

DSM-5 interview

Autism spectrum disorder

**Semi-structured anamnestic interview
to assess the presence of an
autism spectrum disorder.**

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Introduction

Goal

This semi-structured interview is based on the criteria of the DSM-5 and is one of the instruments that can be used to assess the presence of an autism spectrum disorder. This interview has been developed by dr. A.A. Spek, Clinical psychologist and head of the Autisme Expertisecentrum in the Netherlands.

Instruction

In this interview each criterion is highlighted in bold, and followed by example questions, which can be used to assess if someone meets the specific criteria. Eventually the diagnostician determines if someone meets the criteria. For example, when the client reports no peculiarities in the nonverbal communication, but from the file or observations this criterion appears present, then score whichever you think reflects the reality.

To score a criterion as ‘present’, one does not need to meet all the underlined characteristics. What matters is if someone meets the criterion ‘in general’. Furthermore, it is important to ask about childhood for each item. It is important to realize that it is not always the person him/herself who suffers from the impairment, it can also be the environment. Carefully examine the different life areas (e.g. living, work/education, relationship/family, social contacts, daily activities, health and finances). It is important to ask for examples (clarified in the text as e.g.).

Interpretation

To meet the criteria for an autism spectrum disorder one must meet the three criteria of criterion group A (Social communication) and two out of four criteria of criterion group B (Restricted, repetitive patterns of behavior, interests, or activities). Additionally, the conditions C, D and E, as have been formulated in this interview should be met. When assessing an autism spectrum disorder, one should specify the severity of the deficiencies of both criterion groups. The two attached tables can be used to indicate which measure of severity is currently applicable. Furthermore, additional problems can be specified if necessary e.g.:

- * Intellectual disability
- * Communication disorder
- * Associated with a known medical or genetic condition or environmental factor (such as Rett syndrome, epilepsy or fetal alcohol syndrome).
- * Associated with another neurodevelopmental, mental, or behavioral disorder (such as ADHD, impairment in the impulse-control, tics and feeding disorders).
- * Catatonia

Transition from DSM-IV to DSM-5 as described in the DSM-5

Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger’s disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

It is possible to classify an ASD when criterion group B (Restricted, repetitive patterns of behavior, interests, or activities) was present during childhood, but is not anymore during adulthood. ASD can also be classified when symptoms were present in the early developmental period, but did not become fully manifest until social demands exceed limited capacities or if symptoms are masked by learned strategies in later life (see crit. C).

Further information

If you have any further questions in response to the interview about how to conduct the interview or it’s development, you can direct your inquiries to Annelies Spek: a.spek@autismeexpertise.nl

Criterion group A: Persistent deficiencies in social communication and social interaction in various situations.

Criterion 1: Deficiencies in the social-emotional reciprocity

Limitations in conversations

Are you able to chit-chat? Are you able to keep such a chat going? Are you able to enjoy social talks or does it cost a lot of energy? Do you ask continuation questions about what the other person is telling you? Do you avoid social situations (parties, drinks)? Are you inclined to take what other people say literally? In a conversation are you too focused on details? Does this create problems (e.g.)?

Reading and comforting others

Are you able to comfort people, are you able to sense what other people find enjoyable and what not? Can you sense this intuitively or do you conclude it rationally? Does this ever give you any problems (e.g.)? Are you sometimes too honest? Are you able to say things in a tactical manner? Do you sometimes offend people without meaning to do so? Can you give an example of this?

Sharing of interests, feelings, or affection

Do you talk with others about your interests? Are you able to sense if the other person finds this enjoyable or not? Do you share feelings with others? Does anyone ever tell you that you don't share enough? Does this give you problems?

Initiative for contact and manner of seeking contact

How often do you take the initiative for one and one contact with others? Does it sometimes create problems because you take too little initiative? Have you ever received negative feedback about it (e.g.)? Are you able to sense how to approach other people? Are you able to sense what you can and cannot say? If someone else takes the initiative, are you able to adequately respond?

Meets this criterion:

Yes	No
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Criterion 2: Deficiencies in non-verbal communicative behavior which is used for social interactions

Eye contact

Do you look other people in the eye? Is it difficult for you to make eye contact? Are you able to sense when it is appropriate to make eye contact? Do you enjoy eye contact? Can you get information from how someone is looking? Has anyone ever contacted about how you make eye contact? Did you have to learn to make eye contact? If yes: how did you learn this? Did this ever give you problems (e.g.)?

