

**TASK FORCE TO REVIEW NEEDS FOR ADULTS ON THE
AUTSIM SPECTRUM**

Autism Definition and Scope Subcommittee

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TABLE OF CONTENTS

SECTION	PAGE
INTRODUCTION	3
DIAGNOSES WITHIN PDD	4
CLINICAL DESCRIPTION OF PDD	5
SERVICE SYSTEM ELIGIBILITY	8
EVALUATION, ASSESSMENT & DIAGNOSES	8
AUTISM SURVEILLANCE & REGISTRATION PROGRAM	8
CONCLUSIONS & RECOMMENDATIONS	9
APPENDIX	
DSM-IV & ICD-10 DIAGNOSTIC SYSTEMS	12
AGENCY ELIGIBILITY CRITERIA	
DEPARTMENT OF EDUCATION	18
VOCATIONAL REHABILITATION	22
SOCIAL SECURITY DISABILITY PROGRAM	24
CHILD DEVELOPMENT WATCH	26
DIV OF DEVELOPMENTAL DISABILITIES SERVICES	27
DIANOSTIC INSTRUMENTS	28
PUBLIC HEALTH AUTISM REGISTRATION PROGRAM	32

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INTRODUCTION

This subcommittee is charged with identifying generally accepted definitions within the autism spectrum and recommending a definition to be used by the State of Delaware for the purposes of providing services to adults.

Autism Spectrum Disorder (ASD) is an increasingly popular term that refers to a broad definition of autism including the classical form of the disorder as well as closely related disabilities that share many of the core characteristics. Autism is considered a spectrum disorder, with symptoms ranging from mild to severe. As a spectrum disorder, the level of developmental impairment is unique to each individual.

Three main clusters of behaviors define autism spectrum disorders, as follows:

- (1) social abnormalities, especially a lack of social reciprocity;
- (2) language abnormalities, with deviant communication features and/or limited development of language; and
- (3) rigid, stereotyped, repetitive patterns of unusual behavior, interests or activities.

It is important to note that autism spectrum disorder is not part of a diagnostic classification system. Rather, it is a descriptive term used to reflect the concept that “autistic” behaviors are on a continuum or spectrum.

Closely related to the concept of autism spectrum disorders is the diagnostic term pervasive developmental disorders. This term is not a specific diagnosis, but an umbrella term under which specific diagnoses are defined. Both the Diagnostic Statistical Manual–IV (DSM-IV; American Psychiatric Association) and the International Classification of Diseases (ICD-10; World Health Organization) use Pervasive Developmental Disorders as part of their diagnostic classification system.

Both the ICD 10 and DSM-IV retained the category of pervasive developmental disorders; the ICD 10 includes seven diagnostic disorders and the DSM-IV includes five (shown below). The specific criteria for autistic disorder are almost identical between the ICD-10 and the DSM-IV. In these diagnostic systems there are approximately 12 criteria divided into the three symptom areas of impaired socialization, impaired communication, and restricted range of behaviors, activities and interests. The two major diagnostic classification systems are detailed in an appendix.

DIAGNOSES WITHIN THE PERVASIVE DEVELOPMENTAL DISORDERS

ICD 10 Pervasive Developmental Disorders

1. Childhood Autism
2. Atypical Autism
3. Rett's Syndrome
4. Other Childhood Disintegrative Disorder
5. Overactive disorder with mental retardation and stereotyped movements
6. Asperger's Syndrome
7. Other Pervasive Developmental Disorder

DSM-IV Pervasive Developmental Disorders

1. Childhood Autism
2. Asperger's Disorder
3. Rett Disorder
4. Childhood Disintegrative Disorder
5. Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)

CLINICAL DESCRIPTION OF THE PERVASIVE DEVELOPMENTAL DISORDERS

- Autism
- Asperger's Syndrome
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder - Not Otherwise Specified
- Rett's Disorder

AUTISM

Autism (also sometimes called Infantile Autism, Early Infantile Autism, Autistic Disorder, or Kanner's syndrome) was first described by Dr. Leo Kanner in 1943, who reported on eleven children who exhibited an apparently congenital lack of interest in other people. In contrast, these children were highly interested in unusual aspects of the inanimate environment. For several decades after the initial description of autism, research on this and related conditions was impeded by a lack of consensus on aspects of syndrome definition, as well as by assumptions of continuity between these conditions and severe forms of mental illness in adults, particularly schizophrenia. The idea that autism was the earliest form of schizophrenia reflected an awareness of the severity of both conditions, the then-current extremely broad views of schizophrenia, and Kanner's use of the word autism, which had previously been used to describe the self-centered quality of thinking in schizophrenia, not a relative absence of social relatedness. It took many years before researchers and clinicians could be sure that autism and schizophrenia were indeed different conditions. As part of this confusion, some early clinicians thought that perhaps autism could be caused by negative experience; we now know that this is not in fact the case. Autism is associated with various kinds of neurobiological symptoms, which range from the persistence of unusual reflexes, the high rates of seizure disorder in persons with autism (25 percent in most cases), and increased frequency of the condition in identical twins.

Autism has its origins in the first weeks or months of life. It is characterized by marked problems in social interaction (autism), as well as by delayed and deviant communication development (speech is absent in about 50 percent of cases) and various other behaviors which are usually subsumed in the term 'insistence on sameness.' Such behaviors include stereotyped motor behaviors (hand flapping, body rocking), insistence on sameness and resistance to change. Both categorical and dimensional approaches to diagnosis have been used, as for instance in the DSM-IV Worldwide Field Trial. Many individuals with autism exhibit mental retardation on the basis of their full-scale (or averaged) IQ score; however, unlike most people with primary mental retardation, those with autism often have marked scatter in their development, so that some aspects of the IQ, particularly nonverbal skills, may be within the normal range. Autism is sometimes observed along with other medical and psychiatric conditions such as Fragile X syndrome.

