

AUTISM

Autism is a disorder that is first diagnosed in childhood. Children with autism demonstrate qualitative deficits in their social interaction with others — in communication and play skills—and demonstrate restricted or stereotyped interests and behaviors. In 1943, Kanner was the first to describe the characteristics of children with autism, based on a sample of 11 children he saw in his office with a similar constellation of symptoms (Kanner, 1943). Although the defining characteristics of autism have been refined over the years, the essential cluster of social interaction, communication, and restrictive behaviors/interests have remained. (...)

Likewise, the incidence of autism appears to be increasing, although reasons for this remain unclear; it may be related to increased public and health provider awareness and more effective differential diagnostic assessment (...)

The etiology of autism is unknown. There were early misconceptions that it was caused by poor or inadequate parenting (...) This viewpoint has largely been discredited. More likely, autism is the result of a confluence of environmental and genetic variables. Scientific inquiry at this time is focused on identifying genetic variables and neurological variables common in children with autism.

(...) There is not a specific medical test available for diagnosing autism. It is diagnosed based on observation and report of behavioral characteristics particular to the child and consistent with diagnostic criteria.

(...) the emphasis in diagnosing autism is on the qualitative impairments in social interaction and communication, not necessarily the atypical behavior patterns. Qualitative differences refer to differences in how a child expresses or demonstrates behavior. Children with autism are impaired in how they interact and communicate, not necessarily in the level of skills they have to interact or communicate. The impairments in social interaction, communication, and restricted behavior and interests typically cause significant impairments in social, occupational, or other (e.g., school performance) areas of functioning.

Because the diagnostic criteria consist of behavioral characteristics, assessment for a diagnosis of autism consists largely of behavioral assessment and includes (Shriver & colleagues, 1999):

- A parent interview
- Review of medical records
- An interview with the child, if possible
- Behavior rating forms (e.g., Childhood Autism

Rating Scale, Gilliam Autism Rating Scale, Autism Behavior Checklist)

- Direct interaction with the child
- Observation of the child interacting with parents, teachers, and peers

Reference: Shriver, M. (2005). Autism Spectrum Disorders. In. Lee, S. W. (Ed.). Encyclopedia of School Psychology (pp. 37-43). Thousand Oaks, CA: Sage Publications.

DSM-5 Autism Diagnostic Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

- **With or without accompanying intellectual impairment**
- **With or without accompanying language impairment**

- **Associated with another neurodevelopmental, mental, or behavioral disorder**

- **With catatonia**
- **Associated with a known medical or genetic condition or environmental factor**

Reference: American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013.