Body language/ facial expression

Do you understand most of the time what other people mean with body language such as gestures or facial expressions? Do you use body language during contact with others? Do you sometimes hear that it is hard to read your facial expression? Does this give problems?

Integration of verbal and non-verbal communication

What is it like for you when someone says something verbally but says something different non-verbally, for instance, when the facial expression does not match what the person is saying? (e.g.: someone who tries to keep a stiff upper lip, and says that he is doing fine, while he is not) Does this cause problems (e.g.)?

(Observe if during communication there is: lack of intonation and facial expressions; exaggerated, strange or stiff body language; odd posture, divergent eye contact)

Meets this criterion:

Yes	No
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Criterion 3: Deficiencies in developing maintaining, and understanding relationships

Developing friendships and relationships

As a child, did you feel socially different than others? If so, why? Did you feel a need for friendship and a relationship? Did you manage to create friendships by yourself or does the initiative have to come from other people? Do you manage to maintain friendships? Does social contact cost you energy or give you energy? In contexts with others, do you really have to think hard about what is fitting behavior? Does this give problems (e.g.)? Do you prefer contact with much younger or much older people, if so why? Are your friendships mainly based on mutual interests or sharing emotions and experiences? Do you rather do things alone? How often do you see your friends?

Fitting in during social contexts

Do you sense how to behave in certain social situations? For instance, in situations in which hierarchy plays a part or during a job application? If not, does this lead to problems? Are you able to moderate your way of talking to the level of someone else, for example, a child? Does this cause problems?

Fantasy games

When you were a child, were you able to play fantasy games with other children? Were you able to follow someone else's fantasy, or did it have to be your way? Was it predominantly playing together or more playing side by side?

Language use in social situations

Do you recognize when other people use sarcasm or irony? If not, does this cause problems? Can you tell a white lie when needed? If not, does this cause problems?

Meets this criterion:

Yes	No
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Criterion group B: Limited, repetitive thought patterns, interests, or activities

Criterion 1: Stereotypical repetitive motorical motions, use of objects or speech

Simple motor stereotypes

Are there certain motions that you repeat often in an obsessive manner (for example, rocking back and forth, spinning around, flapping your arms and hands, snapping with fingers)

Stereotypical use of objects

As a child, were you inclined to order your toys in a row? Are you inclined to put objects in a certain order? Is it important for you that objects are straight or in line with the edge of the table? Does this ever create problems for you?

Stereotypical speech

Are there words or sentences that you always use in the exact same manner in certain situations (examples)? What is the reason behind this? Do other comment on this behavior? Do you sense when you need to vary your speech? Do you sometimes use sentences of other people because you yourself do not know what to say in a certain situation? Do you use words or expressions which you made up yourself? Do you often say “you” when you are talking about yourself?

Meets this criterion:

Yes	No
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Criterion 2: Stubbornly holding on to the same things, inflexible attachment to routines or ritualized patterns or non-verbal behavior.

Difficulty with changes and transitions

Do you have (more than others) difficulties with changes? Can you give an example? How long have you had problems with changes? (Ask about changes in appointments, at home, at work, reaction when there is someone unexpectedly at the door)

Do you have trouble with transitions such as changing of the seasons or moving?

Rigid thought patterns

Do you find it difficult to change a plan in your head when its needed? Do you often get stuck on a certain thought or conviction? Do you find it difficult to change your opinion? Are you very fixed on rules and appointments? Does this cause problems?

Behavioral rituals

Are there daily habits from which you find it hard to deviate? Do you do certain things in a certain other, which others do in a more varied manner? (Ask for example about food habits, way of greeting, order of activities during the day, patterns regarding clothing, fixed routes, steady times for meals and activities). Does this cause problems when you must deviate from this? Do you try to hold on to these habits when you are on holiday? Do others find you inflexible, if so, why? Do others have to adapt to your planning?

Meets this criterion:

Yes	No
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Criterion 3: Very limited, fixed interests that are abnormally intense or focused

Very limited or far reaching interests

Do you easily lose yourself in activities or interests like work, sport, and hobbies? Do other sometimes tell you that you spend too much time on certain hobbies or interests? Why do they say that? Did this also happen in the past?

