BACKGROUND

**Autism Spectrum Disorders**

Autism Spectrum Disorders (ASD) are defined as a constellation of behaviors indicating social, communicative, and behavioral impairment or abnormalities. The essential features of ASD are (a) impaired reciprocal social interactions, (b) delayed or unusual communication styles, and (c) restricted or repetitive behavior patterns. A child is included as a confirmed case of ASD if he or she displays behaviors (as described on a comprehensive evaluation by a qualified professional) that are consistent with the diagnostic criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) for any of the following conditions: Autistic Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS, including Atypical Autism), or Asperger's Disorder.

**Case Definition**

A case is defined as a child:
- Who is born between 1992 and 2008
- A member of the health plan as of December 2009
- Who has been identified through the VDW as having a recorded diagnosis of Autistic Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS, including Atypical Autism), or Asperger's Disorder.

**General Abstraction Process:** The goal of this abstraction procedure for the MHRN Autism Registry is to validate the diagnoses of a sample of the population identified through the VDW as having an ASD diagnosis. Each site is working to figure out how reliable and valid these diagnoses are, through abstraction and expert review. Ideally, each child that is listed as having a diagnosis of ASD (according to the VDW) will have a documented ASD evaluation by a qualified professional that can be easily located in the medical record and abstracted using this Access form. Then an expert reviewer will look at the abstracted information and determine the reliability of the diagnosis. The process of abstraction for this study has two main components: finding the evaluations to abstract, and then actually abstracting into an access form.

**FINDING AN EVALUATION**

*Begin by looking at any encounter (office visit) that mentions ASD or ASD behaviors. An encounter is a visit where the child is present — and meets with a qualified professional. Email or phone encounters should not be abstracted.*

*Note that one encounter may have multiple dates associated with it. For example, the electronic medical record may list the actual office visit date, a report about that appointment is added at a later date, a date of that a scan was added of previous evaluations reviewed for this visit, and a date of a scan of assessments completed by the parents at home before the visit. Also, some evaluations are completed over multiple days/visits. All of these pieces are related to one encounter.*

*The most complete information will come from comprehensive ASD evaluations by qualified professional. A comprehensive ASD evaluation will usually include results of*
autism-specific assessments (such as ADOS or ADI-R), intelligence/developmental and/or adaptive tests results, an evaluation or clinical impression summary and use of DSM IV criteria (a checklist or a statement) for ASD diagnosis.

⇒ A qualified professional is defined as a medical, clinical, or educational professional in a position to observe children with developmental disabilities (including, but not limited to, psychologist, physician, teacher, learning specialist, speech/language pathologist, occupational therapist, physical therapist, nurse, social worker).

If a comprehensive ASD evaluation cannot be found in the child’s medical record, try to find any evaluations that were used to give the child a diagnosis. These evaluations could be: an ASD return evaluation, a development evaluation by developmental pediatrician, a speech therapy evaluation, OT evaluation, Psych intake evaluation or psych return appointment, a medication evaluation, an IEP, an educational assessment, or another type of evaluation.

⇒ Abstract all comprehensive ASD evaluations. Some children may have more than one. However, if a comprehensive evaluation by a qualified professional has been abstracted, you do not need to abstract other inferior evaluations like speech therapy, OT, or general psychiatric evaluations.

⇒ Treatment plans/consultations or recommendations should not be abstracted. Do not abstract brief office notes, follow-up notes (medication checks), SOAP notes (an acronym for subjective, objective, and plan), progress notes, laboratory reports, audiology reports, intake forms, patient histories, emergency room reports, pediatric autism screening such as MCHAT or CHAT etc.

WHAT TO ABSTRACT:

General Abstraction Instructions

⇒ If any information is missing, enter “N/A” or “Unknown” in the field, do not leave blanks in the Access form.

⇒ Record dates in MM/DD/YYYY format

⇒ The access form will not contain direct identifiers (medical record numbers, names and dates of birth). These will be kept in a separate file.

⇒ Leave out the child’s name where it occurs in verbatim descriptions of behaviors or concerns and put in “he/she”, “child” or “___” as appropriate.

⇒ There is no need to abstract recommendations or treatment suggestions, and no need to include information that is not related to child development or ASD behaviors.

⇒ If you are not sure if a description of a behavior or developmental milestone is an indication of “typical development” or could be ASD related, it is better to over-include than under include. Your goal is to provide the expert reviewer with as much relevant information as possible so that they can rate the reliability of each diagnosis.

⇒ When you are abstracting verbatim descriptions, you can use a double slash // to indicate sections of the evaluation or sentences skipped.

Section 1a: Basic Abstraction - Identifiers (In a Separate file)

This section will be used to make sure that each child only has one Study ID – and to make sure that information is being abstracted from the medical record of the correct child. Sites will create a separate table for this information
MRN:
Medical record number or health record number.

