



Autism and DSM-V: New Perspectives
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Changes: Categories

	DSM-IV	DSM-5
Category Name	Pervasive development disorders	Autism spectrum disorders
Includes	<ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • Childhood Disintegrative Disorder (CDD) • Rett's Disorder • Developmental Disorder – Not Otherwise Specified (PDD-NOS) 	<ul style="list-style-type: none"> • Early infantile autism • Childhood autism • Kanner's autism • High-functioning autism • Childhood autism • Kanner's autism • Atypical autism • PDD-NOS • CDD • Asperger's Disorder



Changes: Domains

	DSM-IV	DSM-5
Domains	<ul style="list-style-type: none"> • Social interaction • Communication • Restricted repetitive patterns of behaviors 	<ul style="list-style-type: none"> • Social communication • Restricted, repetitive patterns of behaviors



Social-Communication


- Persistent deficits
- Across multiple contexts
- Manifested currently or by history



Social-Communication

Illustrative, but not exhaustive examples


Descriptor	Examples
Deficits in social emotional reciprocity	<ul style="list-style-type: none"> • Abnormal social approach • Failure of normal back and forth conversation • Reduced sharing of interests, emotions, or affect • Failure to initiate or respond to social interactions



Social-Communication

Illustrative, but not exhaustive examples

Descriptor	Examples
Deficits in nonverbal communication behaviors used for social interaction	<ul style="list-style-type: none"> • Poorly integrated verbal and nonverbal communication • Deficits in eye contact and body language or deficits in understanding and using gestures • Total lack of facial expressions and nonverbal communication



Social-Communication

Illustrative, but not exhaustive examples

Descriptor	Examples
Deficits in developing, maintaining, and understanding relationships	<ul style="list-style-type: none"> • Difficulties adjusting behavior to suit various social contexts • Difficulties in adjusting behavior to suit various social contexts • Difficulties in sharing imaginative play or in making friends • Absence of interest in peers

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Restricted, Repetitive Patterns of Behavior, Interests or Activities (RRPB)

- Manifested currently or by history
- Must include at least 2 of the 4 criteria

O C A L I

RRPB (AI*)

Illustrative, but not exhaustive examples

Descriptor	Examples
Stereotyped or repetitive motor movements, use of objects or speech	<ul style="list-style-type: none"> • Simple motor stereotypies • Lining up toys or flipping objects • Echolalia • Idiosyncratic phrases

*Activities and interests

O C A L I

RRPB (AI)

Illustrative, but not exhaustive examples

Descriptors	Examples
<ul style="list-style-type: none"> • Insistence on sameness • Inflexible adherence to routines • Ritualized patterns of verbal or nonverbal behavior 	<ul style="list-style-type: none"> • Extreme distress at small changes • Difficulties with transitions • Rigid thinking patterns • Greeting rituals • Need to take same route or eat same food every day

O C A L I

RRPB (AI)

Illustrative, but not exhaustive examples

Descriptor	Examples
<ul style="list-style-type: none"> • Highly restricted, fixated interests that are abnormal in intensity or focus 	<ul style="list-style-type: none"> • Strong attachment to or preoccupation with unusual objects • Excessively circumscribed or perseverative interests

O C A L I

RRPB (AI)

Illustrative, but not exhaustive examples

Descriptor	Examples
<ul style="list-style-type: none"> • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment 	<ul style="list-style-type: none"> • Apparent indifference to pain-temperature • Adverse response to specific sounds or textures • Excessive smelling or touching of objects • Visual fascination with lights or movement

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Changes: Symptom Presentation

	DSM-IV	DSM-5
Age	Onset prior to age 3	No age specified

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Symptom Presentation

- Present in the early developmental period
- May not be fully manifest or apparent until social demands exceed limited capacities
- May be masked by learned strategies later in life

OCALI

Changes

	DSM-IV	DSM-5
"Functioning"	Delays or abnormal functioning	Symptoms impact and impair everyday functioning

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"Functioning"

- Cause clinically significant impairment
 - Social
 - Occupational
 - Other important areas of current functioning

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Differential Diagnosis

- Symptoms are not better explained by
 - Intellectual disability
 - Global developmental delay

