

DSM-5 AUTISM SPECTRUM DISORDER

GUIDELINES & CRITERIA EXEMPLARS

General Guidelines

- **One example of a specific criterion may not be sufficient to assign the criterion as being present.**
 - *Is the example behavior clearly atypical?*
 - *Is the example behavior present across multiple contexts?*
 - Distinguish between behaviors that are clearly atypical and present across multiple contexts, versus behaviors that are on the borderline of being atypical or rarely occur/occur in only one context. For example, while toe walking may be an example of criterion B1, it may not be sufficient by itself to assign the criterion if there is a physical explanation for the behavior (and thus not clearly atypical) and/or if it occurs only in one context (e.g. at the beach when barefoot in the sand). By contrast, a preoccupation with lawnmowers that involves obsessively drawing lawnmowers, seeking out lawnmowers, and talking about lawnmowers is sufficient to meet criterion B3 even if no other examples exist. This preoccupation is clearly atypical and is present across multiple contexts.
- **Avoid using the exact same behavioral exemplar to satisfy two criteria.**
 - Some behaviors may appear to satisfy multiple DSM-5 criteria. It is the responsibility of the clinician to decide where the behavior is best represented. For example, 'repetitively putting hands over ears' may satisfy B1 because it is a repetitive motor movement, or it may be considered under B4 because it represents an adverse reaction to sounds.
 - Some behaviors are multi-faceted and may satisfy multiple DSM-5 criteria. For example, a child who is obsessed with string and insists on always carrying string with him at all times may meet criteria for B3 due to a strong attachment to an unusual object. If the same child also frequently waves string in front of his face and watches it flop up and down, then B4 should also be considered due to the visual sensory aspect of this behavior.
- **Behaviors that are not currently present may be considered.**
 - A behavior that only occurred in the past may be sufficient to assign a criterion.
 - It is important to consider whether a behavior that occurred in the past is atypical for developmental norms (e.g. handflapping should not be counted if it only occurred from 6-9 months of age).

DSM-5 Criteria for ASD With Examples

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

A1. 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.

- *Problems with social approach*
 - Unusual social initiations (e.g. intrusive touching; licking of others)
 - Use of others as tools

A1 reflects problems with social initiation and response

- *Limited or impaired back and forth use of language*
 - Poor pragmatic/social use of language (e.g. does not clarify if not understood; does not provide background information)
 - Failure to respond when name called or when spoken directly to
 - Does not initiate conversation
 - One-sided conversations/monologues/tangential speech
- *Reduced sharing of interests*
 - Doesn't share
 - Lack of showing, bringing, or pointing out objects of interest to other people
 - Impairments in joint attention (both initiating and responding)
- *Reduced sharing of emotions/affect*
 - Lack of responsive social smile (*note: the focus here is on responding to another person's smile; other aspects of emotional expression should be considered under A2*).
 - Failure to share enjoyment, excitement, or achievements with others
 - Failure to respond to praise
 - Does not show pleasure in social interactions
 - Failure to offer comfort to others
 - Indifference/aversion to physical contact and affection
- *Lack of initiation of social interaction*
 - Only initiates to get help; limited social initiations
- *Poor social imitation*
 - Failure to engage in simple social games

A2. 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.

- Impairments in use of eye contact
- Impairment in the use and understanding of body postures (e.g. facing away from a listener)
- Impairment in the use and understanding of gestures (e.g. pointing, waving, nodding/shaking head)
- Abnormal volume, pitch, intonation, rate, rhythm, stress, prosody or volume in speech
- Problems with use and understanding of affect (*note: responsive social smile may be considered under A1, while affect that is inappropriate for the context may fall under A3*)
 - Impairment in the use of facial expressions (may be limited or exaggerated)
 - Lack of warm, joyful expressions directed at others
 - Limited communication of own affect (inability to convey a range of emotions via words, expressions, tone of voice, gestures)
 - Inability to recognize or interpret other's nonverbal expressions
- Lack of coordinated verbal and nonverbal communication (e.g. inability to coordinate eye contact or body language with words)
- Lack of coordinated non-verbal communication (e.g. inability to coordinate eye contact with gestures)

A2 reflects problems with non-verbal communication

A3. 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 absences of interest in peers.