Child Name:  First Name, Last Name, Middle Name.

Birthdate:  MM/DD/YYYY
The child’s Medical Record Number (MRN), name, and birthdate should match on the medical record and the list identified for abstraction by programmer. If any of these do not match or is incorrect on some evaluations or encounters, then make a note in the notes section of the abstraction list.

StudyID
This is a unique identification number generated by each site. Each child may have multiple encounters abstracted, but only one StudyID.

Notes:
This field will be on the abstraction list, not on the form. Use this section to note inconsistencies in MRN, Name, or DOB, or to note any other important details or questions (for example, if an evaluation is mentioned but missing from the medical record). Sites may choose to include other information in this section.

In this separate file, keep a column to note if nothing was found to be abstracted.

Section 1b: Basic Abstraction

Abstractor name: _____ Date of Abstraction: _____

If record abstraction spanned multiple dates, note the first day that abstraction was started.

StudyID:
Double check to make sure that the StudyID matches on the abstraction list that is kept in a separate file – this is the only way to identify the participant.

Section 2: ASD Encounters

1. Location of Record: _____

The purpose of this section is to provide enough information to be able to re-locate the abstracted record. Each site should customize this section. For KP sites, potential fields could be:
   _____HC  _____Scans  _____paper chart
If in HC: Dates in HC  _____Encounter type in HC (e.g. Visible BH, Office Visit, Letter(Out))
   provider in HC
   department in HC
   if in Scans: import date  document type  file attached to

NOTE: some HC encounters include review of scans, so check all that apply
NOTE: These might be different than the actual date of encounter if report is added later.

2. Date of Encounter:____
   An encounter, for the purpose of abstraction, is an office visit where the child was seen and some type of ASD evaluation occurred. As explained on page 1, multiple dates and multiple evaluations may be associated with one encounter. If an encounter spanned multiple dates, use the first date that the child was seen.

3. Facility of Encounter: ______
4. Department of Encounter:____  sub-department _________
   Lists of potential facilities, departments and sub-departments of encounter will be site specific.

5. Name of provider:__________ ___ ______
   Enter:  Last Name ___ First Name _____ Middle Initial ___

6. Specialty/Degree of provider: ____
   Each site can create dropdown lists of appropriate facility/departments. The Specialty/Degree of provider, if there are multiple providers listed, select the provider who entered the encounter in the medical record (name on Health Connect). If multiple providers are listed, list the one with the highest degree using this hierarchy: MD then PhD, then EdD, EdS, Masters.

7. Was this encounter a primary evaluation? Y  N
   If an encounter is being abstracted, that means it includes an evaluation - either a primary evaluation and/or a review of previous evaluations. If this was not a primary evaluation and there is no evaluation to review, then this encounter should not be abstracted.

7.a) If No: If this encounter did not include a primary evaluation, but a review of a previous evaluation was used to give child a diagnosis, indicate specific diagnosis or diagnoses given by clinician during encounter that reviewed evaluation:
   Qualifier Diagnosis
   ______  ____ ASD
   ______  ____ Asperger’s Disorder
   ______  ____ Atypical Autism
   ______  ____ Autistic Disorder
   ______  ____ PDD-NOS
   ______  ____ Rhett’s Disorder
   ______  ____ CDD
   ______  ____ Other (list):
   ______  ____ child did not receive a diagnosis during this visit
   ______  ____ non-ASD diagnosis
This question was added for encounters that only included the review of a previous evaluation. Do not answer this question if the encounter was a primary evaluation. Some primary evaluations include review of previous evaluations, but that is not what this question is asking.

8. Type(s) of Evaluation(s) to abstract associated with this encounter – check all that apply:
   __ ASD Evaluation
   __ ASD return evaluation
   __ Development evaluation by developmental pediatrician
   __ Speech therapy evaluation
   __ OT evaluation
   __ Psych intake evaluation
   __ Psych return appointment
   __ Medication evaluation
   __ IEP
   __ Educational assessment
   __ Other evaluation: ______________
   __ Other evaluation: ______________

One primary evaluation may include review of previous evaluations. For KP sites, these may be scanned into HealthConnect and attached to a specific encounter – so mark all evaluations that apply for this encounter. You will fill out Section 3 below for each answer marked above.

Section 3: ASD Evaluation
   (This section will repeat according to the number of evaluations checked above.)
   1. Type of Evaluation:
      __ ASD Evaluation
      __ ASD return evaluation
      __ Development evaluation by developmental pediatrician
      __ Speech therapy evaluation
      __ OT evaluation
      __ Psych return appointment
      __ Medication evaluation
      __ IEP
      __ Educational assessment
      __ Other evaluation: ______________

This is a repeat of question 8 above, but only one type of evaluation should be checked.

2. Date of Evaluation:_________
   Enter date of evaluation MM/DD/YYYY. If evaluation was completed over multiple dates, enter the first date that the evaluation was started.

