

Features of AUTISM

CORE Features

Impaired Social-Emotional Competence

- I. **Non-verbal communication**
 - Eye contact (joint-attention)
- II. **Social-emotional reciprocity**
 - Empathy
 - Sharing (activities, affect, conversations)
 - Social flexibility
 - Contextual understanding
- III. **Social-emotional Salience**
 - Relevant social-emotional stimulus
- IV. **Abstracting ability**
 - Black & white/concrete/literal thinking
 - Tolerance for unstructured time, ambiguity
- V. **Introspective/Introceptive ability**
(self awareness of cognitions, emotions, & physiological state)
 - Psychological mindedness
- VI. **Executive Functions**
(Control/moderation of emotions, motivations, interests)
 - All or none approach
 - Abnormal intensity of interests

Restricted/Repetitive Behaviors (RRBs)

- I. **Cognitive Rigidity**
 - Routines / rituals
(rule-bound/transitional difficulties/lack spontaneity)
- II. **Repetitive patterns**
 - Speech (Delayed echolalia, Scripting)
 - Motor mannerisms (Flapping, Clapping, Rocking, Swaying)
 - Interests
- III. **Atypical Salience**
 - Idiosyncratic (odd) Interests
- IV. **Sensory Dysregulation**
 - Atypical sensory perceptions/responses
 - Introspective ability

ASSOCIATED Features

- Poor motor coordination
- Novelty averse behaviors
- Atypical fear response
- Self-injurious behaviors

DSM Criteria for Autism

Schizophrenic reaction
- Childhood Type



DSM-I
(1952)

Schizophrenia
- Childhood Type



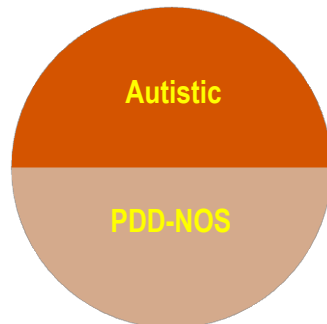
DSM-II
(1968)

Infantile Autism



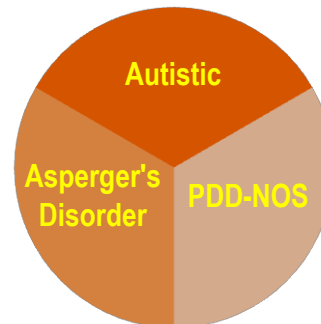
DSM-III
(1980)

Pervasive Developmental Disorders



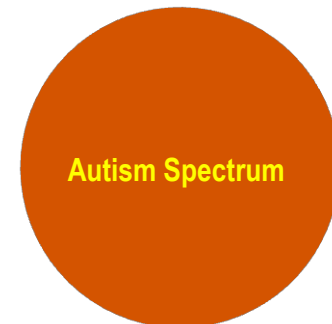
DSM-III-R
(1987)

Pervasive Developmental Disorders



DSM-IV-R
(1994/2000)

Autism Spectrum Disorder



DSM-5
(2013)

DSM-5 Diagnostic Criteria for Autism

AUTISM SPECTRUM DISORDER (299.00)

A Persistent deficits in social interaction and communication

as manifested by lifetime history of all three of the following:

I Deficits in social-emotional reciprocity

- Inability to initiate or respond to social interactions
- Inability to share affect, emotions, or interests
- Difficulty in initiating or in sustaining a conversation

II Deficits in nonverbal communicative behaviors used for social interaction

- Abnormal to total lack of understanding and use of eye contact, affect, body language, and gestures
- Poorly integrated verbal and nonverbal communication

III Deficits in developing, maintaining, and understanding relationships

- Difficulty in adjusting behavior to social contexts
- Difficulty in making friends
- Lack of interest in peers

B Restricted, repetitive, and stereotyped patterns of behavior, interests, or activities

as manifested by lifetime history of at least two of the following:

I Stereotyped or repetitive speech, motor movements, or use of objects

- Motor stereotypies or mannerisms (lining up toys)
- Echolalia, stereotyped, or idiosyncratic speech

