

Autism Criteria Summary Chart

Social/Communication (Need all three)

Criterion	What people think of:	But it really includes differences with:	For those with a less obvious presentation:
1. Differences in reciprocating social or emotional interactions.	<p>Complete lack of reciprocity and empathy.</p> <p>Disengaged.</p>	<ul style="list-style-type: none"> ● Responding to name. ● Offering greetings, responding to greetings. ● Initiating conversation. ● Conversing about a variety of topics. ● Taking turns (not monologuing or interrupting). ● Sharing info, feelings, and objects. ● Responding to praise. ● Picking up “social breadcrumbs,” i.e., responding to social bids. ● Staying on topic. ● Having a social filter. ● Understanding others’ intentions. ● Managing conversations that involve more than two people. ● Amount of energy required to prepare for and navigate social interactions. 	<ul style="list-style-type: none"> ● They exhibit better functional social behavior than autistics with more obvious/traditional presentations. ● They camouflage more skillfully well into adulthood. ● They can be more engaged and chattier. ● Reciprocity is more natural when talking about interests. ● Follow scripted rules for politeness. ● It is particularly important to learn about their inner experience.
2. Nonverbal communication differences.	<p>No eye contact.</p> <p>Flat affect.</p>	<ul style="list-style-type: none"> ● Using eye contact to manage interactions. ● Body posture. ● Personal space. ● Receptive nonverbals. ● Expressive nonverbals. ● Volume, intonation, prosody, etc. ● Flat <i>or</i> unusual affect. ● Nonverbals may be exaggerated, inflexible, or not well-integrated. ● Understanding nonverbals, particularly of non-autistics. 	<ul style="list-style-type: none"> ● They tend to have better basic nonverbal skills than more those with obvious/traditional presentations (e.g., better eye contact, body language, voice intonation, etc., especially with adults). ● Ask for their <i>experience</i> of eye contact and other nonverbals.

<p>3. Differences in developing or maintaining relationships.</p>	<p>Doesn't have friends.</p> <p>Doesn't want friends.</p>	<ul style="list-style-type: none"> ● Reciprocal play. ● Understanding relationships. ● Making <i>and</i> keeping friends. ● Sustaining friendships and engaging in social behavior at appropriate developmental level (i.e., best friend, groups, flirting, etc.) ● Social motivation. ● Social flexibility. ● Conflict management. ● Naïve in relationships. 	<ul style="list-style-type: none"> ● Differences in play are much more subtle. ● They engage in more pretend play, but is often scripted, with more focus on setting up scenes. ● They may be fine until middle school. ● Can have close friends, especially when they share interests. ● Can figure out non-autistic thoughts and feelings with effort. ● They <i>look like</i> they are blending in on the playground. ● They are more likely to play with younger kids than to be loners.
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Repetitive/Restricted (Need two of four)

Criterion	What people think of:	But it really includes:	For those with a less obvious presentation:
<p>1. Repetitive or unusual speech, movements, or use of objects.</p>	<p>Flapping or echolalia.</p>	<ul style="list-style-type: none"> ● Wide variety of motor movements (not just flapping). ● Lining up or organizing toys. ● Idiosyncratic phrases. ● Scripted or formal language. ● Pronoun reversal. ● Unusual noises or humming. ● Toe walking. ● Watching the same movie/TV show. ● Repetitive picking. 	<ul style="list-style-type: none"> ● It is well established that they have fewer and subtler repetitive behaviors. ● Common examples include pacing, walking the perimeter, twirling (body or hair), and reading the same book over and over.

2. Inflexibility.	Routines or rituals.	<ul style="list-style-type: none"> ● Difficulty with transitions. ● Difficulty with change. ● Obsessive mind, perfectionism. ● Black-and-white thinking. ● Overly strong moral compass. ● Rigid rule following. ● On/off switch; tendency to shut down. ● Uneven ability to understand humor; literal. 	<ul style="list-style-type: none"> ● They are less likely to have behavioral problems due to rigidity. ● They are more likely to exhibit perfectionism, rigid rule following, and anxiety related to change. ● Preoccupied with details. ● Insists on believed truth.
3. Intense/unusual interests.	Overtly odd interests (e.g., memorizing airport codes).	<ul style="list-style-type: none"> ● Interests that are atypical AND/OR intense. ● Drive for exhaustive exploration. ● Attachment to certain objects. 	<ul style="list-style-type: none"> ● They exhibit fewer and less obvious restricted interests and tend toward typical interests but at an intense level. ● Common examples are animals, reading, social justice, pop stars, anime, K-pop, fan fiction, and makeup. ● Interests can be used as social or occupational currency. ● Interests are more likely to be about people or animals rather than objects or information (compared to males).
4. Sensory differences.	Sensory craving (e.g., looking at fans); sensitivity to loud noises.	<ul style="list-style-type: none"> ● Includes all eight sensory systems (i.e., ...). ● Includes exteroception and interoception (i.e., sensory responsiveness to internal signals). ● Sensory over-responsiveness, even if only when young. May present as enhanced perception. ● Sensory under-responsiveness, such as unusually high tolerance for pain. ● Over- and under-responsive within and across modalities. ● May explain hygiene problems, clothing choices, unusual phobias, and limited diet. 	<ul style="list-style-type: none"> ● Females <i>may</i> have more sensory differences than males. ● It is particularly important to ask about this, because they may internalize.

Additionally, two more criteria must be considered:

First, **symptoms must be traced back to childhood**. The DSM-5 states that “symptoms must be present in the early developmental period.” And, the ICD-11 states that “the onset of the disorder occurs during the developmental period, typically in early childhood.” However, they both also state that symptoms may not fully manifest until later, “when social demands exceed limited capacities.” The DSM-5 also adds that symptoms may not be seen at times because they “may be masked by learned strategies.” This all highlights the fact that autism is not something that can begin in adolescence or adulthood. It is important to determine whether the issues were present but manageable early in life. Be careful to avoid assuming that a symptom wasn’t present when the person may have been hiding it from others (masking/camouflaging).

Second, a diagnosis of autism spectrum disorder requires evidence of **clinically significant impairment** in social, occupational, or other important areas of current functioning. This can include being exhausted when forced to mask or camouflage, with a significant need for recovery time alone. It is common for the presentation to differ depending on context, holding it together when in public and breaking down once at home. Other areas that may be impacted include anxiety, depression, burnout, school refusal, difficulty launching into adulthood, etc. Clearly, individuals who are seeking either an evaluation or therapy *do have* clinically significant challenges.