3. Name of Examiner 1: __________ Specialty/Degree of Examiner 1: __________
   Name of Examiner 2: __________ Specialty/Degree of Examiner 2: __________
   Name of Examiner 3: __________ Specialty/Degree of Examiner 3: __________
If evaluation was completed by a group, enter each examiner that was part of the group.

4. Facility of Evaluation:____________

5. Department and sub-department of Evaluation:________________________
   (e.g. pediatrics/child psych/ASD Center)

6. Chronologic age of child at evaluation:_________
   Enter this as ___ years ___ months. The age is usually noted on an evaluation. If age is not noted, calculate age from date of birth and date of evaluation. Round down for months.

7. If referred, reason for referral:
   This is usually noted on an evaluation in a sentence or two. If it is not noted, type N/A.

8. Verbatim description of delay or developmental concern prior to age 3:

   Use this field to record verbatim any descriptions about delays or abnormal functioning in any of the following areas prior to age 3: social interaction, language as used in social communication, symbolic or imaginative play. This does not include known injuries, trauma, or medical conditions, unless they have an effect on these developmental areas (above). This field should also be used to record verbatim any descriptions about general developmental delays, delayed milestones, or developmental concerns that are stated in the evaluation. It is very important to include any specific date or age of onset mentioned in these descriptions. Enter descriptions that occur anywhere in the evaluation summary or report. Do not include sentences about milestones that were not delayed. Do not include information about development after age 3.

   If a specific date or age of onset is not stated, record any phrases indicated a more general age of onset (e.g. “very early in life,” “infancy,” “infant,” “from an early age,” “since birth”). Also include who reported this information to the examiner (e.g. parent report or medical record review).

9. Verbatim description of regression or plateau in development at any age:

   Enter verbatim descriptions of regression or loss of previously acquired skills at any age (e.g. “child had five words at 12 months then stopped using them”). This field should also be used to record verbatim descriptions about a plateau in development indicating that development flattened out rather than progressed (e.g., “child developed normally until age 24 months, then stopped progressing”). It is very important to include statements about general or specific age of onset in these
descriptions, as well as the areas of functioning affected. This field may also be used to include verbatim any statements indicating that there was no regression or plateau in development that occur anywhere in the evaluation summary or report. (e.g. “There is no history of regression in either language, socialization, or other domains.”)

10. Verbatim ASD behavioral descriptions:
Enter verbatim descriptions of ASD behaviors as listed and explained in the Autism Triggers list (at the end of this manual), or from the DSM IV ASD Coding Criteria. Do not include statements about child’s non-ASD behavior, such as “Child displayed good eye contact.” Do not repeat information that was entered in any of the section above (developmental delay or regression, plateau etc). The reviewer will be looking at the entire abstraction as a whole document.

11. Verbatim non-ASD behavioral descriptions:
Sometimes an evaluation will contain behavioral descriptions that are not consistent with the DSM-IV criteria for an ASD. (e.g. “child displayed good eye contact,” “rapport was easily established”). Use this field to record verbatim from the evaluation any non-ASD behavioral descriptions. If there are no descriptions of non-ASD behaviors in the evaluation, record N/A in this field.

12. Prior diagnoses noted in evaluation:
Medical:
- N/A
- Down’s Syndrome ______
- Epilepsy/Seizure Disorder ______
- Fetal Alcohol Syndrome ______
- Fragile X Syndrome ______
- Tuberous Sclerosis ______
- Other genetic or chromosomal conditions: ______ ______
- Significant hearing loss ______
- Significant visual impairment ______
- Cerebral Palsy ______

Psych – DSM IV Disorders (usually diagnosed in infancy or childhood):
- N/A
- ADHD/ADD ______
- Mental Retardation – severity ______
- Motor Skills Disorder ______
- Expressive Language Disorder ______
- Mixed Receptive-Expressive Language Disorder ______
- Phonological Disorder ______
- Stuttering ______
- Communication Disorder NOS ______
- Conduct Disorder ______
- Oppositional Defiant Disorder ______
- Tourette’s Disorder ______
- Chronic Motor or Vocal Tic Disorder ______
- Transient Tic Disorder ______
- Tic Disorder NOS ______
This question refers to this specific list of medical and psychiatric diagnoses – note that an observation by a parent does not qualify as a diagnosis. The second field is for any qualifiers such as Rule Out, Suspected, or Reported by Parent. Use these as appropriate if a condition is not clearly diagnosed and documented.

Note them if they are listed in the evaluation as prior diagnoses. Do not open the entire medical record to find this diagnosis information – use only what is in the current evaluation. This section is for prior diagnoses. Do not note the primary diagnosis from this evaluation here.

For the medical conditions - these are diagnoses that could impact development.

