

So You Think You Might be Autistic...

Breaking down the DSM-V
diagnostic criteria, and other tools
to better understand Autism

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Some mandatory disclaimers

I am not a psychiatrist, psychologist, or medical professional whatsoever. This guide is to be used as a tool to widen your understanding of Autism and how you may relate to its traits. This book can not diagnose autism, and should not be used as a definitive guide for diagnosis.

You can use the insights you gain from this book to have a better understanding of yourself, and to gather insights that can be shared with your health professionals. It can also help you better understand what support needs you may have, and give you the language to seek out better support and accommodations.

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WHAT IS AUTISM?

Unpacking the DSM-V



Broad Definition

"The essential features of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction (Criterion A), and restricted, repetitive patterns of behavior, interests, or activities (Criterion B). These symptoms are present from early childhood and limit or impair everyday functioning (Criteria C and D).

The stage at which functional impairment becomes obvious will vary according to characteristics of the individual and his or her environment. Core diagnostic features are evident in the developmental period, but intervention, compensation, and current supports may mask difficulties in at least some contexts. Manifestations of the disorder also vary greatly depending on the severity of the autistic condition, developmental level, and chronological age; hence, the term spectrum.

Autism spectrum disorder encompasses disorders previously referred to as early infantile autism, childhood autism, Kanner's autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger's disorder."

Understanding Criteria A: Outlining the criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history:

- A1.** Deficits in social-emotional reciprocity, ranging, for example, 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

- A2.** Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

- A3.** Deficits in developing, maintaining, and understand relationships, ranging, for example, 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.



Understanding Criteria A: Breaking down the criteria

A1. Deficits in social-emotional reciprocity, ranging, for example, 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:

- * Not understanding small talk, or trouble engaging in small talk.
- * Only engaging in conversation related to a topic of interest
- * Trouble initiating or responding in conversations
- * Giving short responses or not engaging in back and forth conversation when questions are asked

A2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication:

- * Avoiding eye contact and/or staring
- * Laughing or smiling at inappropriate moments
- * Trouble reading other's body language and/or controlling your own
- * Trouble interpreting or controlling tone of voice, speaking too loud or too soft, speaking monotone or with an "odd" cadence

Understanding Criteria A: Breaking down the criteria

A3. Deficits in developing, maintaining, and understand relationships, ranging, for example, 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.:

- * Having a hard time connecting to people or building friendships
- * Trouble maintaining friendships
- * Being unaware when someone is flirting, or whether or not they would consider you a friend
- * Trouble maintaining friends who don't share your specific interests

Notes concerning criteria A:

- * The above examples are not an exhaustive list of traits, but a guide to help illustrate how these traits may present
- * All three sections in Criteria A (A1, A2, and A3) must be met for an autism diagnosis

Questions to ask yourself:

- * What differences in non-verbal communication do you experience?
- * What differences in social interactions do you experience
- * In what ways do you struggle forming and maintaining relationships?

Understanding Criteria B: Outlining the criteria

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

- B1.** Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases)
- B2.** Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day)
- B3.** Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)
- B4.** Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)

Understanding Criteria B: Breaking down the criteria

B1. Stereotypy (a.k.a. Stimming)

- * Repetitive motor movements
- * Examples include but are not limited to: finger tapping, body rocking, swaying, playing with hair, counting things, foot tapping, swinging arms, playing with clothing, chewing on things, etc.

B2. Insistence on sameness

- * Examples include but are not limited to: repeatedly wearing the same clothing items; adhering to a routine; disliking sudden changes to routine, environment, schedule, etc.; repeatedly eating the same foods

B3. Special Interests

- * Having very specific interests that occupy a large portion of ones thoughts, activities, hobbies, etc.
- * These could be interests that one spends a large part of their time thinking about or talking about, many might make their special interests the center of their lives and develop careers or intense hobbies around them

B4. Sensory Sensitivities

- * This includes hyp- and hyper-sensitivities to thing such as: clothing / fabric, light, sound, temperature, humidity, pain, etc.