- *Deficits in developing and maintaining relationships, appropriate to developmental level*
 - Lack of “theory of mind”; inability to take another person’s perspective
- *Difficulties adjusting behavior to suit social contexts*
 - lack of response to contextual cues (e.g. social cues from others indicating a change in behavior is implicitly requested)
 - Inappropriate expressions of emotion (laughing or smiling out of context) (*note: other abnormalities in the use and understanding of emotion should be considered under A2*)
 - Unaware of social conventions/appropriate social behavior; asks socially inappropriate questions or makes socially inappropriate statements
 - Does not notice another’s distress or disinterest
 - Does not recognize when not welcome in a play or conversational setting
 - Limited recognition of social emotions (does not notice when he or she is being teased; does not notice how his or her behavior impacts others emotionally)
- *Difficulties in sharing imaginative play (Note: solitary imaginative play/role playing is NOT captured here)*
 - Lack of imaginative play with peers, including social role playing (>4 years developmental age)
- *Difficulties in making friends*
 - Does not try to establish friendships
 - Does not have preferred friends
 - Lack of cooperative play (over 24 months developmental age); parallel play only
 - Unaware of being teased or ridiculed by other children
 - Does not play in groups of children
 - Does not play with children his/her age or developmental level (only older/younger)
 - Has an interest in friendship but lacks understanding of the conventions of social interaction (e.g extremely directive or rigid; overly passive)
 - Does not respond to the social approaches of other children
- *Absence of interest in others*
 - Lack of interest in peers
 - Withdrawn; aloof; in own world
 - Does not try to attract the attention of others
 - Limited interest in others;
 - Unaware or oblivious to children or adults
 - Limited interaction with others
 - Prefers solitary activities

A3 reflects problems with social awareness and insight, as well as with the broader concept of social relationships



B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of 4 symptoms currently or by history

B1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

- *Stereotyped or repetitive speech*
 - Pedantic speech or unusually formal language (child speaks like an adult or “little professor”)
 - Echolalia (immediate or delayed); may include repetition of words, phrases, or more extensive songs or dialog
 - “Jargon” or gibberish (mature jargoning after developmental age of 24 months)
 - Use of “rote” language
 - Idiosyncratic or metaphorical language (language that has meaning only to those familiar with the individual’s communication style); neologisms
 - Pronoun reversal (for example, “You” for “I”; not just mixing up gender pronouns)
 - Refers to self by own name (does not use “I”)
 - Perservative language (note: *for perseveration on a specific topic, consider B3*)
 - Repetitive vocalizations such as repetitive guttural sounds, intonational noise-making, unusual squealing, repetitive humming
- *Stereotyped or repetitive motor movements*
 - Repetitive hand movements (e.g., clapping, finger flicking, flapping, twisting)
 - Stereotyped or complex whole body movements (e.g., foot to foot rocking, dipping, & swaying; spinning)
 - Abnormalities of posture (e.g., toe walking; full body posturing)
 - Intense body tensing
 - Unusual facial grimacing
 - Excessive teeth grinding
 - Repetitively puts hands over ears (note: *if response to sounds, consider B4*)
 - Perseverative or repetitive action / play / behavior (note: *if 2 or more components, then it is a routine and should be considered under B2*)
 - Repetitive picking (note: *may also be sensory; consider B4*)
- *Stereotyped or repetitive use of objects*
 - Nonfunctional play with objects (waving sticks; dropping items)
 - Lines up toys or objects
 - Repetitively opens and closes doors
 - Repetitively turns lights on and off

B1 includes atypical speech, movements, and play

B2. 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 everyday).

- *Adherence to routine*
 - Routines: specific, unusual multiple-step sequences of behavior
 - Insistence on rigidly following specific routines (note: *exclude bedtime routines unless components or level of adherence is atypical*)

B2 includes rituals and resistance to change

- Unusual routines
- *Ritualized Patterns of Verbal and Nonverbal Behavior*
 - Repetitive questioning about a particular topic (note: *distinguish from saying the same word or phrase over and over, B1*)
 - Verbal rituals - has to say one or more things in a specific way or requires others to say things or answer questions in a specific way
 - Compulsions (e.g. insistence on turning in a circle three times before entering a room) (note: *repetitive use of objects, including lining up toys, may be considered under B1*).
- *Excessive resistance to change*
 - Difficulty with transitions (should be out of the range of what is typical for children of that developmental level)
 - Overreaction to trivial changes (moving items at the dinner table or driving an alternate route)
- Rigid thinking
 - Inability to understand humor
 - Inability to understand nonliteral aspects of speech such as irony or implied meaning
 - Excessively rigid, inflexible, or rule-bound in behavior or thought

B3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest).