Note: Do NOT mark child as having epilepsy/seizure disorder if the evaluation states the child has a history of simple febrile seizures, benign febrile convulsions, acute symptomatic seizures, a single episode of seizures NOS, seizure-like activity, neonatal seizures, or status epilepticus. You should, however, mark epilepsy/seizure disorder if the child takes anti-convulsant medications.

13. Evaluation summary diagnosis/impression:
Use this field to record verbatim the summary clinical impression as stated by the evaluator. Include the entire section verbatim. If standardized autism tests or a systematic DSM IV checklist have been used in the summary, only record the summary clinical impression. If NO standardized autism tests or DSM IV checklists has been used, use this field to also record verbatim any clinical description or narrative that provides the backup for the summary clinical impression.

14. Is there a statement on record that the child met DSM IV criteria for ASD?
   YES / NO

15. Is there a statement on record that the child DID NOT meet DSM IV criteria for ASD?
   YES / NO

16. Was DSM IV Checklist recorded by evaluator?    Y   N
    If Y, mark below:

    **DSM IV Checklist:**
    Social Interaction (A1)
    Nonverbal Behavior (a)
    Child displays a qualitative impairment in social interaction, as manifested by a marked impairment in the use of multiple nonverbal behaviors.

    Peer relationships (b)
Child displays a qualitative impairment in social interaction, as manifested by a failure to develop peer relationship appropriate to developmental level.

**Spontaneous seeking (c)**
- Child displays a qualitative impairment in social interaction, as manifested by a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people.

**Emotional reciprocity (d)**
- Child displays a qualitative impairment in social interaction, as manifested by a lack of social or emotional reciprocity.

**Social impairment NOS (e)**
- Child displays a qualitative impairment in social interaction, not otherwise specified.

**Communication (A2)**

**Spoken language (a)**
- Child displays a qualitative impairment in communication as manifested by a delay in, or total lack of, the development of spoken language.

**Conversational deficit (b)**
- Child displays a qualitative impairment in communication as manifested by a marked impairment in the ability to initiate or sustain a conversation with others.

**Repetitive language (c)**
- Child displays a qualitative impairment in communication as manifested by the stereotyped and repetitive use of language or idiosyncratic language.

**Imaginitive play (d)**
- Child displays a qualitative impairment in communication as manifested by a lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

**Communication imp NOS (e)**
- Child displays a qualitative impairment in communication, not otherwise specified.

**Restricted Behavior (A3)**

**Restricted interests (a)**
- Child displays a preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

**Routines and rituals (b)**
- Child displays an inflexible adherence to specific, nonfunctional routines or rituals.

**Stereotyped mannerisms (c)**
Child displays stereotyped and repetitive mannerisms.

Preoccupation with parts (d)
  Child displays a persistent preoccupation with parts of objects.

Restricted behavior NOS (e)
  Child displays restricted, repetitive and stereotyped patterns of behavior, not otherwise specified.

*If DSM IV checklist was recorded by evaluator: check each behavior that was “marked” by the evaluator. Do not interpret additional comments and do not add your own impressions. Usually these behaviors are noted as “marked” or “none”.*

*If DSM IV checklist was NOT recorded by evaluator, expert reviewer will fill out checklist on the reviewer form from information entered on this abstraction form.*

17. Indicate specific diagnosis or diagnoses given by clinician during evaluation/visit:

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>ASD</td>
</tr>
<tr>
<td></td>
<td>Asperger’s Disorder</td>
</tr>
<tr>
<td></td>
<td>Atypical Autism</td>
</tr>
<tr>
<td></td>
<td>Autistic Disorder</td>
</tr>
<tr>
<td>___</td>
<td>PDD-NOS</td>
</tr>
<tr>
<td>___</td>
<td>Rhett’s Disorder</td>
</tr>
<tr>
<td>___</td>
<td>CDD</td>
</tr>
<tr>
<td>___</td>
<td>Other (list):</td>
</tr>
<tr>
<td>___</td>
<td>non-ASD diagnosis</td>
</tr>
<tr>
<td>___</td>
<td>child did not receive a diagnosis during this visit</td>
</tr>
</tbody>
</table>

Enter any diagnosis given by clinician in this evaluation. Sometimes this diagnosis appears under “Axis I, II, III” or it may appear under impressions. If a qualifier was used to describe the diagnosis, for example “Mild Autistic Disorder,” enter the qualifier (in this case “Mild” in the qualifier field. If no qualifier was used, mark N/A in the qualifier field. Some possible qualifiers include: confirmed, suspected, rule out, mild. “Diagnosis deferred” should be noted as “child did not receive a diagnosis.”