ASPERGER'S

This condition was originally described by Hans Asperger in Vienna in 1944. Although Asperger was not aware of Leo Kanner's work on autism, he did use the word autism ("autistic psychopathy") to describe the social deficits he observed in a group of boys. His original description, in German, received little attention in the English-language literature until recent years. In people with Asperger's Syndrome, deficits in social interaction and unusual responses to the environment, similar to those in autism, are observed. Unlike in autism, however, cognitive and communicative development are within the normal or near-normal range in the first years of life, and verbal skills are usually an area of relative strength. Idiosyncratic interests are common and may take the form of an unusual and/or highly circumscribed interest (e.g., in train schedules, snakes, the weather, deep-fry cookers, or telegraph pole insulators). There is some suggestion of an increased incidence of this condition in family members. The validity of this condition, as opposed to high-functioning autism, remains a topic of debate (Szatmari, 1992). Inconsistencies in the way the term has been used and the lack, until quite recently, of recognized official definitions has made it difficult to interpret the research available on this condition. Even now, some clinicians will use the term to refer to persons with autism who have IQs in the normal range, or to adults with autism, or to PDD-NOS; recent official definitions emphasize differences from autism, e.g. in terms of better communication (particularly verbal) skills. It also seems likely that that the condition overlaps, at least in part, with some forms of learning disability, e.g., the syndrome of Nonverbal Learning Disability (Rourke, 1989).

CHILDHOOD DISINTEGRATIVE DISORDER

This rather rare condition was described many years before autism (Heller, 1908) but has only recently been 'officially' recognized. With CDD children develop a condition which resembles autism but only after a relatively prolonged period (usually 2 to 4 years) of clearly normal development (Volkmar, 1994). This condition apparently differs from autism in the pattern of onset, course, and outcome (Volkmar, 1994). Although apparently rare the condition probably has frequently been incorrectly diagnosed.

Both the DSM-IV and ICD-10 provide criteria for this condition. The criteria are rather similar in both, although some differences between the two systems are apparent (see recent publications). The condition develops in children who have previously seemed perfectly normal. Typically language, interest in the social environment, and often toileting and self-care abilities are lost, and there may be a general loss of interest in the environment. The child usually comes to look very 'autistic', i.e., the clinical presentation (but not the history) is then typical of a child with autism.

RETT'S

Rett's Disorder is included as a Pervasive Developmental Disorder because there is some potential confusion with autism - particularly in the preschool years (Tsai, 1992). Otherwise the course and onset of this condition is very distinctive.

In people with Rett's Disorder (first reported by Rett in 1966), very early development is normal. Head growth then decelerates, usually in the first months of life, and a loss of purposeful hand movements occurs. Motor involvement is quite striking and profound mental retardation is typical. Characteristic hand-washing stereotypies develop. Mental retardation inevitably develops in Rett's Disorder.

While the DSM-IV does not list male sex in the exclusionary criteria, the existing literature on Rett's syndrome documents the condition primarily in girls. The DSM-IV field trial sample included only girls and a recent, very well executed epidemiological investigation documented a prevalence of 3.8 per 10,000 girls; boys were not included. Since the discovery of the MECP2 gene, responsible for Rett's, variants of the syndrome have been reported in males who have mutations of MECP2, with some overlap in the symptomatology observed in girls (Amir, Van de Veyver, Wan, Tran, Franke, & Zoghbi, 1999; Schwartzman, Zatz, Vasquez, Gomes, Koiffman, Fridman & Otto, 1999; Schanen, Kurczynski, Brunelle, Woodcock, Dure, & Percy 1998).

PERVASIVE DEVELOPMENTAL DISORDER - NOS

Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) is a 'subthreshold' condition in which some - but not all - features of autism or another explicitly identified Pervasive Developmental Disorder are identified. PDD-NOS is often incorrectly referred to as simply "PDD." The term PDD refers to the class of conditions to which autism belongs. PDD is NOT itself a diagnosis, while PDD-NOS IS a diagnosis. The term Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS; also referred to as "atypical personality development," "atypical PDD," or "atypical autism") is included in DSM-IV to encompass cases where there is marked impairment of social interaction, communication, and/or stereotyped behavior patterns or interest, but when full features for autism or another explicitly defined PDD are not met.

It should be emphasized that this "subthreshold" category is thus defined implicitly, that is, no specific guidelines for diagnosis are provided. While deficits in peer relations and unusual sensitivities are typically noted, social skills are less impaired than in classical autism. The lack of definition(s) for this relatively heterogeneous group of children presents problems for research on this condition. The limited available evidence suggest that children with PDD-NOS probably come to professional attention rather later than is the case with autistic children, and that intellectual deficits are less common.

Information for this section is primarily from the Yale Developmental Disabilities Clinic.

SERVICE SYSTEM ELIGIBILITY

A distinction needs to be considered between diagnosis and service eligibility. Diagnosis relates to whether or not the individual meets the specific constellation of symptoms required for the clinical disorder. Service eligibility relates to whether or not the individual with a specific diagnosis has functional deficits in the areas of the agency's program services and focus. For example, educational/academic or learning problems are the focus deficit area for the Department of Education programs, work deficits for the Vocational Rehabilitation and Social Security Disability programs, adaptive behavior deficits for the Division of Developmental Disabilities Services, developmental delay for Child Development Watch, etc. The Department of Education, Vocational Rehabilitation, Social Security Disability, Child Development Watch (Birth to 3 Program) and Division of Developmental Disabilities Services programs each address some of the disorders within the autism spectrum or pervasive developmental disorders. Specific eligibility criteria for these agencies programs is shown in the Appendix.