OCALI

Differential Diagnosis

- If individuals have marked deficits in social-communication disorders, then they should be evaluated for social-communication disorder

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Co-Morbidity

- Intellectual disability and ASD may occur together
 - Social communication should be below that expected for general developmental level

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Co-Morbidity

- In diagnosis, must specify
 - With or without accompanying intellectual disability
 - With or without accompanying language impairment
 - Associated with a known medical or general condition or environmental factor

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Co-Morbidity

- In diagnosis, must specify
 - Associated with another neurodevelopmental, mental, or behavioral disorders
 - With catatonia

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Changes: Severity

	DSM-IV	DSM-5
Severity		<ul style="list-style-type: none"> • Level 1: Requiring support • Level 2: Requiring substantial support • Level 3: Requiring very substantial support

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Changes: Severity from DSM-5

1

Requiring Support

2

Requiring Substantial Support

3

Requiring Very Substantial Support

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Severity Level 1: Requiring Support

<p>Social Communication</p> <ul style="list-style-type: none"> • Social communication challenges are apparent when supports are not in place • Difficulty with initiations • Atypical or unsuccessful responses to social overtures • Decreased interest in social interactions 	<p>RRPB (IA)</p> <ul style="list-style-type: none"> • Inflexibility causes significant interference with functioning in one or more contexts • Difficult switching between activities • Organization and planning problems hamper independence
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Severity Level 2: Requiring Substantial Support

<p>Social Communication</p> <ul style="list-style-type: none"> • Marked deficits in verbal and nonverbal • Impairment evident even with supports in place • Limited initiations • Reduced or abnormal responses to social overtures 	<p>RRPB (IA)</p> <ul style="list-style-type: none"> • Inflexibility of behavior • Difficulty coping with change • Distress and/or difficulty changing focus or action • RRB are frequent enough to be obvious to the casual observer • Interferes with functioning in multiple context
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OCALI

Severity Level 3: Requiring Very Substantial Support

<p>Social Communication</p> <ul style="list-style-type: none"> • Severe deficits in verbal and nonverbal social communications that causes severe impairments in functioning • Very limited social interactions • Minimal response to social overtures from others 	<p>RRPB (IA)</p> <ul style="list-style-type: none"> • Inflexibility of behavior • Extreme difficulty coping with change • RRPB markedly interfere with functioning in all areas • Great distress/difficulty changing focus or action
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OCALI

Severity of RRB: A Comparison

- 3

Inflexibility of behavior, extreme difficulty coping with change, or other RRB markedly interfere with functioning in all spheres. Great distress/difficulty change focus or action.
- 2

Inflexibility of behavior, difficulty coping with change, or other RRB 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.
- 1

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

OCALI

Disruptive Mood Dysregulation Disorder (DMDD)

- A. Severe recurrent temper outbursts and/or behaviorally that are grossly out of proportion
- B. The temper outbursts are inconsistent with developmental level
- C. The temper outbursts occur, on average, three or more hours of sleep

cont

OCALI

DMDD

- D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others
- E. Criteria A-D have been present for more than 12 months. Throughout that time, the individual has not been “outburst free” for 3 or more consecutive months

cont

OCALI

DMDD

- F. Must be present in least 3 settings and are severe in at least 1
- G. Diagnosis occurs between ages 6 and 18
- H. Age of onset is before 10 years of age
- I. Criteria for hypomanic or manic episode has not been met

cont


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Social (Pragmatic) Communication Disorder: SCD

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifest by all of the following

1. Deficits in using communication for social purposes in a manner appropriate to social context
2. Impairment in the ability to change communication to match contexts or the needs of the listener

cont




SCD

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifest by all of the following

3. Difficulties following the rules for conversation and story telling
4. Difficulties understanding what is not explicitly stated

cont



SCD

B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance (individual or in combination)

cont



SCD

C. Onset is in the early developmental period, but may not become apparent until social communication demands exceed limited capacities

D. Not attributable to ASD, ADHD, intellectual disabilities, developmental delay, social anxiety disorder

cont



The Future

- NIMH is re-orienting its research away from the DSM categories
- Movement away from symptom based research
- Transform diagnosis by incorporating genetics, imaging, cognitive science, and other levels of information



linking research to real life.

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