II Excessive adherence to sameness, routines, or ritualized patterns of verbal or nonverbal behavior

- Transitional difficulties
- Greeting rituals
- Rigid patterns of thinking

III Highly restricted, fixated interests that are abnormal in intensity or focus

- Preoccupation with excessively circumscribed or perseverative interests

IV Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

- Sensory integration issues
- Apparent indifference to pain/temperature
- Excessive smelling, touching, or visual fascination with lights or movements

C Symptoms must be present in the early developmental period

Symptoms may not 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 functioning

E These disturbances are not better explained by intellectual disability

To make comorbid diagnoses of ASD & ID, social communication should be below that expected for general developmental level.

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

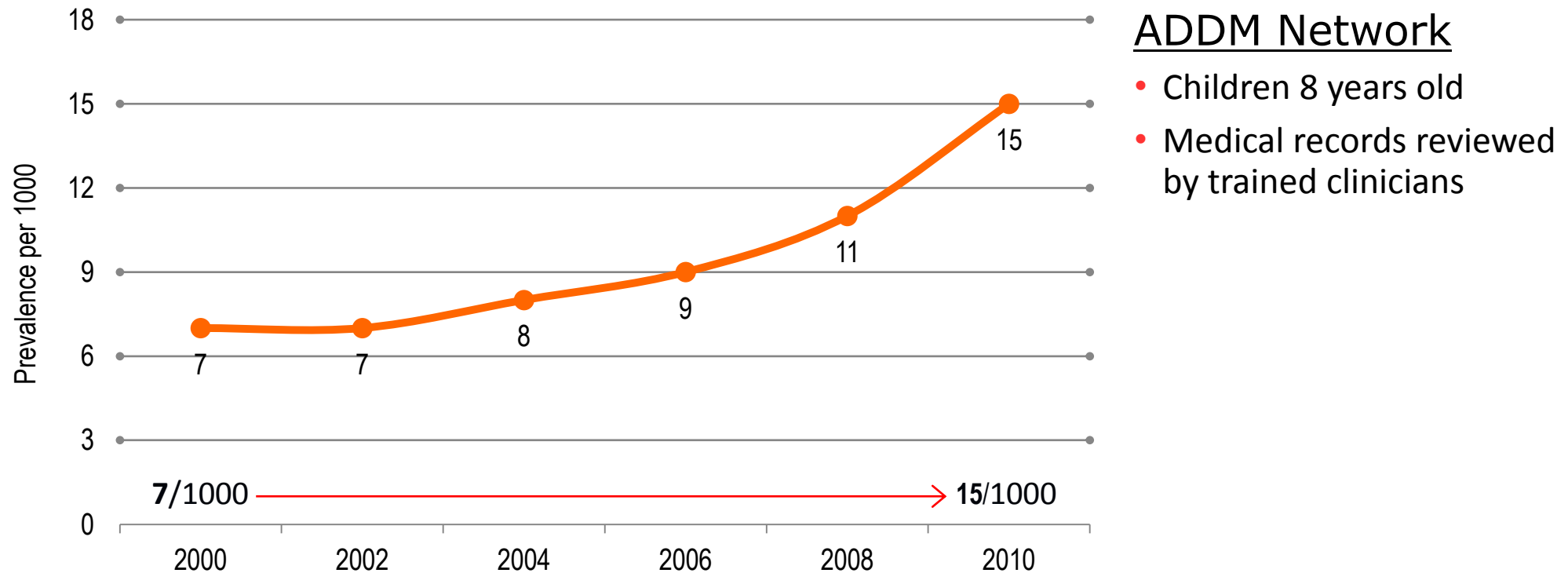
Associated with a known medical or genetic condition or environmental factor

