



Introduction to Autism Spectrum Disorder
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Agenda

- Diagnostic Criteria for Autism DSM-5
- Changes from DSM-IV
- Video of Temple Grandin
- Autism in IDEA
- Autism Statistics
- Common Comorbidities
- Opportunities for Intervention



DSM-V Criteria for Autism Spectrum Disorder

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

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

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.

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.

Restricted, repetitive patterns of behavior, interest, or activities, as manifested by at least two of the following, currently or by history:

Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

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 interests).

Hyper- or hypo-reactivity to sensory input or unusual interest 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)

Social Communication

- Persistent deficits in **social communication** and social interaction across multiple contexts, as manifested by the following, currently or by history:
 - Deficits in social-emotional reciprocity, ranging 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
 - Deficits in nonverbal communicative behaviors used for social interaction, ranging 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.
 - Deficits in developing, maintaining, and understanding relationships, ranging 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.



Severity Level: Social Communication

Level 1- Requiring Support

Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-from conversations with others fails, and whose attempts to make friends are odd and typically unsuccessful.

Level 2- Requiring Substantial Support

Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.

Level 3- Requiring Very Substantial Support

Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.

Restricted and Repetitive Behavior

- **Restricted, repetitive patterns of behavior, interest, or activities**, as manifested by at least two of the following, currently or by history:
 - Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - 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 interests).
 - Hyper- or hypo-reactivity to sensory input or unusual interest 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).

Severity Level:

Level 1: *Requiring Support*

Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Level 2: *Requiring Substantial Support*

Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

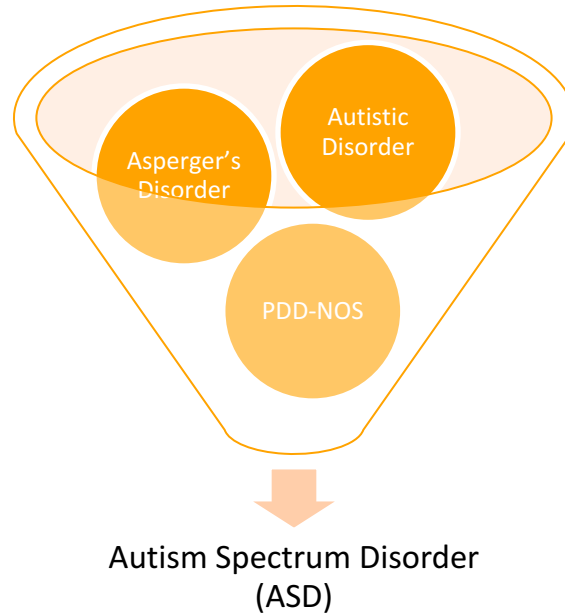
Level 3: *Requiring Very Substantial Support*

Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.

Temple Grandin



Changes from DSM-IV-TR to DSM-5



Changes from DSM-IV-TR to DSM-5

- Social communication and social interaction are combined into one category.
- Sensory issues are now included as a behavioral symptom.
- Symptoms do not have to be apparent before age 3.
- Functional impairment must be present for diagnosis. Severity levels must be specified.
- Comorbidities with other conditions are recognized & Specifiers are used to describe symptomatology.

IDEA Definition of Autism

- Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. A child who manifests the characteristics of autism after the age of three could be identified if the aforementioned criteria are satisfied. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c) (4) of IDEA.



Autism Statistics

- Are the number of individuals identified with ASD increasing or decreasing?
- Is ASD more prevalent in boys or girls?
- If a family has one child diagnosed with ASD, do they have a greater likelihood of having another child with ASD?

Autism & Common Comorbidities

- Intellectual Disability
- Speech/Language Disorders
- Attention-Deficit/Hyperactivity Disorder
- Anxiety Disorders
- Seizure Disorders

Opportunities for Intervention

- Family Support & Resources
- Applied Behavior Analysis ([ABA](#))
- P.L.A.Y Project
- Speech/Language Therapy
- Occupational Therapy
- Social Thinking
- Parent-Child Interaction Therapy (PCIT)

References

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