**Quality and completeness of Evaluation**

18. Did the evaluation include (check all that apply):

  ___ List of behaviors
  ___ List of diagnoses (Axis I, II, III)
  ___ Evaluation Summary Diagnosis/Impressions
  ___ Autism Test Results
  ___ Intelligence/Developmental Test Results
  ___ Adaptive test results
  ___ Academic progress report
  ___ IEP progress report
  ___ Other supporting evidence (Describe):_____
Some evaluations will include short behavior descriptions – you can mark these as included. If no diagnosis is made and the list of diagnoses says “see HealthConnect” – do not mark List of diagnoses. Mark test results only if they were completed during this evaluation (do not mark if they are mentioned as part of a previous evaluation). Other supporting evidence may include parent interviews or questionnaires, teacher interviews or questionnaires, etc.

19. Instruments used in the evaluation (check all that apply):

**Autism Instruments:**
- Autism Diagnostic Interview
- ADI-R - Autism Diagnostic Interview Revised
- ADOS - Autism Diagnostic Observation Schedule, Module: ___
- ASDI - Asperger Syndrome Diagnostic Interview
- ASDS - Asperger Syndrome Diagnostic Scale
- ABC - Autism Behavior Checklist
- ASIEP - Autism Assessment Pragmatic & Nonverbal Behavior Checklist
- Autism Screening Instrument for Educational Planning (1st or 2nd ed)
- CARS - Childhood Autism Rating Scale (1st or 2nd ed.)
- CADS – Children’s Atypical Development Scale
- GARS, GARS-2 - Gilliam Autism Rating Scale
- GADS - Gilliam Asperger Disorder Scale
- ASAS - Australian Scale for Asperger Syndrome
- ASQ – Autism Screening Questionnaire
- ATEC – Autism Treatment Evaluation Checklist
- ASSQ - Autism Spectrum Screening Questionnaire
- CAST - Childhood Asperger Syndrome Test
- KADI - Krug Asperger's Disorder Index
- SCQ - Social Communication Questionnaire, current or lifetime __
- DISCO - Diagnostic Interview for Social and Commun. Disorders
- Direct Observation Checklist: Autism Spectrum Disorders
- MIGDAS – Monteiro Interview Guidelines for Diagnosing Asperger’s Syndrome
- PIA – Parent Interview for Autism (or Clinical Version)
- PDD Behavior Inventory
- Pervasive Dev Disorders Screening Test-II (PDDST-II)
- Pre-Linguistic ADOS (PL-ADOS)
- Preschool Autism Rating Scale
- RBS – Repetitive Behavior Scale (or Revised version)
- SRS – Social Responsiveness Scale
- TEACCH Functional Abilities Sclare

**Intelligence and Developmental Tests**
- Mullen Scales of Early Learning
- Ages and Stages Questionnaire (ASQ)
- Stanford-Binet Intelligence Scales, 5th Ed.
- Differential Ability Scales, 2nd ed. (DAS-II) early years or school age__
- Developmental Profile, 3rd ed. (DP-3)
- WPPSI III
- WISC-IV
- WISC nonverbal
_WAIS- IV
_WASI
_Kaufman (KABC) – II
_Kaufman (KBIT) – II
_Leiter R
_Merril Palmer R
_Bayley III
_WIAT-III – The Wechsler Individual Achievement Test
_NEPSY-II A Developmental Neuropsychological Assessment
_CELF-4 Clinical Evaluation of Language Fundamentals
_WRAML2 Wide Range Assessment of Memory and Learning
_VMI- Beery Buktenica Developmental Test of Visual-Motor Integration
_BRIEF – Behavioral Rating Inventory of Executive Function

_Adaptive Tests
_Vineland II Adaptive Behavior Scales
_Developmental Behavior Checklist (DBC)
_Adaptive Behavior Assessment System, 2nd ed. (ABAS II)
_Achenbach Child Behavior Checklist (CBCL)