Note: Consider B1 for some forms of preservative speech

- Preoccupations; obsessions
- Interests that are abnormal in intensity
- Narrow range of interests
- Focused on the same few objects, topics or activities
- Preoccupation with numbers, letters, symbols
- Being overly perfectionistic
- Interests that are abnormal in focus
- Excessive focus on nonrelevant or nonfunctional parts of objects
- Preoccupations (e.g. color; time tables; historical events; etc)
- Attachment to unusual inanimate object (e.g., piece of string or rubber band)
- Having to carry around or hold specific or unusual objects (not common attachment objects such as blankets, stuffed animals, etc.)
- Unusual fears (e.g. afraid of people wearing earrings)

B3 includes preoccupations with objects or topics

B4. Hyper- or hyporeactivity 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)

- High tolerance for pain
- Poking own eyes
- Preoccupation with texture or touch (includes attraction/aversion to texture)
 - Tactile defensiveness; does not like to be touched by certain objects or textures
 - Significant aversion to having hair or toenails cut, or teeth brushed
- Unusual visual exploration / activity
 - Close visual inspection of objects or self for no clear purpose (for example, holding things at unusual angles) (no vision impairment)
 - Looks at objects, people out of corner of eye
 - Unusual squinting of eyes

B4 includes sensory seeking and sensory aversion

- Extreme interest or fascination with watching movement of other things (e.g., the spinning wheels of toys, the opening and closing of doors, electric fan or other rapidly revolving object)
- In all domains of sensory stimuli (sound, smell, taste, vestibular, visual), consider:
 - Odd responses to sensory input (e.g. becoming extremely distressed by the atypical sound)
 - Atypical and/or persistent focus on sensory input
- Unusual sensory exploration with objects (sound, smell, taste, vestibular)
 - Licking or sniffing objects (*note: as part of a ritual, consider B2; licking or sniffing people consider A1*)

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

- Early primary caregiver report no longer essential
- “Early Childhood” approximately age 8 and younger (flexible)

D. Symptoms together limit and impair everyday functioning.

- Select one severity level specifier for Social Communication AND one for Restricted Interests and Repetitive Behaviors.
- **Minimal social impairments:** “Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.” (*from DSM 5 severity rating*)
- **Minimal RRB impairments:** “Rituals and repetitive behaviors (RRB’s) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB’s or to be redirected from fixated interest.” (*from DSM 5 severity rating*)

D ocumentation Example

299.00 Autism Spectrum Disorder;
 Requiring substantial support for deficits in social communication
 Requiring substantial support for restricted, repetitive behaviors
 Without accompanying intellectual impairment
 Without accompanying language impairment

B ehaviors not captured in DSM-5 ASD

- Problems with play/imagination
 - Impairments in imaginative/symbolic play
 - Lack of functional play skills
 - Difficulty distinguishing fantasy from reality
- Shyness/social anxiety
- Language and developmental delays
 - Milestone delays/developmental delays

- Speech delays (expressive or receptive)
- Language disorder
- Behavioral difficulties/temper tantrums
- Poor imitation skills (poor SOCIAL imitation skills ARE captured)

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DSM 5 Autism Spectrum Disorder

- _____ A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history
- A1. 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.
- A2. 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.
- A3. 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 absences of interest in peers.
- _____ B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by **at least 2 of 4 symptoms** currently or by history
- B1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- B2. 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 everyday).
- B3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interest).
- B4. Hyper- or hyporeactivity 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)
- _____ C. Symptoms must be present in the early developmental periods (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. (minimum = level 1)
- _____ *Social Communication Severity Level (1, 2, or 3)*
- _____ *Restricted Repetitive Behavior Severity Level (1, 2, or 3)*
- _____ E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay.



_____ Patient meets criteria for ASD
(criteria A-E satisfied)

Severity Level for ASD	Social Communication	Restricted Interests & Repetitive Behaviors
<p>Level 3 'Requiring very substantial support'</p>	<p>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.</p>	<p>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.</p>
<p>Level 2 'Requiring substantial support'</p>	<p>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 response to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interest, and who has markedly odd nonverbal communication.</p>	<p>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</p>
<p>Level 1 'Requiring support'</p>	<p>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</p>	<p>Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</p>

DSM V Social (Pragmatic) Communication Disorder

- _____ A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
- 1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
 - 2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
 - 3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
 - 4. Difficulties understanding what is not explicitly states (e.g. making inferences) and nonliteral or ambiguous meanings of language (e.g. idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).
- _____ B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- _____ C. The onset of symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- _____ D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder, global developmental delay, or another mental disorder.

_____ Patient meets criteria for SCD
(criteria A-D satisfied)

