children. Specifically, only 65% of Autism Spectrum Screening Questionnaire (ASSQ; Ehlers, Gillberg, & Wing, 1999) assessments completed by parents met the threshold for risk of ASD and only 3.3% of all items on both measures were consistently endorsed. Conversely, 35.9% were consistently not endorsed by parents in the study. Their findings suggested that the current tools, such as the Social Responsiveness Scale (SRS; Constantino & Gruber, 2005) and ASSQ, may lack the sensitivity necessary to identify high ability youth with ASD.

Thus, the purpose of the current study is to identify distinguishing signs and symptoms of ASD in high ability youth. This information can then be used to develop items to include on a screening measure for high ability children with ASD.

Meetings were held with three ASD clinical experts familiar with how this diagnosis manifests among high ability youth. The purpose of these meetings was to identify ASD symptom and content areas. These experts were asked to identify and describe signs and symptoms of ASD in high ability children and

adolescents in three domains: behavioral, communication, and socialization. The experts were also asked to identify affective characteristics and areas of elevated ability and interest in youth with HFA and AS. A form was developed to facilitate discussions with the content area experts. Items on this form were drawn from current DSM-IV (American Psychiatric Association, 2000) diagnostic criteria for Autistic Disorder (AD), AS, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), as well as diagnostic features identified in the Autism Diagnostic Interview-Revised (ADI-R; Rutter, LeCouteur, & Lord, 2003).

After the context expert meetings were held, the ideas presented by the experts were analyzed to determine which novel behaviors ascertain consensus approval as important associated features of ASD presentation. Diagnostic characteristics were compared and contrasted amongst the individual content area experts. Further, research team members evaluated consistencies and discrepancies among notes taken during meetings with the experts. Through these various methods of evaluation, a synthesized document was produced that reflected quantitative (i.e., frequency of a characteristic being identified) and qualitative (i.e., unique descriptions of a characteristic) diagnostic information. This final, synthesized document and the information gathered from the experts will be integrated to develop items that can be used on a screening measure that is sensitive in identifying high ability youth with ASD.