Evaluation, Assessment & Diagnoses

A challenge exists in the appropriate and valid diagnoses of autism spectrum and pervasive developmental disorders. There are no medical tests that can be conducted to make diagnoses with the exception of Rett's Disorder. A Rett's DNA Test is now available that will confirm the presence of the disorder. For the other pervasive developmental disorders the diagnosis must be made on the basis of behavioral and social functioning and developmental history prior to 36 months of age. This is especially problematic in adults. Recently, a number of assessment instruments have been developed with standardized norms. These instruments are based upon behavioral observations, structured interviews and developmental histories. When used to assist with the diagnostic process they add a degree of objectivity to the clinical information and data being collected and permit the use of norm referenced scoring of the data. Best practices guidelines are supporting the use of assessment instruments in the diagnostic practices. The American Academy of Pediatrics, Committee on Children with Disabilities (2001) noting the diagnostic challenges stated "Pediatricians with adequate training and experience are encouraged to use autism-specific diagnostic tools to make the definitive diagnosis and additional diagnostic tools to search for etiologic or co-morbid disorder." The Department of Education Administrative Manual notes an educational classification of autism is established "using specialized, validated assessment tools that provide specific evidence of the features of ASD" (Administrative manual, Section 4.3.2.1). A list of some of the instruments is included in the Appendix.

Autism Surveillance and Registration Program

Recently, the Division of Public Health initiated an autism Surveillance and Registration Program. The registry collects basic descriptive information on individuals with autism from birth through age 17. For the purposes of the Registry, diagnoses from the ICD-9 autism spectrum disorder and DSM-IV pervasive developmental disorders are used. The

diagnosis of “autism” for the purposes of the Registry is defined as a set of symptoms that are described in Delaware Administrative Code (4109) and is included in the Appendix. Symptoms included are primarily selected symptoms from the DSM-IV. Required reporters is broad and includes any health care or health care related practitioners who make a diagnosis of autism in a child under the age of 18 and any hospital that diagnoses a child under the age of 18 with autism.

CONCLUSIONS AND RECOMMENDATIONS

The terms autism spectrum disorder and pervasive developmental disorder have similar meaning. The term autism spectrum (ASD) is an increasing popular term which expresses the concept of autistic symptoms being on a continuum. Pervasive developmental disorder (PDD) is an umbrella term that is used in both the Diagnostic & Statistical Manual IV (American Psychiatric Association, 1994) and the International Classification of Diseases 10 (World Health Organization, 1994) to group specific diagnostic conditions which are somewhat related. The term autistic spectrum disorder does not have specific diagnostic significance and may be interpreted differently by different individuals. Pervasive developmental disorder does have diagnostic meaning and relates to specific diagnoses in the DSM-IV and ICD-10 and therefore more agreement exists regarding diagnostic definitions. That being said, there is general agreement regarding the hallmark characteristics of individuals with these disorders. Prominent characteristics include:

- (1) social abnormalities, especially a lack of social reciprocity;
- (2) language abnormalities, with deviant communication features and/or limited development of language; and
- (3) rigid, stereotyped, repetitive patterns of unusual behavior, interests or activities.

The DSM-IV and ICD-10 are similar but have slightly different diagnostic schemes:

DSM-IV Pervasive Developmental Disorders

1. Childhood Autism
2. Asperger’s Disorder
3. Rett Disorder
4. Childhood Disintegrative Disorder
5. Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

ICD 10 Pervasive Developmental Disorders

1. Childhood Autism
2. Atypical Autism
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4. Other Childhood Disintegrative Disorder

5. Overactive disorder with mental retardation and stereotyped movements
6. Asperger's Syndrome
7. Other Pervasive Developmental Disorder

The DSM-IV seems to be used more by psychiatrists and psychologist in the United States dealing with individuals with pervasive developmental disorders. Several Delaware state agencies use the DSM-IV including Adult Mental Health, Developmental Disabilities Services, and Child Mental Health. The Department of Education autism classification is based on the DSM-IV diagnostic system.

A diagnosis alone is not generally considered sufficient to determine the need or eligibility for public services. This is true in ASD and PDD especially because of the continuum concept of the severity of the disability. In addition to disorder diagnosis, agency services eligibility is dependent on criteria based functional impairments. Criteria and types of functional impairments vary based on the service agency's area of focus and the target population. The Department of Education focus is related to educational and academic impairments for individuals within the school system, Vocational Rehabilitation and Social Security Disability focuses on work related impairment, Division of Developmental Disability Services focuses on adaptive behavior deficits. Eligibility for services is usually a dual criteria of specific diagnosis and defined functional impairment.

A serious problematic area is the diagnostic process. There are no known medical tests that aid in making the diagnosis. The diagnosis must be made on the basis of behavioral and social functioning and developmental history prior to 36 months of age. This is especially problematic in adults the target population of this Task Force. Recently, some evaluation instruments have been developed to assist in the diagnostic process. These instruments utilize behavioral observations, structured interviews and developmental history.

RECOMMENDATIONS;

1. Diagnosis of disorders within ASD or PDD should be made using the DSM-IV diagnostic criteria.
2. Service agency eligibility should include both a diagnostic criteria and functional impairment criteria. A functional impairment criteria based on adaptive behavior would provide a fairly broad definition of functional impairment.
3. Service agencies that currently serve this population to some degree should continue to provide services while other services agencies should add service eligibility criteria around their service focus.
4. Diagnoses should be made with the aid of standardized instruments designed to identify individuals with PDD by qualified and licensed professionals.

