

AETAPI, Spanish Professional Association of Autism has put together a series of suggestions to provide some inputs to the preliminary draft designed by the APA, for the next edition of DSM-V in relation to the future elaboration of defined criteria for psychiatric diagnoses of Autism Spectrum Disorders. All these contributions have been established through national web forum and professionals gathering to meet a consensus.

AETAPI association represents 300 professionals from different background (Education, Psychology, Medicine, Social work...) to offer assistance in the phases of diagnosis, assessment and intervention, and also for research porpoises to those affected with ASD.

All members of AETAPI want to thank the APA for the opportunity to provide feedback in the development process of the future edition of DSM_V. We wish to **highlight our agreement with the following points:**

1- The adoption of a dimensional focus, rather than the categorical previously proposed, and the inclusion of a sole new category for the mental disorders related to Autism Spectrum Disorders.

2- The change in concept and terminology from the Pervasive Development Disorders to Autism Spectrum Disorders highlights better the diversity within this category of disorder and gains more clinical, medical as well as educational usability as being more in touch with the needs for assistance of the people affected.

3- The merging of social interaction and communication criteria into one unique dimension seems very pertinent and also coherent with research (Gotham et al., 2007).

4 – The requirement for a higher number of symptoms in the social interaction domain will improve the specificity of the diagnosis.

5- The inclusion of the criteria of sensory interests and the elimination of (d) persistent preoccupation with parts of objects as part of the restricted repetitive and stereotyped patterns of behaviour and interests is very relevant.

However, we consider that the value added and the contribution of DSM-V will highly depend on its layout and therefore, we would like to express a few concerns and make **further proposals and comments:**

6- We consider necessary to explain in a clear and precise manner, the alignment and relationship between diagnostic criteria and specific symptoms. We consider of fundamental importance that the criteria be presented and explained considerably and moreover be illustrated with clear and detailed examples in the text. Specially we want to highlight:

6.1.- The fact that frequency of certain behaviors is taken into account in the text of the diagnostic criteria, such as the less frequency that people affected with ASD initiates interactions with other people (Shumway and Wetherby, 2009).

6.2.- We think it would be very helpful for clinicians to illustrate the aspects of social and emotional reciprocity in detail and with clear behavioural indicators in the text of the future manual.

6.3.- The criteria “failure to develop and maintain peer relationships appropriate to developmental level” can also be part of other developmental disorders like in SLI or global developmental delay. Therefore it is fundamental that the patterns of limitation that are specific ASD be clearly laid out in the future text, so that this criterion does not loose specificity.

7- Severity can be conceptualized in two different ways (that can be compatible): a) functionally, severity will highlight the impact on the daily activities of the individual and his level of support needed. This conception of severity is clearly influenced by the comorbid difficulties that people with autism usually present, as mental retardation, language impairments, ADHD... b) Severity can refer to the degree a person presents the disorder. The degree of the disorder itself is highly related with other abilities such as intelligences, language level, adaptive skills... it maintains some independence. The problem with this position is how to evaluate the degree of ASD itself if it is related with the symptom manifestation (Lord y Corsello, 2005). We think it is really necessary that the APA clarifies the meaning of the concept of severity, defining it clearly. Also we consider necessary to make explicit the need of assessing the severity of the ASD disorder and the instruments to do it (Gotham et al., 2009).

8- The draft lacks clarity in how some criteria have been dealt with, such as for example, impairment in social interaction specifically that of reduced motivation in sharing interests with others, or the usage of repetitive and stereotyped language. We suppose that both criteria are included in the category of verbal and nonverbal communication deficits, however without additional information it remains unclear whether this is correct or whether these have just been simply removed from the list.

Deficits in nonverbal and verbal communication

9. The part dedicated to the presentation of "marked deficits in nonverbal and verbal communication" includes too many behaviours and we are afraid that the excess of behaviours may cause that the criteria loses its specificity.

Our rationale is that, from a functional point of view, several of the behavioural patterns that are listed under this category, are based on diverse psychological processes that are affected in different degrees of severity in autism and, specially, are not dependent of the same psychological mechanism and processes. Also, they do not correspond to the same stage of development in autism (ie : social orientation, coordination with non verbal communication, and the ability to maintain a conversation).

For all these reasons, we think that grouping so many different elements under one same category is not the best solution. We present two alternative solutions such as:

Either a) maintaining this criteria with an additional statement explaining that the observation of a determined number of these symptoms must be observed in an individual to consider that one individual present that criteria.

Or b) widen the total number of criteria in the dimension of social-communication deficits (maintaining the necessity to fulfil three or more) but with a clear functional breakdown as the following:

- Social orientation
- Emotion and affect
- Communication (Frequency, repertoire of functions and pragmatics limitation)
- Use of communicative gestures (diversity and symbolic complexity)
- Coordination of non verbal behaviours
- Sharing of interests, making comments and chatting
- Social and emotional reciprocity.

10 – We are surprised that the impairment in the development of the symbolic play is not taken into consideration as a specific criteria for diagnose. Among other things, the works established by Wing y cols. (1977), Rutherford and Rogers (2003) and Rutherford and cols (2007) clearly demonstrate the specificity of the impairment in the symbolic play by autistic children. Likewise, Hobson , Lee and Hobson (2009) highlight the qualitative limitations in the social elements of play from individuals affected with autism.

11- Since Kanner (1943), autistic disorder is understood as an impairment of emotional contact. We understand that the difficulties of ASD to express and understand emotions (Hobson, 2005; Hobson, Ouston y Lee, 1988), are not enough represented in the list of diagnosis criteria.

Restricted, repetitive patterns of behaviour, interests, and activities

12- If we set up to two the number of “restricted, repetitive patterns of behaviour, interests, and activities” that we need to observe in an individual to be diagnosed as ASD we may not diagnose as ASD individuals suffering from PDDNOS (which as the actual definition states, can present only one or even no one of these symptoms).

To finalise we would like to send you some **general comments** that we´d like to be considered by the APA:

13- We believe of major importance the setting up of a list of minimum requirements (good practises) in order to establish a good quality diagnostic evaluation to get a diagnosis.

14- We also believe that it is very convenient to frame officially the ASD diagnosis evaluation as part of a wider analyses that would also assess the competences of the individual and its relatives and environment, in order to determine how to best assist them in achieving their personal objectives and offering them the best support they need.

We would appreciate sincerely and enormously if we could have some feedback from the APA about our proposal. We hope same wise, that the scientific community will be given the opportunity for reviewing the draft for the final version of the document.

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SPECIFIC LANGUAGE IMPAIRMENT

We believe that removing the exclusion criteria from the distinction between SLI (Specific Language Impairment) from ASD is relevant, we understand that autism can be present simultaneously a specific language disorder (especially if we define the latter by the difference between language skills and non verbal intellectual capacity). So we suggest to treat SLI the same way as Intellectual disability or ADHD , in line with the dimensional vision and focus with which PDD are being presented .

ASPERGER SYNDROME

In relation to the elimination of the Asperger Syndrome from the classification (from being a category on its own), we think that from a clinical point of view and based on scientific data until today, there was no justification for the creation of this unique category, separated or differentiated from autism with mental retardation or PPDNOS. We consider the new classification as a way of eliminating difficulties for practitioners in making a differential diagnosis between Autistic Disorder and Asperger Syndrome.

We consider however that it will be difficult to inform the individuals that have been diagnosed with Asperger, Syndrome of as well as their relative. However, we think that the application of this new classification will be a progressive process, which will bring improvements and benefits in the medium term.

We hope that this changes will not limit the growing society's sensitivity about people's with ASD needs and neither the development of resources from them and their families..