Note: You are only required to meet 2 out of the 4 traits outlined in criteria B



Symptom Checklists

The following pages contain checklists category A and B of the DSM-V autism diagnostic criteria. The traits and symptoms outlined in the checklists do not represent an exhaustive list of how the symptoms might present. If you experience the diagnostic criteria differently than what is outlined below that is perfectly okay. These checklists are more of a guide to help you in your process of self-reflection and to better understand how the diagnostic criteria might present.

In each box you can identify whether or not you experience(d) these traits, and to what degree you experience them.

I did not include a scale because that is subjective. I would suggest identifying the traits you experience the most and label those a 10, then find the ones you experience the least and label those a 0 or 1, and base the rest of your scale off of that.



Criteria A: Persistent deficits in social communication and social interaction. Must show lifetime history of impairment in all three categories (A₁, A₃, and A₃)

A1- Deficits in social-emotional reciprocity	Adulthood	Adolescence	Childhood
Abnormal social approach (consistently awkward, one-sided, absent, or inappropriate initiations, e.g., odd or			
Difficulty in initiating or in sustaining a conversation (especially on non-preferred topics). Includes difficulty with four-round conversation (A opens → B comments → A responds → B responds to response) or longer.			
Atypical conversational style (e.g., overly passive, takes over, shifts topic to preferred interests, circumstantial)			
Poor pragmatic/social use of language (e.g., does not provide or appreciate necessary context or clarifications)			
Does not usually talk to be friendly or social (limited ability to make small talk, rarely asks about others)			
Reduced spontaneous sharing of objects, possessions, or food (e.g., requires prompting to share with others)			
Reduced spontaneous sharing of own interests (e.g., sharing new information, inviting others to join activities)			
Reduced spontaneous sharing of emotions or affect (e.g., sharing enjoyment, excitement, or achievement with others; seeking support, comfort, or validation from others when distressed)			
Does not usually respond appropriately to others' emotions (e.g., not sharing in someone's excitement, not comforting someone in distress, indifference/aversion to affection from others or displays of emotion)			
Abnormal response to others' social bids (e.g., does not respond when spoken to directly)			
Reduced or absent imitation of others' behavior (e.g., a child not pretending to cook, fix things, talk on the phone, etc.; in older individuals, does not "pick up" behaviors from others unless explicitly taught)			

A2- Deficits in nonverbal communicative behaviors	Adulthood	Adolescence	Childhood
<p>Poor/abnormal eye contact (e.g., eye-contact is limited, inconsistent, poorly modulated, or overly intense/staring)</p>			
<p>Abnormal use of facial expressions and body language (nonverbal emotional expression may be attenuated, absent, exaggerated/inappropriate, or limited to “simple” emotions [happiness, sadness, anger, fear])</p>			
<p>Limited/abnormal use of gestures (e.g., few or no descriptive or emphatic gestures, frequent use of stilted/abnormal gestures, lack of conventional gestures [e.g., nodding, waving good-bye] in childhood)</p>			
<p>Limited/abnormal declarative gestures (i.e., limited/abnormal use of gaze/pointing to direct others’ attention)</p>			
<p>Poor integration of eye-gaze, facial expressions, and gestures (e.g. eye contact or facial expressions which do not align with current conversation or social interaction)</p>			
<p>Poor integration of verbal and nonverbal communication (e.g., does not nod to maintain flow of conversation)</p>			
<p>Abnormal body positions during social interaction (e.g., faces away from conversation partner, maintains inappropriate amount of interpersonal space [either too little or too much], spins in chair while being talked to)</p>			
<p>Difficulty interpreting/understanding nonverbal cues from others (e.g., does not notice that others are inattentive, [un]interested, uncomfortable, etc. based on their facial expressions or body language)</p>			
<p>Does not usually respond appropriately to others’ emotions (e.g., not sharing in someone’s excitement, not comforting someone in distress, indifference/aversion to affection from others or displays of emotion)</p>			
<p>Speech abnormalities (e.g., abnormal volume, pitch, intonation, rate, rhythm, syllable stress, or prosody)</p>			
<p>Limited understanding of tone of voice (i.e., difficulty inferring emotional states or sarcasm from tone of voice)</p>			

