

AUTISM SPECTRUM DISORDER

Symptoms

These are the symptoms required for a diagnosis of autism as specified in the Diagnostic and Statistical Manual, Fifth Edition (DSM5).

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

1. 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.

2. 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 using gestures to a total lack of facial expressions and nonverbal communication.

3. 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.

B. Restricted, repetitive patterns of behavior, interests or activities as manifested by at least two of the following:

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

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, need to eat same 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 or a perseverative interest).

4. Hyper or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., seeming indifference to pain/temperature, adverse reaction to specific sounds or textures, excessive smelling or touching of objects).

C. Symptoms must be present in early development but might not become fully manifest until social demands increase.

D. Symptoms cause clinically significant impairment in social, occupational, or other important area of functioning.

E. Symptoms are not better explained by an intellectual disability, *though autism and intellectual disability can both be present.*

Things to Consider

Autism varies significantly from person to person, with some autistic individuals never gaining speech and some autistic individuals receiving graduate degrees and working at the top of their professional field. As our understanding of autism grows, we are recognizing that many people experience the core struggles of autism, though it can look drastically different from person to person.

For many autistic individuals, struggles come from non-autistic individuals misunderstanding them, and even trying to force them to see the world and situations like most non-autistic individuals do. It is true that autistic individuals may have very different perceptions about people and the world...but that does not mean that their perceptions are wrong, or that they are not valid. Life can get easier for all of us when we take the time to try to understand the perspective of others (autistic and non-autistic).

Autism is not caused by vaccines or bad parenting. We now understand that autism is genetic, and in fact runs in families.

Treatment

Treatment of autism is not without controversy, as many autistic adults are now able to share their negative experiences when in treatment as young children, and they emphasize that there is nothing “wrong” with them, they simply have brains that work differently. Certainly, current treatment approaches for autism have evolved to be more compassionate and understanding than those used decades ago, but there is still much we are learning.

When children are identified as autistic in the first years of life, it is an indication that development is significantly different from what is expected, and treatment is likely to be needed. The aim of treatment is not to make them “non-autistic,” but rather to teach skills that will make their life easier, and more successful. For many this may include speech and language therapy to improve their ability to understand and communicate better with others. For many this may include working with physical and occupational therapists to improve motor skills and to address sensory sensitivities that can be disruptive. Autistic individuals may struggle to develop friendships, such that intervention aimed at helping them understand social subtleties may be helpful. Likewise, autistic individuals, like non-autistic individuals, can experience anxiety and depression, such that counseling could be beneficial. And for many autistic individuals, parent and family therapy are essential for ensuring that family members understand one another and how best to support one another.

If you or a loved one experience autism-related struggles, know that there is hope. If available, talk to your physician, contact your local community mental health clinic, or seek a therapist; if you do not have access to these things, continue seeking information from reliable sources on the internet or via books on Amazon or from your local library. The good news is that there are many strategies you can learn to use simply by accessing mental health education.

If you are experiencing suicidal ideations, DIAL 988 (the National Suicide Prevention Lifeline) to call, text, or chat with a trained counselor.