,O OTHER ______________________

Check instrument even if incomplete, as long as some scores are listed. If an instrument was attempted but not completed at all (no scores), do not check it off. Any instruments that are not listed, type in as “other” and specify.
<table>
<thead>
<tr>
<th>Autism Trigger List Item</th>
<th>Clarification / Examples</th>
<th>Not Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overly-clingy to certain people (over the age of 3 years)</td>
<td>The description must apply to certain people and indicate <em>overly</em> or <em>unusually</em> clingy. Statements of separation anxiety after 3 years of age which goes further to indicate being specifically or unusually clingy to a specific, familiar person – not only a statement of “separation anxiety” by itself.</td>
<td>“Reported to be clingy” is not a trigger (too general) Clings to others (unless it is clear that is is excessive or unusual)</td>
</tr>
<tr>
<td>2. Not cuddly or affectionate with familiar people; aversion to physical contact</td>
<td>Indifference or aversion to affection from others Indifference or aversion to physical contact with caregivers In infants, a failure to cuddle (stiffens or goes limp in response to being picked up) Does not show affection toward others Did not like to be held as an infant Sensory defensiveness to touch of a person Child would not allow examiner to touch them during evaluation</td>
<td>The following are NOT triggers: Aversion to touching or being touched by objects This doesn’t apply to strangers, where it would be appropriate not to be cuddly or affectionate. Withholds affection</td>
</tr>
<tr>
<td>3. Does not respond to his or her name (without hearing loss)</td>
<td>This trigger does not apply to children who are deaf or who have a bilateral, severe-profound sensorineural hearing loss (SNHL). Other triggers do apply. Children can have autism and a HL. If this is the only trigger and the child is deaf or has a bilateral, severe-profound SNHL, do not abstract as a potential autism case. (This rule does NOT apply to children with a suspected HL) Rarely responds to own name (w/o hearing loss) Does not consistently respond to own name (without hearing loss)</td>
<td>Do not abstract if not responding to name is a brief instance of not responding to name, which might be an attention problem or a willful ignoring of name being called. Does not respond the first time his/her name is called (unsure whether this is an attention problem</td>
</tr>
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<td>Clarification / Examples</td>
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</tbody>
</table>
| 4. Ignores or disregards other people | *Excessively or overly withdrawn or aloof in a familiar setting*  
In infants, a failure to respond to their parents’ voices (without hearing loss)  
Limited or no interaction with others given social opportunity  
Notices, but little or no interest in adults or others in a familiar setting  
Does not or rarely responds verbally or nonverbally to a social approach from others in a familiar setting  
Does not greet *familiar* adults or may need reminders to respond to social contacts made by *familiar* adults  
**NOTE:** many examples of #4 also apply to #14 | *Withdrawn/aloof alone is not enough to be a trigger; need more information about social avoidance rather than emotional state or reaction; there must be a clear indication of a lack of social awareness or interest in others*  
*Sometimes* unresponsive. Do not abstract if not responding to another person is a brief instance of not responding to name, which might be an attention problem or a willful ignoring of name being called  
Not listening NOS (should be clear that examiner is referring to social listening or not responding to specific social input)  
Sometimes greets others appropriately  
Does not greet others appropriately (does not mean that the child is not greeting people or responding to someone’s presence but that they are doing so in an inappropriate manner)  
*Temporary* non-responsiveness that is clearly stated to be the result of injury, trauma, or a side effect of medication  
Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item  
Non-responsiveness to activities or objects is not a trigger (only a trigger if it is clear the behavior is social and pertains to other people). |
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</thead>
<tbody>
<tr>
<td>5. Stares blankly at other people</td>
<td>There should be a clear indication that the child is not paying attention to another person, that the child is socially oblivious. Most of the time the child stared into space and was non-responsive to others.</td>
<td>General statements such as &quot;stares into space&quot; or &quot;staring blankly&quot; or &quot;zoning out&quot; alone are NOT triggers (don't know if it is inattention vs socially oblivious) If this behavior occurs during a seizure or to a child with a confirmed seizure disorder, it is not a trigger for abstraction. Child sometimes stared and looked confused when asked a question (No because it is &quot;sometimes&quot; and could be due to comprehension problems)</td>
</tr>
<tr>
<td>6. Prefers objects over people; focuses on objects when people are around and available to interact</td>
<td>Overly or unusually task or object oriented in the presence of social opportunity In a testing situation or 1:1 activity with an adult: Overly or unusually focused on test materials Overly or unusually task or object oriented</td>
<td>The following are NOT triggers: Child untestable Child deteriorates in testing after period of responsiveness Refuses testing Plays better with toys than with other children (does not state that the child prefers toys over others). We don't want to abstract because of poor skill in playing or interacting, but having more of an interest and extreme focus on things over people.</td>
</tr>
<tr>
<td>7. Interacts with people only to get things - not just to play, share, or interact</td>
<td>Only initiates when wants something Involves others in activities as tools or mechanical aids Trigger has to do with social interactions, NOT communication</td>
<td>Can talk but doesn’t choose to do so unless she wants something</td>
</tr>
<tr>
<td>8. Does not participate in group or organized activity</td>
<td>The emphasis is on participating in the activity rather than discussions (doing rather than speaking in groups); statement should describe the frequency rather than the quality of the participation &quot;Organized activity&quot; refers to group or socially organized activity where it is expected that the child would participate Does not actively participate in social play or games</td>
<td>The following are NOT triggers: Doesn’t participate in group discussions Doesn’t work/play well in groups Doesn’t participate because of shyness Refuses to participate in group activities (doesn’t indicate he won’t participate, just that child does not want to) Needs to be encouraged to participate in group activities The item &quot;Fails to participate in activities&quot; on the Devereux Behavior Ratings Scale is not a trigger</td>
</tr>
<tr>
<td>Autism Trigger List Item</td>
<td>Clarification / Examples</td>
<td>Not Triggers</td>
</tr>
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<tr>
<td>9. Does not understand personal space boundaries</td>
<td>Key is “understanding.” It should not just be a child that is getting into people’s space, but there must be some indication that the child really just doesn’t understand it is not appropriate. There are lots of reasons a child could get “in your face.” There must be some indication in the description that the child does not understand it is inappropriate, has no concept of personal space or is clueless. If the child gets in someone’s space and is corrected, but still does it and seems to be clueless, that would count. Stands too close when talking, gets in other’s space would be triggers only if there is some indication that the child does not understand it is inappropriate Needs cues to maintain personal space (this implies a lack of understanding) This trigger may rarely be seen as there must be a clear statement that the child is unaware of personal space boundaries</td>
<td>Inappropriate touching of a sexual nature is NOT a trigger. Invades others personal space (without an indication of awareness) Is intrusive on other people’s space Does not respect personal space of others Problems maintaining personal space</td>
</tr>
<tr>
<td>10. Unaware of appropriate social behavior and inability to recognize or interpret other’s body language, nonverbal expressions or social cues</td>
<td>Key is “unaware”; Doesn’t know what basic social rules are; Cluelessness about social behavior. Unaware of being inappropriately intrusive in social interaction Interested in friendship but lacks understanding of the conventions of social interaction Unaware or lacks knowledge of appropriate social behavior or social conventions</td>
<td>The following are NOT triggers because it is not clear that the child is “unaware” of appropriate social behavior vs being aware, but not caring: Blurs out answers, acts without thinking, actively refuses to comply with requests, disruptive in class, interrupts others, difficulty waiting turn Attempted to grab test materials and often turned the pages of the examiner’s manual (not clear</td>
</tr>
<tr>
<td>Autism Trigger List Item</td>
<td>Clarification / Examples</td>
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</table>
| 11. Prefers to play alone or engage in solitary activities | - Misperceives the actions of others  
  Unaware one is expected to offer comfort to others when the other person is distressed | - she is unaware of appropriate social behavior  
  Acting socially inappropriate is not sufficient (there must be a clear indication that the child is unaware or does not understand that their behavior is inappropriate)  
  Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item |
| 12. Social interactions are one-sided | - Look for clear statements that the child prefers to play alone rather than with others  
  Actively avoids other people  
  Prefers to play or be alone when others are around  
  Prefers or engages in solitary activities given social opportunity  
  Rarely interacts with others given social opportunity  
  Often or usually prefers to play alone | - The following are NOT triggers:  
  Playing with video games (because you can play video games with other people)  
  Enjoys playing by herself – not clear really engaging in solitary activities most of the time, only that she enjoys playing by herself (vs prefers or does it a lot)  
  Sometimes plays alone – not clear most of the time.  
  Content to be alone – not clear that this is child’s primary preference, might also play with others.  
  Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item |
### AUTISM TRIGGERS