How much time do you spend per day on these interests/activities? Do you keep records on certain topics? Are you collecting something? Are you doing this more intense than others? Does your collective have to be complete and how far are you willing to go to complete it?

Do other things sometimes go wrong because you lose yourself so much in your interests? For instance, you don't eat on time, you forget appointments, go too late to bed, or don't take care of yourself in a different fashion? Do you find it bothersome to be interrupted when you are working on your interests? If so, why? Does this cause problems?

Attachment or preoccupation to unusual objects?

Have you ever had, or do you currently have hobbies or collections that other people find strange? Has this ever caused problems?

Meets this criterion:

Yes	No
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Criterion 4: Hyper or hypo reactivity to sensory stimuli or unusual interest for sensory aspects of the surrounding.

N.B. for each modality also ask about childhood to be able to differentiate with burn-out.

Hearing

Are you more easily upset by sounds than others? (e.g.) Does this cause problems (for example, with concentration)? Because of this, do you avoid situations, do you use ear plug, or other tools?

Sight

Are you sometimes bother by visual stimuli such as light, certain colors, or patterns? Does this cause problems? Do you avoid visual stimuli, and if so how (keeping the curtains closed, etc)?

Feeling/touch

Do you often experience touching as unpleasant? Are you hypersensitive for how certain things feel on your skin (such as certain fabrics)? Do you avoid certain situations because of this? Does this sensitive cause problems on occasion? (e.g.)

Smell

Are you sometimes bothered by smells? Does this cause problems? Do you avoid certain situations because you dislike the smell?

Taste

Are you sensitive to how things taste or feel in your mouth? Does this cause problems for example when you go out for dinner? Do you avoid certain situations because of this?

Low sensitivity for stimuli

Do you feel pain and signals from disease (fever)? If not, does this cause problems (example: going beyond your boundaries)? Do you have a normal sensitivity for cold and heat? Does this cause problems?

Do you correctly sense when you are hungry, thirsty, or full? If not, does this cause problems?

Unusual interest in stimuli

Are you fascinated by certain stimuli such as scents or how things feel? How does this show?

Meets this criterion:

Yes	No
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Estimation of the severity of the deficiencies (For criteria A and B, may vary through time).

Level of severity	(A) Social communication	Check
Level 3 Requiring very substantial support.	<u>Severe deficits</u> in verbal and nonverbal social communication skills cause severe impairments in functioning, <u>very limited initiation of social interactions</u> , and <u>minimal response</u> to social overtures from others. For example, a person with few words of intelligible speech who <u>rarely initiates interaction</u> and, when he or she does, makes unusual approaches to meet needs only and <u>responds to only very direct social approaches</u> .	
Level 2 Requiring substantial support	<u>Marked deficits</u> in verbal and nonverbal social communication skills; <u>social impairments</u> apparent even with supports in place; <u>limited initiation of social interactions</u> ; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose <u>interaction is limited</u> to narrow special interests, and who has <u>markedly odd nonverbal communication</u> .	
Level 1 Requiring support	<u>Without supports in place</u> , deficits in social communication cause <u>noticeable impairments</u> . <u>Difficulty initiating social interactions</u> , and clear examples of <u>atypical or unsuccessful responses</u> to social overtures of others. May appear to have <u>decreased interest in social interactions</u> . For example, a person who is able to speak in full sentences and engages in communication but whose <u>to-and-fro conversation with others fails</u> , and <u>whose attempts to make friends are odd</u> and typically unsuccessful.	

Level of severity	(B) Restricted, repetitive behaviors	Check
Level 3 Requiring very substantial support.	<u>Inflexibility of behavior</u> , <u>extreme difficulty coping with change</u> , or other restricted/ repetitive behaviors markedly interfere with functioning in <u>all spheres</u> . <u>Great distress/ difficulty</u> changing focus or action.	
Level 2 Requiring substantial support	<u>Inflexibility of behavior</u> , <u>difficulty coping with change</u> , or other restricted/ repetitive behaviors appear <u>frequently enough to be obvious to the casual observer</u> and interfere with functioning in <u>a variety of contexts</u> . <u>Distress and/ or difficulty</u> changing focus or action.	
Level 1 Requiring support	<u>Inflexibility of behavior</u> causes <u>significant interference with functioning in one or more contexts</u> . <u>Difficulty switching</u> between activities. <u>Problems of organization and planning</u> hamper independence.	

(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).

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

(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.