5. Further discussion is needed regarding whether to address Rett's Disorder because of its eventual course resulting in mental retardation.
6. The diagnosis of Rett's Disorder should be confirmed with the use of the Rett's DNA Test.
7. Further discussion is needed regarding the interface, if any, between the Public Health Registry and service eligibility for adults with ASD/PDD.

APPENDIX

DSM-IV AND ICD-10 DIAGNOSTIC SYSTEM FOR PERVASIVE DEVELOPMENTAL DISORDERS

DIAGNOSTIC AND STATISTICAL MANUAL - IV

Definition of the PDD Category and its Five Specific Disorders

All types of PDD are neurological disorders that are usually evident by age 3. In general, children who have a type of PDD have difficulty in talking, playing with other children, and relating to others, including their family.

According to the definition set forth in the DSM-IV (American Psychiatric Association, 1994), Pervasive Developmental Disorders are characterized by severe and pervasive impairment in several areas of development:

- social interaction skills;
- communication skills; or
- the presence of stereotyped behavior, interests, and activities.

(1) **Autistic Disorder**. Autistic Disorder, sometimes referred to as *early infantile autism* or *childhood autism*, is four times more common in boys than in girls. Children with Autistic Disorder have a moderate to severe range of communication, socialization, and behavior problems. Many children with autism also have mental retardation.

Diagnostic Criteria for Autistic Disorder

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 behaviors 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 (e.g., 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 gesture 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 behavior, 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
 - (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
 - (c) stereotyped and repetitive motor mannerisms (e.g., 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.

(2) *Rett's Disorder.*

Rett's Disorder, also known as Rett Syndrome, is diagnosed primarily in females. In children with Rett's Disorder, development proceeds in an apparently normal fashion over the first 6 to 18 months at which point parents notice a change in their child's behavior and some regression or loss of abilities, especially in gross motor skills such as walking and moving. This is followed by an obvious loss in abilities such as speech, reasoning, and hand use. The repetition of certain meaningless gestures or movements is an important clue to diagnosing Rett's Disorder; these gestures typically consist of constant hand-wringing or hand-washing (Moeschler, Gibbs, & Graham 1990).

Diagnostic Criteria for Rett's Disorder

- 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 (e.g., 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.

(3) ***Childhood Disintegrative Disorder***. Childhood Disintegrative Disorder, an extremely rare disorder, is a clearly apparent regression in multiple areas of functioning (such as the ability to move, bladder and bowel control, and social and language skills) following a period of at least 2 years of apparently normal development. By definition, Childhood Disintegrative Disorder can *only* be diagnosed if the symptoms are preceded by *at least* 2 years of normal development and the onset of decline is prior to age 10.

Diagnostic Criteria for Childhood Disintegrative Disorder

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 behavior.

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 behavior

(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 (e.g., impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity)

(2) qualitative impairments in communication (e.g., 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 behavior, 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.

(4) ***Asperger's Disorder***. Asperger's Disorder, also referred to as Asperger's or Asperger's Syndrome, is a developmental disorder characterized by a lack of social skills; difficulty with social relationships; poor coordination and poor concentration; and a restricted range of interests, but normal intelligence and adequate language skills in the areas of vocabulary and grammar. Asperger's Disorder appears to have a somewhat later onset than Autistic Disorder, or at least is recognized later. An individual with Asperger's Disorder does not possess a significant delay in language development; however, he or she may have difficulty understanding the subtleties used in conversation, such as irony

and humor. Also, while many individuals with autism have mental retardation, a person with Asperger's possesses an average to above average intelligence (Autism Society of America, 1995). Asperger's is sometimes incorrectly referred to as "high-functioning autism."

Diagnostic Criteria for Asperger's Disorder

A. Qualitative impairment in social interaction, as manifested by at least two of the following:

- (1) marked impairment in the use of multiple nonverbal behaviors 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 (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- (4) lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior, 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 (e.g., 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 (e.g., single word 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 behavior (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.

(5) ***Pervasive Developmental Disorder Not Otherwise Specified***. Children with PDDNOS either (a) do not fully meet the criteria of symptoms clinicians use to diagnose any of the four specific types of PDD above, and/or (b) do not have the *degree* of impairment described in any of the above four PDD specific types.

Source: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. 1994 American Psychiatric Association.

International Classification of Diseases (ICD-10)

Pervasive developmental disorders

A group of disorders characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities. These qualitative abnormalities are a pervasive feature of the individual's functioning in all situations.

F840 Childhood autism

A type of pervasive developmental disorder that is defined by: (a) the presence of abnormal or impaired development that is manifest before the age of three years, and (b) the characteristic type of abnormal functioning in all the three areas of psychopathology: reciprocal social interaction, communication, and restricted, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.

F84.1 Atypical autism

A type of pervasive developmental disorder that differs from childhood autism either in age of onset or in failing to fulfil all three sets of diagnostic criteria. This subcategory should be used when there is abnormal and impaired development that is present only after age three years, and a lack of sufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism (namely, reciprocal social interactions, communication, and restricted, stereotyped, repetitive behaviour) in spite of characteristic abnormalities in the other area(s). Atypical autism arises most often in profoundly retarded individuals and in individuals with

F84.2 Rett's syndrome

A condition, so far found only in girls, in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

F84.3 Other childhood disintegrative disorder

A type of pervasive developmental disorder that is defined by a period of entirely normal development before the onset of the disorder, followed by a definite loss of previously acquired skills in several areas of development over the course of a few months. Typically, this is accompanied by a general loss of interest in the environment, by stereotyped, repetitive motor mannerisms, and by autistic-like abnormalities in social

interaction and communication. In some cases the disorder can be shown to be due to some associated encephalopathy but the diagnosis should be made on the behavioral features.

