

The Diagnostic Detective: Autism

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Diagnostic Criteria for Autistic Disorder

A total of six (or more) items from (1), (2) and (3), with two from (1), and at least one each from (2) and (3):

1. Qualitative impairment in social interactions, manifested by at least two of the following:
 - Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction;
 - *Example:* Does the child have facial expressions? Does he use body language to communicate?
 - Failure to develop peer relationships appropriate to developmental level;
 - *Example:* Is the child interested in other children? Does he play alongside or cooperatively with other children? This is very difficult to measure in a child under 2 years of age.
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by lack of showing, bringing or pointing out objects of interest);
 - *Example:* Does the child bring toys or objects of interest to parents or others to show them? Does the child point to something he likes, and also look for the adult's reaction?
 - Lack of social or emotional reciprocity;

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- *Example:* When you are with the child, do you feel engaged? A child with a mild limitation in social reciprocity will be aware that you are there and may interact with you, but you may have to structure the interaction. A child with a more severe lack of social reciprocity may stay off and away from other people, may not interact, or may show no awareness that you are there.
2. Qualitative impairment in communication, as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime);
 - Unlike children who have only a hearing impairment or an expressive language disorder, the child with autism will not compensate with gestures or facial expressions;
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
 - This is an inability to carry on a to and fro conversation, with turn taking. This is difficult to diagnose under the age of 2 or 3 years;
 - Stereotyped and repetitive use of language, or idiosyncratic language;
 - *Example:* Echolalia, repetitive questioning. This is difficult to diagnose under the age of 2 or 3 years.
 - Lack of varied, spontaneous make-believe, or social imitative play appropriate to developmental level;
 - *Example:* The infant or toddler may not play peek-a-boo or patty-cake. The 18-month to 2-year-old may not begin to pretend daily activities such as eating or sleeping. The 3-year-old may not play out elaborate sequences such as "house" or "school," with more than one role.
3. Restrictive repetitive and stereotypic patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;

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- *Example:* The person is overly preoccupied by collecting the heights and weights of all of the football players and will only talk about that.
- Apparently inflexible adherence to specific nonfunctional routines or rituals;
 - *Example:* The child throws a tantrum if his mother takes a different route when driving him to school.
- Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
 - *Example:* These can also be more subtle: the person can gaze at lights or gaze at things out of the corners of his eyes; he may pick up an object and visually inspect it.
- Persistent preoccupation with parts of objects.
 - *Example:* the child is more interested in spinning the wheels of a car than playing with the car as it is intended.
- 4. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language used in social communication, or (3) symbolic or imaginative play.
- 5. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Diagnostic Criteria for Asperger's Disorder

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - Marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
 - Failure to develop peer relationships appropriate to developmental level;
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people);

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- Lack of social or emotional reciprocity.
2. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
 - Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
 - Apparently inflexible adherence to specific, nonfunctional routines or rituals;
 - Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
 - Persistent preoccupation with parts of objects.
 3. The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning.
 4. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).
 5. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood.
 6. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.