What are the DSM-5 diagnostic criteria for autism?

In 2013, the American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 is now the standard reference that healthcare providers use to diagnose mental and behavioral conditions, including autism.

By special permission of the American Psychiatric Association, you can read the full-text of the new diagnostic criteria for **autism spectrum disorder** below.

Autism Spectrum Disorder

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.

Specify current severity: Severity is based on social communication impairments and restricted repetitive patterns of behavior. (See table below.)

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 hypo-reactivity 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).

Specify current severity: Severity is based on social communication impairments and restricted, repetitive patterns of behavior. (See table below.)

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.

Table: Severity Levels for Autism Spectrum Disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 *"Requiring very substantial support"*	Level 2 *"Requiring substantial support"*	*Level 1 "Requiring 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 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.	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. 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.	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response 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-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful. Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence

Retrieved from https://www.autismspeaks.org/dsm-5-criteria

Tips to Help a Child with Autism

While autism-specific programs are ideal, sometimes they are not an option. The good news is there are things parents and childcare providers can do to help the child with autism.

Surround the child with typical peer models, ideally of the same age.
Often children with autism are paying attention even when it appears they aren't, so having other children to imitate is important. In a childcare setting, try to keep the child with autism close to and facing the other children as much as possible. Keep in mind, the child might need short breaks throughout the day.

Put favorite toys and snacks out of reach and/or in hard-to-open containers so the child has to have help getting them. This allows the child to have opportunities to practice communicating.

Encourage self-help skills.
At first you might need to put your hand over the child's hand to help him accomplish tasks like hand-washing. Over time, reduce your help until the child is independent.

Talk to and read to the child as much as possible, even if he doesn't respond. Talk to him and read to him according to his age.

Help her shift interests.
Children change interests as they get older; for example, as a child without autism ages, she might no longer enjoy watching Daniel Tiger's Neighborhood and prefer to watch Tangled or Sponge Bob. Helping the child with autism shift, too, can help other children accept her more easily.

Break skills down into steps.
For example, if teaching a child to play with a shape-sorter, start with just a couple of pieces. Once the child can insert those pieces, you can add more.

Be careful about handling negative behaviors.
If a child is told to do something-for example, to go to the math center – and he tantrums or hits another child and then doesn't have to go, he could learn that anytime he doesn't want to do something, he should repeat that negative behavior. Behavior experts suggest following through on directions and requests regardless of the child's reaction.

If it won't be cute later, don't let her do it now!
It can be very hard to break some children with autism of routines, and they don't always have the social awareness needed to stop doing certain behaviors as they get older. It's common for parents to say, for example, "We're not worried about her carrying that blankie around. Pretty sure she'll decide to get rid of it before she goes to high school." A child with autism might not EVER want to get rid of his blankie, so adults will need to decide when that should happen, keeping in mind that the longer a behavior goes on, the harder it is to stop.