F84.4 Overactive disorder associated with mental retardation and stereotyped movements

An ill-defined disorder of uncertain nosological validity. The category is designed to include a group of children with severe mental retardation (IQ below 35) who show major problems in hyperactivity and in attention, as well as stereotyped behaviours. They tend not to benefit from stimulant drugs (unlike those with an IQ in the normal range) and may exhibit a severe dysphoric reaction (sometimes with psychomotor retardation) when given stimulants. In adolescence, the overactivity tends to be replaced by underactivity (a pattern that is not usual in hyperkinetic children with normal intelligence). This syndrome is also often associated with a variety of developmental delays, either specific or global. The extent to which the behavioural pattern is a function of low IQ or of organic brain damage is not known.

F84.5 Asperger's syndrome

A disorder of uncertain nosological validity, characterized by the same type of qualitative abnormalities of reciprocal social interaction that typify autism, together with a restricted, stereotyped, repetitive repertoire of interests and activities. It differs from autism primarily in the fact that there is no general delay or retardation in language or in cognitive development. This disorder is often associated with marked clumsiness. There is a strong tendency for the abnormalities to persist into adolescence and adult life. Psychotic episodes occasionally occur in early adult life.

F84.5 Other pervasive developmental disorders

F84.9 Pervasive developmental disorder, unspecified

Source: World Health Organization, 1992-1994.

AGENCY ELIGIBILITY CRITERIA

Department of Education

Administrative Manual

Title 14 Education 900 Special Populations

925 Children with Disabilities

4.3 Eligibility Criteria for Autism: The educational classification of autism encompasses the clinical condition of Autistic Disorder, as well as other typically less severe Pervasive Developmental Disorders, (i.e., Asperger Syndrome and Pervasive Developmental Disorder, Not Otherwise Specified). These conditions share important features, and together, comprise the Autistic Spectrum Disorders (ASDs). Students with educational classifications of autism may have ASD of differing severity as a function of the number and pattern of features defined in the eligibility criteria listed below.

4.3.1 In order for the IEP team to determine eligibility for special education services under the Autism category, the following is required:

4.3.1.1 All students with an educational classification of autism demonstrate a significant, qualitative impairment in reciprocal social interaction, as manifested by deficits in at least two of the following:

4.3.1.1.1 Use of multiple nonverbal behaviors to regulate social interactions;

4.3.1.1.2 Development of peer relationships;

4.3.1.1.3 Spontaneous seeking to share enjoyment, interests, or achievements with other people, including parent(s) and caregivers; or

4.3.1.1.4 Social or emotional reciprocity.

4.3.1.2 All students with an educational classification of autism also demonstrate at least one feature from either 4.3.1.2.1. or 4.3.1.2.2. below:

4.3.1.2.1 A qualitative impairment in communication, as manifested by:

4.3.1.2.1.1 A lack of, or delay in, spoken language and failure to compensate through gesture;

4.3.1.2.1.2 Relative failure to initiate or sustain a conversation with others;

4.3.1.2.1.3 Stereotyped, idiosyncratic, or repetitive speech; or

4.3.1.2.1.4 A lack of varied, spontaneous make believe play or social imitative play.

4.3.1.2.2 Restricted, repetitive, and stereotyped patterns of behavior, as manifested by:

4.3.1.2.2.1 Encompassing preoccupation or circumscribed and restricted patterns of interest;

4.3.1.2.2.2 Apparently compulsive adherence to specific, nonfunctional routines and rituals;

4.3.1.2.2.3 Stereotyped and repetitive motor mannerisms; or

4.3.1.2.2.4 Persistent preoccupation with parts and sensory qualities of objects.

4.3.1.3 All students with an educational classification of autism have impairments that:

4.3.1.3.1 Are inconsistent with the student's overall developmental and functional level; and

4.3.1.3.2 Result in an educationally significant impairment in important areas of functioning; and

4.3.1.3.3 Are a part of a clear pattern of behavior that is consistently manifested across a variety of people, tasks and settings, and that persists across a significant period of time; and

4.3.1.3.4 Are not primarily accounted for by an emotional disorder.

4.3.2 An educational classification of autism is established:

4.3.2.1 Using specialized, validated assessment tools that provide specific evidence of the features of ASD described above;

4.3.2.2 By individuals who have specific training in the assessment of students with ASD in general, and in the use of the assessment procedures referred to in 4.3.2.1.; and
4.3 Eligibility Criteria for Autism: The educational classification of autism

encompasses the clinical condition of Autistic Disorder, as well as other typically less severe Pervasive Developmental Disorders, (i.e., Asperger Syndrome and Pervasive Developmental Disorder, Not Otherwise Specified). These conditions share important features, and together, comprise the Autistic Spectrum Disorders (ASDs). Students with educational classifications of autism may have ASD of differing severity as a function of the number and pattern of features defined in the eligibility criteria listed below.

4.3.1 In order for the IEP team to determine eligibility for special education services under the Autism category, the following is required:

4.3.1.1 All students with an educational classification of autism demonstrate a significant, qualitative impairment in reciprocal social interaction, as manifested by deficits in at least two of the following:

4.3.1.1.1 Use of multiple nonverbal behaviors to regulate social interactions;

4.3.1.1.2 Development of peer relationships;

4.3.1.1.3 Spontaneous seeking to share enjoyment, interests, or achievements with other people, including parent(s) and caregivers; or

4.3.1.1.4 Social or emotional reciprocity.

4.3.1.2 All students with an educational classification of autism also demonstrate at least one feature from either 4.3.1.2.1. or 4.3.1.2.2. below:

4.3.1.2.1 A qualitative impairment in communication, as manifested by:

4.3.1.2.1.1 A lack of, or delay in, spoken language and failure to compensate through gesture;

4.3.1.2.1.2 Relative failure to initiate or sustain a conversation with others;

4.3.1.2.1.3 Stereotyped, idiosyncratic, or repetitive speech; or

4.3.1.2.1.4 A lack of varied, spontaneous make believe play or social imitative play.

4.3.1.2.2 Restricted, repetitive, and stereotyped patterns of behavior, as manifested by:

4.3.1.2.2.1 Encompassing preoccupation or circumscribed and restricted patterns of interest;

4.3.1.2.2.2 Apparently compulsive adherence to specific, nonfunctional routines and rituals;

4.3.1.2.2.3 Stereotyped and repetitive motor mannerisms; or

4.3.1.2.2.4 Persistent preoccupation with parts and sensory qualities of objects.

4.3.1.3 All students with an educational classification of autism have impairments that:

4.3.1.3.1 Are inconsistent with the student's overall developmental and functional level; and

4.3.1.3.2 Result in an educationally significant impairment in important areas of functioning; and

4.3.1.3.3 Are a part of a clear pattern of behavior that is consistently manifested across a variety of people, tasks and settings, and that persists across a significant period of time; and

4.3.1.3.4 Are not primarily accounted for by an emotional disorder.

4.3.2 An educational classification of autism is established:

4.3.2.1 Using specialized, validated assessment tools that provide specific evidence of the features of ASD described above;

4.3.2.2 By individuals who have specific training in the assessment of students with ASD in general, and in the use of the assessment procedures referred to in 4.3.2.1.; and

4.3.2.3 Based upon an observation of the student in a natural education environment, an observation under more structured conditions, and information regarding the student's behavior at home.

4.3.3 Age of Eligibility: The age of eligibility for children with autism shall be from birth through age 20, inclusive.

VOCATIONAL REHABILITATION CHAPTER 26
CLASSIFICATION OF DISABLING CONDITIONS

RSA Code Disabling Conditions

(5--) OTHER DISABLING CONDITIONS FOR WHICH ETIOLOGY IS NOT KNOWN OR NOT APPROPRIATE

500 Psychotic Disorders

DSM-IV Categories

1. Schizophrenic Disorders
2. Delusional Disorders
3. Psychotic disorders, not elsewhere classified

510 Neurotic Disorders

DSM-IV Categories

1. Anxiety disorders
2. Somatoform disorders
3. Dissociative disorders
4. Delirium, dementia, and amnesic and other cognitive disorders
5. Mood disorders including depressive and bipolar disorders

520 Alcohol Abuse or Dependence

DSM-IV Categories

1. Substance-related disorders - abuse of and dependence on alcohol
2. Organic mental disorders, as induced by alcohol

521 Other Drug Abuse or Dependence

DSM-IV Categories

1. Substance-related disorders - abuse of and dependence on drugs other than alcohol
2. Organic mental disorders, as induced by drugs other than alcohol

522 Mental and Emotional Disorders, Not Elsewhere Classified

DSM-IV Categories

1. Personality disorders (DSM-IV Axis II category)
2. Attention deficit and disruptive behavior disorders of childhood or adolescence
3. Adjustment disorders
4. Sexual and gender identify disorders
5. Eating disorders
6. Sleep disorders

7. Factitious disorders

8. Disorders of impulse control, not elsewhere classified

9. Other conditions that may be a focus of clinical attention

526 Autism - A pervasive lack of responsiveness to other people with gross deficits in language development.

(53-) Mental retardation: A report must be secured to substantiate the disability. Mental retardation refers to sub-average intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior. This may be reflected in impairment of:

a. Maturation: rate of sequential development of self-help skills of infancy and early childhood.

b. Learning: the facility with which knowledge is acquired as a function of experience.

c. Social Adjustment: The degree to which the individual is able to maintain himself or herself independently in the community and in gainful employment as well as by his or her ability to meet and conform to other personal and social responsibilities and standards set by the community.

530 mental retardation, mild - Full Scale IQ 70 - 85

532 mental retardation, moderate - Full Scale IQ 60 - 69

534 mental retardation, severe - Full Scale IQ 59 and below

For any of the disabilities under this section there must be a deficit in work related areas.

SOCIAL SECURITY DISABILITY PROGRAM

12.10 Autistic disorder and other pervasive developmental disorders:

Characterized by qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often, there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Medically documented findings of the following:

1. For autistic disorder, all of the following:

- a. Qualitative deficits in reciprocal social interaction; and
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity; and
- c. Markedly restricted repertoire of activities and interests;

OR

2. For other pervasive developmental disorders, both of the following:

- a. Qualitative deficits in reciprocal social interaction; and
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity;

AND

B. Resulting in at least two of the following:

- 1. Marked restriction of activities of daily living; or
- 2. Marked difficulties in maintaining social functioning; or
- 3. Marked difficulties in maintaining concentration, persistence, or pace; or
- 4. Repeated episodes of decompensation, each of extended duration.

SOCIAL SECURITY DISABILITY REQUIREMENT:

Social Security pays only for total disability. **No benefits are payable for partial disability or for short-term disability.**

Disability under Social Security is based on your inability to work. We consider you disabled under Social Security rules if you cannot do work that you did before and we decide that you cannot adjust to other work because of your medical condition(s). Your disability must also last or be expected to last for at least one year or to result in death.

This is a strict definition of disability. Social Security program rules assume that working families have access to other resources to provide support during periods of short-term disabilities, including workers' compensation, insurance, savings and investments.

Child Development Watch: Birth to Three

DEFINITIONS FOR ELIGIBLE INFANTS AND TODDLERS TO BE SERVED UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004 IN DELAWARE

The population eligible for early intervention services in Delaware under Part C of the Individuals with Disabilities Education Improvement Act of 2004 includes infants and toddlers with established conditions (disabilities) and/or developmental delays.