Associated with another neurodevelopmental, mental, or behavioral disorder

With catatonia

Prevalence of Autism Spectrum Disorder

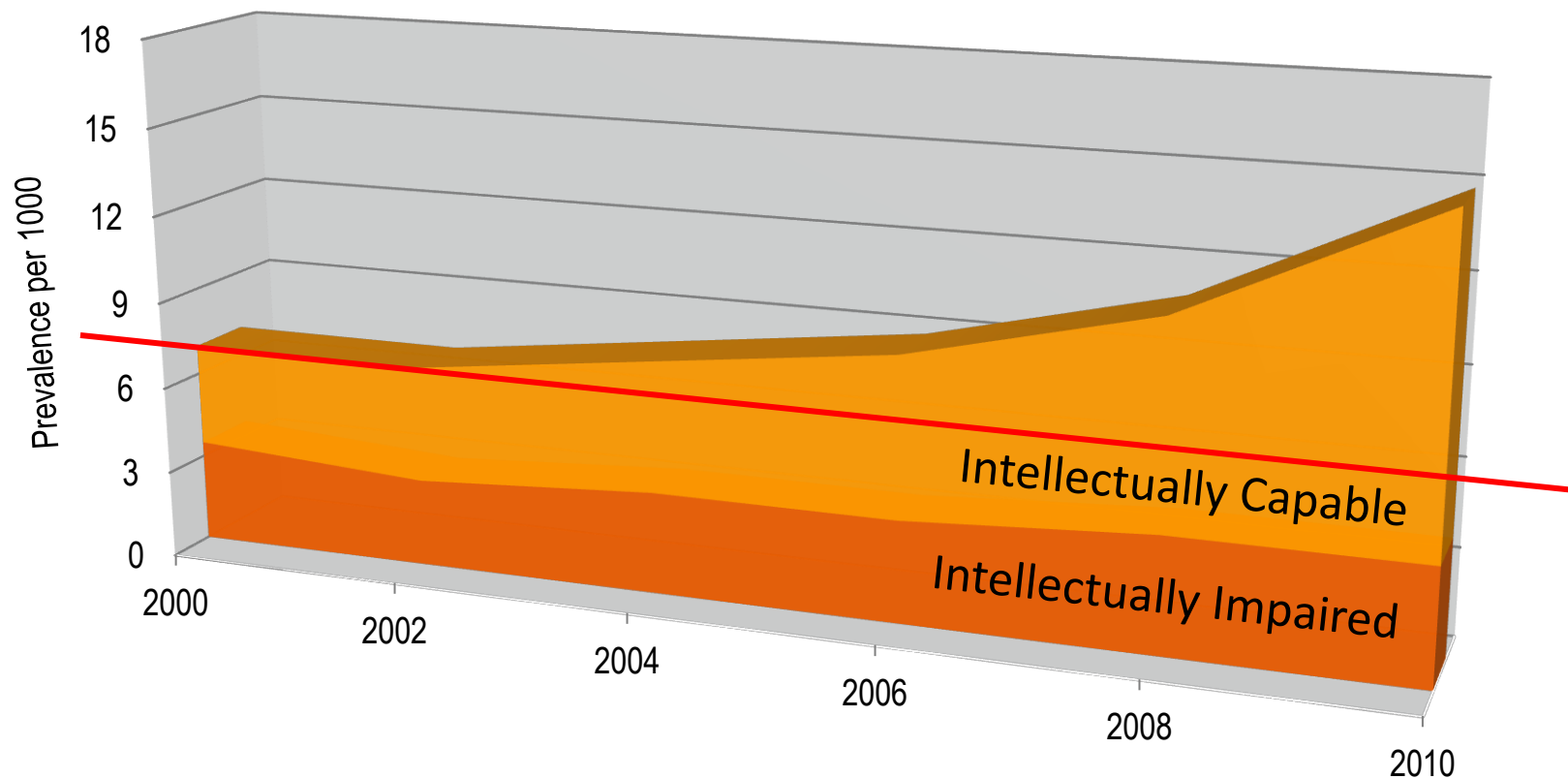
Children with ASD



Prevalence of ASD has more than DOUBLED between 2002 & 2010 and is increasing at the rate of 10 - 17% / year

Centers for Disease Control & Prevention (CDC) Surveys: ADDM Network Surveys 2000, 2002, 2004, 2006, 2008, & 2010

