DSM-5 CRITERIA FOR AUTISM SPECTRUM DISORDER:

OBSERVATIONAL INFORMATION IN SUPPORT OF DIAGNOSIS

How do the DSM-5 criteria for autism spectrum disorder present in practice?

To the practicing clinician, the DSM-5 criteria for autism spectrum disorder (ASD) lack clarity and specificity, and it is be helpful to consider examples of the criteria as they may present in the office, either by history or observation. What follows are the DSM-5 criteria, with our own added clinical examples.

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (all three must be met for an ASD diagnosis)

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.
   Examples in practice:
   - plays by self and does not show objects to parents or clinician
   - does not orient to name readily
   - less aware of comings and goings of others
   - more focused on objects/things than people
   - talks with back turned to others
   - does not seek out parents for comfort
   - difficulty engaging the child in reciprocal ball play
   - hard to establish normal rapport through play and conversation
   - tendency to have “one-way” conversations

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, and deficits in understanding and use of gestures; to a total lack of facial expression and nonverbal communication.

Examples in practice:
- eye contact fleeting or limited, looks just past individual
- says “Look” but does not look to see if the person is attending
- lack of 3-point gaze shifts, e.g., looking to object, then to physician or parent, then back to object
- lack of proto-imperative pointing—pointing to make a request
- lack of proto-declarative pointing—pointing to direct other’s attention to object/situation of interest
- unusual prosody or intonation; "pedantic speech"
- using adult’s hand to get what child wants.
- reduced range of facial expression
- does not mimic facial expressions of parents
- does not make facial expressions in response to humor or show empathy to characters in television programs
- poor use of descriptive gestures or emphatic gestures

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviors to suit various social contexts, to difficulties in sharing imaginative play or making friends; to absence of interest in peers.

Examples in practice:
- reluctant to enter doctor’s examination room
- excessive or inconsolable crying despite usual reassurance
- rolling on floor or climbing under furniture (into tight spaces)
- no using dolls or figures to represent people
- more object-focused than person-focused with toys
- unable to name a friend or child in classroom
B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two (2) of the following, currently, or by history (examples are illustrative, not exhaustive)

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)
   Examples in practice:
   - hand flapping, hand clenching, body rocking, odd postures, spinning body, pacing
   - running in path from one place to another repeated times
   - focus on organizing materials --"display" rather than "play"
   - repeating adult's words
   - perseverative "scripting"---reciting lines from movie, television program, commercials or adults in child's life
   - repetitive use of word

2. Insistence on sameness, inflexible adherence to routine, 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).
   Examples in practice:
   - need to sit in same location at office
   - inquiring about previous toy in room, and upset if not available
   - searching out or inquiring about certain materials
   - asking questions to get same response from adults, e.g., "Say...."

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupations with unusual objects, excessively circumscribed or perseverative interests)
Examples in practice:

- brings in odd objects, holding things in hand, parent have object/toy in possession "to avoid meltdown" or provide security
- tells you facts or makes odd comments/queries, e.g., "Did you know that the tympanic membrane is translucent?"
- draws same picture/theme over and over
- focuses excessively or perseverates on details of interests
- insists on wearing certain kind of themed shirts or costumes

4. 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 smell or touching of object, visual fascination with lights or movements)

Examples in practice:

- little reaction to inoculations or finger pricks
- unusually sensitive to or upset by physical examination
- crawls into small spaces in office
- rubs objects on face
- sensory seeking--climbing, rolling on floor, bending out of chairs,
- unwilling to wear shoes
- covers ears, or blinks/flinches to unexpected sounds

*What are suggested activities in the clinic to elicit some of these behaviors?*

- Ball play with child...how easy is it to engage the child in reciprocal play?
- Get the child’s interest in bubbles and then close the container and watch the child’s responses...does he make requests verbally or non-verbally, use gaze/eye contact, use others’ hands as object to open the container?
- Blow up balloon and release to see reactions
• Give child a puzzle, withholding a piece or two (put it on the table behind your arm and tell them they can ask you for a piece if they need it)...does she look at you, make a verbal request, simply reach over without requesting?

• Get a crayon box and put something other than crayons inside. Ask the child what is inside. Once they respond show them actual contents. Then close box up and ask, "If I showed this to ____ (a friend or sibling not in the room), what would that person say is in the box?" This is called a Theory of Mind task. Most 4 year old children are able to take another person’s perspective and would say the person would think it is crayons in the box, but many older children with ASD do not have this ability.

• Activate a remote control toy, and see if child looks at it then back to you, then back to toy...does he use a 3-point gaze shift indicating normal joint attention?