Established Conditions is defined as follows:

An established condition is one with a high probability of developmental delay.

Developmental delay is a term applied to a child (from birth to 36 months of age) who exhibits a significant delay in one or more of the following developmental domains: cognition, physical/motor, communication, social-emotional or adaptive.

One of the categories under Established Conditions includes:

SEVERE ADJUSTMENT, SOCIO-AFFECTIVE AND OTHER ATYPICAL DISORDERS

Such as autism spectrum disorders and psychiatric disorders.

To establish Part C eligibility, the presence of an established condition must be confirmed by a licensed professional. A multidisciplinary assessment including available current evaluations, is required to develop the Individualized Family Service Plan (IFSP)

**DIVISION OF DEVELOPMENTAL DISABILITIES
SERVICES
ELIGIBILITY CRITERIA**

The Division of Developmental Disabilities Services provides services to those individuals whose disability meets all of the following conditions:

- (A) (i) is attributable to mental retardation (1992 AAMR definition) and/or (ii)Autism (DSM IV) and/or (iii) Prader Willi (documented medical diagnosis) and/or (iv) brain injury (individual meets all criteria of the 1992 AAMR definition including age manifestation) and /or (v) is attributable to a neurological condition closely related to mental retardation because such condition results in an impairment of general intellectual functioning and adaptive behavior similar to persons with mental retardation and requires treatment and services similar to those required for persons with impairments of general intellectual functioning;
- (B) is manifested before age 22
- (C) is expected to continue indefinitely;
- (D) results in substantial functional limitations in 2 or more of the following adaptive skill areas
 - 1) communication;
 - 2) self-care;
 - 3) home living;
 - 4) social skills;
 - 5) community use;
 - 6) self-direction;
 - 7) health and safety
 - 8) functional academics;
 - 9) leisure;
 - 10) work; and
- (E) reflects the need for lifelong and individually planned services.

Intellectual functioning and adaptive behavior is determined by using established standardized instruments approved by the Division.

DIAGNOSTIC INSTRUMENTS

Asperger's Syndrome Diagnostic Instruments

GILLIAM ASPERGER'S DISORDER SCALE

www.agsnet.com

This assessment is designed to easily identify children who have Asperger's. The assessment can be completed by the child's parent and by a professional who knows the child. The GADS is designed for use with children ages 3 to 22, and provides information about the essential behavior characteristics of Asperger's Syndrome which can be used by professionals to make a diagnosis.

APERGER'S SYNDROME DIAGNOSTIC SCALE

This assessment is designed to predict the existence or likelihood of Asperger's Syndrome in children ages 5 through 18. The assessment consists of 50 items, which provide information about the areas of behavior that are specific to a potential diagnosis of Asperger's. The areas assessed include cognitive, maladaptive, language, social, and sensorimotor. The assessment is easy to use and takes only 5 minutes to administer.

KRUG ASPERGER'S DISORDER INDEX

The KADI is designed to help professionals distinguish between children who have Asperger's Syndrome and those who have other forms of high functioning autism. This assessment can be completed by the child's parent, or by another professional, such as a teacher. Information generated by the assessment can be used to plan an IEP for the child. All items on the KADI have a weighted score that reflects the assessments' ability to distinguish between Asperger's and other forms of autism. Raw scores are converted to standard and percentile scores, and there is a pre-screening scale that allows professionals to identify normal individuals. The KADI is normally used with individuals 6 to 22 years of age, and takes only 15 to 20 minutes to administer.

Autism, Asperger's & Pervasive Developmental Disorders Diagnostic Instruments

PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TEST II

This assessment is designed to identify autism disorders, including Asperger's syndrome, in early childhood, so that appropriate decisions concerning intervention can be made. The typical age for the use of this assessment is 18 months to 4 years (48months) and it can be administered by the child's parent in less than 20 minutes. There are 3 stages to this assessment, which are used in different clinical settings. Stage 1 is the Primary Care Screener, most often used by the child's parents; Stages 2 and 3 are used by professionals in the clinical setting. Stage 2 is designed to detect Pervasive Developmental Delay, and Stage 3 is used to measure and detect Autism.

AUTISM BEHAVIOR CHECKLIST OF THE AUTISM SCREENING INSTRUMENT FOR EDUCATIONAL PLANNING

<http://www.psychtest.com/curr01/CATLGO48.HTM>

This assessment is a subtest of the longer ASIEP and is used to conduct a structured interview with a child's parent or caregiver. The ABC can also be used alone or with 4 other ASIEP subtests. The ABC has 57 questions, divided into 5 categories: sensory, relating, body and object use, language, and social/self-help. The assessment is designed to be completed independently by a parent or a teacher, who then returns it to a trained professional for scoring and interpretation. The typical age range of the child is 3 to school-age.

CHILDHOOD AUTISM RATING SCALE

This assessment identifies autism in children age 2 years or above. Designed for children the CARS can be used for evaluating adolescents and adults. The CARS has established recommended cutoff scores to be used when evaluating adolescents and adults. The CARS consists of 15 items which cover characteristics, abilities, and behaviors specific to autism. The examiner observes the child, and also examines relevant information from the child's parents and other sources. The examiner then rates the child on each scale item, using a 7 point scoring system which indicates the degree to which the child deviates from a normal child of the same age.

GILLIAM AUTISM RATING SCALE

This assessment is designed to help professionals identify and diagnose autism in children and young adults. The typical age range for assessment is 3 to 22 years. The GARS-II measures behaviors in 3 areas: Stereotyped behaviors, communication, and social interaction. The assessment is also designed to help estimate the severity of autism in individuals who have the condition. The assessment is short and only requires 5 to 10 minutes to administer. All items on the GARS-II are based on the definitions of autism adopted by the Autism Society of America and the DSM-IV.