<table>
<thead>
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<tr>
<td>13. Does not notice another’s distress; unaware of another’s emotional state or expression</td>
<td><strong>Indication of lack of awareness rather than description of cruel or aggressive behavior</strong>&lt;br&gt;<strong>Limited recognition of social emotions</strong>&lt;br&gt;<strong>Does not notice how his or her behavior impacts others emotionally</strong>&lt;br&gt;<strong>Does not notice when he or she should be embarrassed</strong>&lt;br&gt;<strong>Inability to recognize or interpret other’s emotional expressions</strong>&lt;br&gt;<strong>Child does not recognize when he/she should feel sympathy for others</strong></td>
<td><strong>The following are NOT triggers:</strong>&lt;br&gt;General insensitivity to others&lt;br&gt;Lack of concern for the feelings of others&lt;br&gt;Lack of remorse&lt;br&gt;Lack of empathy/sympathy towards others&lt;br&gt;Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item</td>
</tr>
<tr>
<td>14. Impaired awareness of other people or oblivious to other people</td>
<td><strong>Socially oblivious; oblivious in the context of social opportunity; oblivious in a social situation.</strong>&lt;br&gt;<strong>Must be a description of not paying attention to another person.</strong>&lt;br&gt;<strong>Unaware of / oblivious to / tunes out social world, not lack of engagement in general</strong>&lt;br&gt;<strong>Oblivious to what is being said to him or her</strong>&lt;br&gt;<strong>Excessively or overly withdrawn or aloof in a familiar setting</strong>&lt;br&gt;<strong>Does not notice another person’s lack of interest in an activity</strong>&lt;br&gt;<strong>In his or her own world given social opportunity</strong>&lt;br&gt;<strong>Treats adults as interchangeable (no distinction between familiar and unfamiliar adults)</strong>&lt;br&gt;<strong>Unaware of surroundings/environment (if other people and the opportunity for social contact are present)</strong></td>
<td><strong>The following examples are NOT triggers:</strong>&lt;br&gt;Withdrawn/aloof alone is not enough to be a trigger; need more information about social avoidance rather than emotional state or reaction; there must be a clear indication of a lack of social awareness or interest in others&lt;br&gt;Daydreaming, spacey, confused, “in a fog”&lt;br&gt;Not listening NOS (don't know if it is clearly social listening)&lt;br&gt;Child untestable&lt;br&gt;Child deteriorates in testing after period of responsiveness&lt;br&gt;Refuses testing&lt;br&gt;Unaware of surroundings/environment NOS&lt;br&gt;Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item</td>
</tr>
<tr>
<td>14. Impaired awareness of other people or oblivious to other people (continued)</td>
<td><strong>Walks through / looks through adults or others as though they are not there (not only running over/into others)</strong>&lt;br&gt;<strong>Unaware / oblivious to being teased or ridiculed by others</strong>&lt;br&gt;<strong>In a testing situation or 1:1 activity with an adult:</strong>&lt;br&gt;<strong>Oblivious during testing</strong>&lt;br&gt;<strong>Does not listen (seems unaware) when spoken to directly. Needs to go beyond a statement of “doesn’t listen to when spoken to directly” to</strong></td>
<td><strong>The following examples are NOT triggers:</strong>&lt;br&gt;Daydreaming, spacey, confused, “in a fog”&lt;br&gt;Not listening NOS (don't know if it is clearly social listening)&lt;br&gt;Child untestable&lt;br&gt;Child deteriorates in testing after period of responsiveness&lt;br&gt;Refuses testing&lt;br&gt;Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item</td>
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<td>14. Limited or unusual use of facial expressions and gestures</td>
<td>indicates lack of awareness he or she should be listening. Often appears deaf in response to people’s talking or noisemaking that is being directed to the child to get their attention (without hearing loss) NOTE: many examples of #14 also apply to #4</td>
<td>item</td>
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</tbody>
</table>

