

# Autism and Similar Conditions Affecting Social Relationships

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# Diagnostic Criteria for Autism Spectrum Disorders

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

# Diagnostic Criteria for Autism Spectrum Disorders (Continued)

- 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.

# Diagnostic Criteria...(Continued)

- 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.

# Diagnostic Criteria...(Continued)

- Deficits in developing, maintaining, and understanding 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.

# Diagnostic Criteria...(Continued)

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

# Diagnostic Criteria...(Continued)

- Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases)

# Diagnostic Criteria...(Continued)

- 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)



# Diagnostic Criteria...(Continued)

- 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).

# Diagnostic Criteria...(Continued)

- Hyper- or hypo-reactivity 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)

# Frequency Data

- 1 in 54 children have autism
- Can be diagnosed at 18-24 months but usually diagnosed at 4-5 years of age
- In children of color, it is often diagnosed at 6-7 years of age
- 4:1 ratio of boys to girls
- 30% of children with Autism also have Intellectual Disability

# High-Functioning Autism vs. Low-Functioning Autism

Presence vs. Absence of language or cognitive deficits

# GENETIC CONTRIBUTION

- Known genetic factors account for about 30-40% of presentation
- 1 in 5 risk of siblings also have Autism

# Diagnostic Criteria for Social Communication Disorder

Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

# Diagnostic Criteria for Social Communications Disorder (Continued)

- Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for social context

# Diagnostic Criteria...(Continued)

- Impairment in the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.



# Diagnostic Criteria...(Continued)

- Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction

# Diagnostic Criteria...(Continued)

- Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meaning of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation.)

# Theories of Core Deficit

- Weak central coherence/part vs. whole (Kanner)
- Mindblindness/ lack of theory of mind (Baron-Cohen)
- Empathizing/Systematizing (extreme male brain hypothesis)
- Executive functioning hypothesis (deficits in verbal working memory and response inhibition)
- Facial processing hypothesis (occipital and temporal activation vs. occipital activation alone)

# Internal Radar



# Diagnostic Criteria for Social Anxiety Disorder

Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech)

# Social Anxiety

Heightened amygdala activation leading to difficulties tolerating crowds and managing sensory input

# Social Cognition vs. Social Perception

Neuropsychological test results

# Social Categories

- **Popular kids:** 15% (tend to be athletic and quick verbally)
- **Accepted kids:** 45% (tend to be bright and outgoing; low on aggression, withdrawal and disruptiveness)
- **Rejected kids:** 10-12% (highest risk socially especially if no friends in past two years)
- **Neglected kids:** 4% (neither liked nor disliked by peers; tend to be compliant)
- **Controversial kids:** 4% (class clowns, bullies, leader of cliques or rebels)
- **Ambiguous children:** about 20% do not fall into any category



# Social Perception

- Perspective taking
- Affective interpretation
- Social attribution (receptivity to social feedback)

# Social Cognition: Common Issues

- Social impulsivity
- Poor social prediction
- Oppositional behavior (difficulty thinking independently)
- Aggression and rule violations

# Social Competencies

- Ability to read a social situation and adapt behavior accordingly
- Receptivity to social initiatives of others
- Sensitivity to negative and positive social feedback
- Conflict resolution
- Effective use of language

# Social Competencies (Continued)

- Memory or prior interactional experience
- Ability to foresee social consequences of one's actions or words
- Affective matching
- Recuperative strategies for social errors

# Social Cognition: Learning Problems and Social Failure

- Attention
- Memory
- Language
- Higher-order cognition
- Limited motor capabilities

# Social Cognition: Desirable Verbal Behaviors

- Expression of feelings
- Interpretation of the feelings of others
- Using the language of one's peer group
- Selection of topics
- Maintaining a conversation
- Employing the right kind of humor

# Social Cognition: Desirable Verbal Behaviors (Continued)

- Utilizing appropriate language codes
- Perspective taking
- Requesting skills
- Communication repair
- Affective matching

# Social Cognition: Desirable Non-Verbal Behaviors

- Greeting and entering
- Reinforcing others
- Reciprocal behaviors
- Collaborative behaviors
- Using eye contact and body movements appropriately
- Pacing of relationships
- Interpreting the intent of others



# Social Cognition: Desirable Non-Verbal Behaviors (Continued)

- Awareness of the impact of behavior on others
- Conflict resolution
- Appropriate level of control toward peers
- Recovering from social setbacks
- Marketing of one's image

# More Friendship Skills

- Learning how to join a group
- Being an active listener
- Keeping your assignments
- Don't say everything you think
- Don't participate in gossip and rumors
- Don't pit your friends against one another
- Share power and control

# More Friendship Skills (Continued)

- Listening as much as you talk
- Valuing the ideas of others
- Being less demanding/more polite
- Presume good intentions; most communications are not intended to be mean
- Assume others are making a mistake
- Help to develop a plan for communicating
- Letting go of past hurts; allowing people to learn and change

# Dealing With Rigid Thinking

# Dealing With Sensory and Social Overload

Helping Children  
Find Where Social  
Information Is  
Contained

# Strategies for Handling Social Conflicts

- Talk about the underlying issue without focus on behavior
  - Develop language to discuss feelings
  - Listen compassionately
  - Avoid downplaying the importance of incidents
  - Invite more information
  - Repeat back what you have heard
  - Empathize, but avoid offering solutions
  - Help find an empowering solution

# Review and Questions