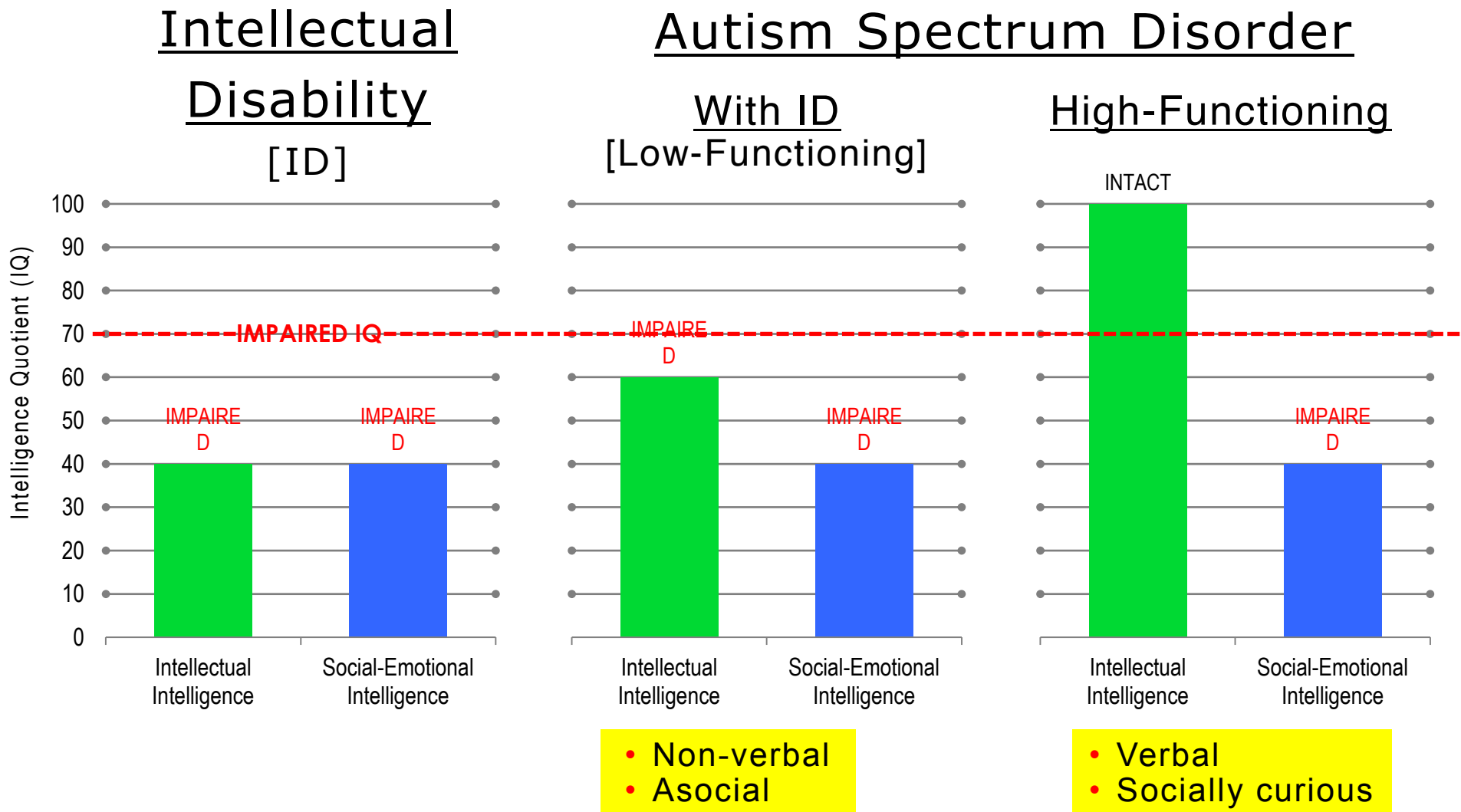
Prevalence of ASD



**Substantial rise in the prevalence of AUTISM
in intellectually capable populations**

Centers for Disease Control & Prevention (CDC) Surveys: ADDM Network Surveys 2000, 2002, 2004, 2006, 2008, & 2010

Intelligence Profile in AUTISM



Social-emotion Competence Across the Lifespan