A3- Deficits in developing, maintaining, and understanding relationships	Adulthood	Adolescence	Childhood
Limited interest in socializing with same-aged peers (e.g., has limited desire in peer interactions; strongly prefers interacting with much older/younger people; in childhood, does not approach peers on playground)			
Difficulty making friends or maintaining existing friendships (e.g., limited social contact outside of “required” relationships; puts little effort into friendships; relies on others to plan most social gatherings or activities)			
Poor understanding of social relationships (e.g., unrealistic/transactional view of friendships)			
Limited ability to work or play collaboratively with others (e.g., overly passive, controlling, or conflict-prone)			
Unaware of social conventions/appropriate behavior (e.g., unintentional rudeness, misses “unwritten rules”)			
Difficulty adapting behavior to different social contexts (e.g., contextually inappropriate behavior, oversharing)			
Social naïveté (i.e., difficulty spotting insincerity, overly trusting/gullible, easily taken advantage of by others)			
Lack of imaginative play with peers (includes social role playing)			
Mentalizing difficulties (i.e., difficulty inferring others’ intentions, attitudes, or emotions unless obvious)			
Speech abnormalities (e.g., abnormal volume, pitch, intonation, rate, rhythm, syllable stress, or prosody)			



Criteria B: Restricted, repetitive patterns of behavior, interests, or activities Must show lifetime history of impairment in atleast two of the four categories (B1, B2, B3, B4)

B1- Stereotyped/repetitive motor movements, use of objects, or speech	Adulthood	Adolescence	Childhood
Hand/finger mannerisms (e.g., hand flapping, finger flicking/twisting, posturing, clapping)			
Whole-body mannerisms (e.g., body rocking, tensing, pacing, foot-to-foot rocking, spinning)			
Abnormal posture (e.g., toe-walking, full-body posturing)			
Repetitive play or manipulation of objects (e.g., spinning wheels, tearing paper, lining up toys)			
Immediate or delayed echolalia (including more complex utterances such as TV show lines or portions of books)			
Idiosyncratic language (e.g., unusually formal or pedantic, overly precise with excess detail; jargon; neologisms; stereotypical and inappropriate word use; pronoun reversal [says “You” to mean “I”] in young children)			
Repetitive non-speech vocalizations (e.g., guttural sounds, squealing, repetitive humming)			
Body-focused repetitive behaviors (e.g., skin-picking, hair-pulling, nail-biting)			



B2- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior	Adulthood	Adolescence	Childhood
<p>Rigid adherence to specific or unusual routines (insists that certain activities be done in a very specific way, e.g., rigid and inflexible mealtime or bedtime routines, ceremonial or scripted play, need to sit in same location)</p>			
<p>Gets unusually upset if routine or environment changes (e.g., overreaction to trivial changes in environment, transitions between activities, or unexpected/unscheduled events)—may or may not result in emotional outbursts</p>			
<p>Rigid adherence to established or idiosyncratic rules (rule-bound, corrects others, unwilling to “bend rules”)</p>			
<p>Verbal rituals (e.g., insists on saying things in a specific way, requires others to say things or respond to questions in a specific way during interactions; may be repeated until done “just right”)</p>			
<p>Compulsion-like behaviors or rituals (e.g., arranges objects in a certain order/to maintain symmetry, does not step on cracks in pavement, spins around three times before entering a room; these behaviors are ego-syntonic)</p>			
<p>Perseverative thinking (inability to disengage from certain topics or ideas, need for completion or closure)</p>			
<p>Preoccupation with details/perfectionism (e.g., difficulty simplifying or making generalizations)</p>			



B2- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior	Adulthood	Adolescence	Childhood
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Rigid adherence to established or idiosyncratic rules (rule-bound, corrects others, unwilling to “bend rules”)			
Verbal rituals (e.g., insists on saying things in a specific way, requires others to say things or respond to questions in a specific way during interactions; may be repeated until done “just right”)			
Compulsion-like behaviors or rituals (e.g., arranges objects in a certain order/to maintain symmetry, does not step on cracks in pavement, spins around three times before entering a room; these behaviors are ego-syntonic)			
Perseverative thinking (inability to disengage from certain topics or ideas, need for completion or closure)			
Preoccupation with details/perfectionism (e.g., difficulty simplifying or making generalizations)			



