

Two Definitions of ASD

The clinical “diagnosis” of autism must be made by a qualified psychologist, psychiatrist, or physician using criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). A diagnosis of **autistic disorder** is made when the following criteria from A, B, and C are all met.

- 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 others (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, interest, 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.

The educational definition was designed to guide how states define who is eligible for a free and appropriate public education under the Individuals with Disabilities Education Act (IDEA) in 1991. The federal definition of Autism is as follows:

“...means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects educational performance. Characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to changes in daily routines or the environment, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has emotional disturbance...”

A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied. “

The identification of ASD is made by the school district's evaluation team, taking into consideration whether the child's characteristics adversely affect his/her educational performance. A medical diagnosis is not required for an educational identification of ASD nor does it automatically guarantee eligibility for specially designed instruction..

The *Operating Standards for Ohio's Schools Serving Children With Disabilities* defines “Autism” as follows:

“(B0(10)(d) Definition of disability terms. The terms used in this definition of a “child with a disability” are defined as follows:

- (i) “Autism” means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
 - (a) The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (B)(10)(d)(v) of this rule.
 - (b) A child who manifests the characteristics of “autism” after age three could be diagnosed as having “autism” if the criteria in (3)(a) of this paragraph are satisfied.”

Language disorders are a defining characteristic of Autism Spectrum Disorder (ASD). Students who have received the educational identification of ASD necessarily present communication impairments and require services of the speech-language pathologist at varying degrees of intensity throughout their education.

The American Speech-Language Hearing Association (ASHA, 2006b) further defines ASD as follows:

”The core features of ASD include impairments in reciprocal social interaction, impairments in verbal and nonverbal communication, and restricted range of interests and activities, which are due to neurobiological factors. There is great heterogeneity in this population, evident in a broad range of cognitive, social, communication, motor, and adaptive abilities. Integral to the diagnostic criteria, all individuals with ASD are challenged in the area of social communication. Thus, many individuals with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems, and all have needs in acquiring appropriate social use of communication. Therefore, problems in use of language and communication are overarching because ASD is primarily a social communication disability. These challenges result in far-reaching problems, including difficulties with joint attention, shared enjoyment, social reciprocity in nonverbal as well as verbal interactions, mutually satisfying play and peer interaction, comprehension of others' intentions, and emotional regulation. Due to the nature of ASD, family members, peers, and other communication partners may encounter barriers in their efforts to communicate and interact with individuals with ASD.”

Speech-language Pathologists (SLPs) “play a critical role in the screening, diagnosing, and enhancing the social communication development and quality of life of children, adolescents, and adults with ASD.” “... the speech-language pathologist's role is critical in supporting the child, the environment, and the communication partner to maximize opportunities for interaction to overcome barriers that would lead to ever decreasing opportunities and social isolation if left unmitigated...” (ASHA, 2006a, p. 1).