AUTISM DIAGNOSTIC INTERVIEW-REVISED

<http://www.wpspublish.com/Inetpub4/w02.htm>

The ADI-R is designed to aid clinical professionals in the diagnosis of autism in children and adults. It is administered by a professional, who questions the child's parents or caregivers. In the case of an adult patient, the examiner questions either a parent or another adult who is familiar with the patient's developmental history and current behavior. The assessment includes 93 items which measure 3 major areas of behavior: language and communications, reciprocal social interactions, and restricted, repetitive, and stereotyped behaviors and interests. The typical age range for this assessment is 2 years to adult.

AUTISM RESEARCH INSTITUTE FORM E-2: DIAGNOSTIC CHECKLIST

<http://www.autismeval.com/ari-atec/>

The ARIE-2 is an online questionnaire which may be completed by a child's parents. Parents who complete the questionnaire will receive scaled test results, interpretive information, and information on autism spectrum disorders at no cost. The E-2 form rates behaviors seen in autism on a scale, and asks parents to rate the results of any treatment or interventions that have been tried. Available in multiple languages, there is no specified age range for administration.

AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS)

The ADOS is a semi-structured assessment used to identify and diagnose children and adults with autism or PDD. There are 4 modules to the ADOS, each of which lasts about 35-40 minutes. The first 2 modules are used for children who either do not use phrase speech, or who use phrase speech but are not fluent in it. Module 3 is used with fluent children and Module 4 with fluent adolescents and adults. Each module has activities in it that allow the examiner to observe and record behaviors that are specific to autism and related disorders. The recorded observations are coded and scored, and are used by the professional to formulate a diagnosis. Standardized score ranges include cutoff points for autism, atypical autism, and PDD, and are unaffected by language. This assessment does not address non-verbal adolescents and adults, and is not used with this group. It can be used with all ages, provided that the individual being assessed is at least somewhat verbal. Available from Western Psychological Services.

SOCIAL RESPONSIVENESS SCALE (SRS)

This assessment is designed to provide a measurement of the severity of autism spectrum disorders as they occur in natural social settings. It is also designed to distinguish autistic spectrum disorders from other childhood psychiatric conditions by identifying the presence and extent of autistic social impairment. The assessment provides a standardized score for 5 treatment subscales, in addition to providing a total score that reflects the severity of social deficits in the assessed individual. The areas assessed are: receptive, cognitive, expressive and motivational aspects of social behavior, as well as Autistic preoccupations. These subscales are not used for screening diagnosis, but are used and are very helpful in designing and evaluating treatment programs. Typical age range for this assessment is 4 to 18 years, and the assessment is administered by a parent or

teacher. The SRS generally requires about 15 to 20 minutes. Total SRS scores are used to identify Autism and several other major disorders, including PDD-NOS, Asperger's Syndrome, Pervasive Personality Disorder of Childhood, and some of the Schizoid disorders.

SOCIAL COMMUNICATION QUESTIONNAIRE (SCQ)

This is a screening tool that is used to identify children with autism or autistic spectrum disorders in a quick, efficient, cost effective manner. It consists of 40 yes/no questions and is available in 2 forms. The Lifetime form focuses on the child's entire developmental history, and provides a total score that can be interpreted according to a standardized scale. The scale has cutoff points for various conditions, including Autism and Asperger's. The Lifetime form can be used to identify those individuals who need to be referred for a more complete examination. The Current form focuses on the child's behavior over the most recent 3 month period. Scores from this form can be used in treatment planning and interventions, and are also useful for tracking specific changes over time. Contents of the SCQ parallel that of the ADI-R and are not affected by language, age, gender, or performance IQ. Typical age for administration is 4 years, and the questionnaire can be administered to anyone with a mental age of 2 years or greater. The SCQ only takes 10 minutes and is normally administered by a parent or teacher.

Public Health Autism Surveillance and Registration Program

4109 Autism Surveillance and Registration Program

“**Confirmed Autism Or Diagnosed Autism**” means an abnormality characterized by each of the following symptoms:

Impaired social behavior:

marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

failure to develop peer relationships appropriate to developmental level

a lack of spontaneous seeking to share enjoyment, interest, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)

lack of social or emotional reciprocity

Abnormal development of communication skills:

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 gesture or mime)

in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

stereotyped and repetitive use of language or idiosyncratic language

lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

Lack of awareness of the need for emotional support and little emotional response to family members:

encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

apparently inflexible adherence to specific, nonfunctional routines or rituals

stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements)

persistent preoccupation with parts of objects

3.3 Any diagnosis of confirmed autism shall be reported for all infants and children up to age 18, including those who have since died (if the data is still available).

3.4 For purposes of these reporting requirements, reportable diagnoses are those diagnoses, from the International Classification of Diseases (ICD) and DSM IV as listed in Appendix A of these regulations; as well as the 6-digit modified Pediatric Association system (BPA/ICD-9). The reportable diagnoses listed in Appendix A may be revised, upon notice, to reflect changes in publications accepted for use by the Centers for Disease Control and Prevention.

Reporting Requirements

3.5.1 Any physician, surgeon, dentist, podiatrist, or other health care practitioner who diagnoses a child with autism under age 18 who is not known to be previously reported. Other health care practitioners will include but not be limited to: psychiatrists, clinical and school psychologists, speech and language pathologists, licensed clinical social workers, and nurses including school nurses;

3.5.3 The designated representative of any hospital that diagnoses a child or children under the age 18 with confirmed autism.