B3- Highly restricted, fixated interests abnormal in intensity/focus	Adulthood	Adolescence	Childhood
Interest in topics that most people would consider unusual (outside of work/school)			
Extreme/overriding interest in one or more topics that is abnormal in intensity/depth (may significantly interfere with responsibilities or other activities of daily living, e.g., forgets to eat, do chores)			
Engages in certain activities repetitively (e.g., watches same movie repeatedly)			
Substantial knowledge or expertise about specific/obscure topics (often self-taught)			
Unusual or developmentally inappropriate attachment to specific objects (e.g., attachment to unusual inanimate object in childhood, attachment to stuffed animal or blanket as adult)			
Extensive collection of objects related to interest (should be excessive relative to same-aged peers)			



B4- Hyper- or hypo-reactivity to sensory input or sensory interests	Adulthood	Adolescence	Childhood
Tactile defensiveness (e.g., excessively bothered by specific textures, difficulty being hugged/held)			
Decreased sound tolerance (e.g., difficulty tolerating loud noises [hyperacusis], extreme emotional responses to specific sounds such as chewing [misophonia], wears earplugs/headphones in public)			
Other sensory hyper-reactivity (e.g., difficulty tolerating lights, colors, smells, tastes, foods, motion, pain, or other sensory stimuli that do not bother most people; results in significant avoidance/impairment)			
Hypo-reactivity to pain, temperature, or other sensory stimuli (e.g., indifferent to loud noise, strong smells, very spicy food, injury, or extreme weather; does not need to be impairing)			
Interoceptive difficulties (i.e., cannot discern internal sensations [hunger, thirst, fullness, need to urinate/defecate] unless very intense; difficulty distinguishing emotions from other physical sensations)			
Unusual sensory interest/sensory seeking (e.g., seeks out textures, repetitive stroking of body/other objects, looking at objects from unusual angles, smelling/licking inappropriate objects, preoccupation with spinning/motion)			
Enhanced perception (e.g., absolute pitch, notices stimuli others can't, detects minute differences)			



Understanding Criteria C: Outlining the criteria

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)

Understanding Criteria C: Breaking down the criteria

C. Present in childhood

- * Autism must be present starting in early childhood. If the traits were not present in early childhood, then they may be better described by another disorder.
- * If you have trouble recollecting your childhood, it may be beneficial to ask a parent, sibling, care-giver, or someone who knew you as a child if these traits were present growing up

Understanding Criteria D: Outlining the criteria

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

Understanding Criteria D: Breaking down the criteria

D. Clinically Significant Impairment

- * Do these traits cause you impairment at work, socially, or generally in your everyday life?

Understanding Criteria E: Outlining the criteria

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level

Understanding Support Levels

Support Level	Social Communication	Restricted Interests & Repetitive Behaviors
Level 1 "Requiring Support"	Without supports in place, deficits in social communication cause noticeable challenges. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions	Restricted and repetitive behaviors (RRBs) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRBs or to be redirected from fixated interests.
Level 2 "Requiring Substantial Support"	Marked challenges in verbal and nonverbal social communication; social challenges apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.	Restricted and repetitive behaviors (RRBs) and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRBs are interrupted; difficult to redirect from fixated interests.
Level 3 "Requiring Very Substantial Support"	Severe challenges in verbal and nonverbal social communication significantly impact daily functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interests or returns to it quickly.

Screening Tools & Resources

PSYCOMETRIC TESTS

- [Autism Quotient](#)
- [RAADS-R](#)
- [Aspie Quiz](#)
- [CAT-Q](#)
- [RBQ-2A](#)
- [Empath Quotient](#)
- [Systemizing Quotient](#)

Note: All tests can be found on the [Embrace Autism](#) website

ONLINE RESOURCES TO LEARN MORE

- [Embrace Autism](#)
- [r/autism reddit](#)
- [r/AutismInWomen reddit](#)

There are numerous people on YouTube and TikTok who make educational autism content.

I highly suggest looking at those platforms, but use discretion as there is also a lot of misinformation

