
APPENDICES

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APPENDIX A: DSM-IV-TR DIAGNOSTIC CRITERIA

Diagnostic Criteria for Autistic Disorder

The essential features of Autistic Disorder are the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests. Manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual. Autistic Disorder is sometimes referred to as *early infantile autism*, *childhood autism*, or *Kanners autism*.

- A. A total of six (or more) items from 1, 2, and 3, with at least two from 1, and one each from 2 and 3:
1. qualitative impairment in social interaction, as manifested by at least two of the following:
 - a. marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - b. failure to develop peer relationships appropriate to developmental level
 - c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (for example, by a lack of showing, bringing, or pointing out objects of interest)
 - d. lack of social or emotional reciprocity
 2. qualitative impairments in communication as manifested by at least one of the following:
 - a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
 - b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - c. stereotyped and repetitive use of language or idiosyncratic language
 - d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
 3. restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
 - a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

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- b. apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c. stereotyped and repetitive motor mannerisms (for example, hand or finger flapping or twisting, or complex whole-body movements)
 - d. persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Rett's Disorder

Rett's Disorder, also referred to as Rett syndrome, is a condition that is found only in females. Physical and mental development are essentially normal for the first six to eight months of life. This is followed by a slowing or cessation in achieving developmental milestones. By 15 months of age, about half of the children with Rett syndrome demonstrate serious developmental delays. By age 3, there is generally a rapid deterioration of behaviour evidenced by loss of speech and excessive levels of hand patting, waving, and involuntary hand movements (Van Acker, 1997).

- A. All of the following:
- 1. apparently normal prenatal and perinatal development
 - 2. apparently normal psychomotor development through the first 5 months after birth
 - 3. normal head circumference at birth
- B. Onset of all of the following after the period of normal development:
- 1. deceleration of head growth between ages 5 and 48 months
 - 2. loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (for example, hand-wringing or hand washing)
 - 3. loss of social engagement early in the course (although often social interaction develops later)
 - 4. appearance of poorly coordinated gait or trunk movements
 - 5. severely impaired expressive and receptive language development with severe psychomotor retardation

Childhood Disintegrative Disorder

For individuals with CDD, there may be several years of reasonably normal development followed by a loss of previously acquired skills. In approximately 75% of cases, the child's behaviour and development deteriorate to a much lower level of functioning. The deterioration stops, but there are minimal developmental gains past this point in the progression of the disorder. In addition, there is the development of various autistic-like features (Volkmar, Klin, Marans, & Cohen, 1997).

- A. Apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behaviour.
- B. Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:
 1. expressive or receptive language
 2. social skills or adaptive behaviour
 3. bowel or bladder control
 4. play
 5. motor skills
- C. Abnormalities of functioning in at least two of the following areas:
 1. qualitative impairment in social interaction (for example, impairment in nonverbal behaviours, failure to develop peer relationships, lack of social or emotional reciprocity)
 2. qualitative impairments in communication (for example, delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play)
 3. restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities, including motor stereotypes and mannerisms
- D. The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.

Asperger's Disorder

Asperger's Disorder has many features common to autism. The distinguishing criteria are that there are no clinically significant delays in early language development and no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour, and curiosity about the environment in childhood.

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 1. marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 2. failure to develop peer relationships appropriate to developmental level
 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (for example, by a lack of showing, bringing, or pointing out objects of interest to other people)
 4. lack of social or emotional reciprocity

- B. Restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
 - 1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest, that is abnormal either in intensity or focus
 - 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 - 3. stereotyped and repetitive motor mannerisms (for example, hand or finger flapping or twisting, or complex whole-body movements)
 - 4. persistent preoccupation with parts of objects
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
- D. There is no clinically significant general delay in language (for example, single words used by age 2 years, communicative phrases used by age 3 years).
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

**Pervasive
Developmental
Disorder/Not
Otherwise Specified
(Including Atypical
Autism)**

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction, associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behaviour, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes “atypical autism”—presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.