**Social Gestures and Expressions**

<table>
<thead>
<tr>
<th>Social Gestures and Expressions</th>
<th>Impaired use of eye-to-eye gaze, facial expression, body postures, gestures in social interactions</th>
<th>Impairment or delays in use of nonverbal communication for social interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Inappropriate affect/emotional expression</td>
<td>Expression does not fit the situation Inappropriate emotions, e.g., cries when others laugh Limited responsiveness to socially directed smiles Rarely responds to socially directed smiles Flat affect in response to another’s positive affect or a positive event</td>
<td>Ratings on the Inappropriate Behaviors/Feelings Scale on the Devereux Behavior Rating Scales are not triggers for abstraction. See #17 for comments about flat affect.</td>
</tr>
<tr>
<td>16. Laughs or smiles at inappropriate times or to self for no apparent reason</td>
<td>Laughs or smiles out of context Had a constant grin on face throughout session even though nothing was funny (examples for #15 could fit here as well)</td>
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<tr>
<td>17. Limited or unusual use of facial expressions and gestures</td>
<td>Doesn’t gesture in a way you might expect: Does not point, clap, wave, etc. Includes statements of lack of gesture use, delayed or impaired gesture use. Any indication of concern about gesturing (over 1 year of age). Facial expression was invariant, even when child reported feeling positively or negatively upon questioning Limited use of facial expressions: Does not display a range of facial expressions His affect was rather flat. Although he was cordial, there were no “smiles.” His affect appeared flat most of the time Somber facial affect throughout session</td>
<td>The phrase “flat affect” on its own without any qualifiers is not a trigger, as the term is overused to describe children with many mental health disorders. To be a trigger, flat affect should be described as occurring across situations, across the evaluation or in situations where you would expect a change in affect would be a trigger. It needs a qualifier indicating that it is more extreme in frequency, intensity or context. The limited use of facial expression should occur in the presence of social opportunity Blunted affect or flat affect The phrase &quot;poor emotional affect&quot; is not a trigger. It is unclear what “poor” means -- is it not clearly appropriate for the situation (#15) or is it limited or unusual (#17) or is it just not modulated well?</td>
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<td>18. Limited, inconsistent, poor, variable, or no eye contact</td>
<td>This trigger does not apply to children who are (legally) blind or who have bilateral severe-profound vision impairment. Other triggers do apply. Children can have both autism and vision impairment. If this is the only trigger and the child is blind or has bilateral, severe-profound vision impairment, then do not abstract as a potential autism case. (This clarification rule does NOT apply to children with suspected vision impairment, cortical blindness or cerebral visual impairment.) Improved eye contact (= impaired eye contact) Socially inconsistent eye contact Fleeting, minimal eye contact</td>
<td>“Fair eye contact” is not a trigger unless you can tell from context that this is a negative statement. No eye contact that shifts when thinking or non-social situations (he looked off while solving math problems) Do not code if eye contact is fine (no concerns) after a very brief need to get the child's attention or for the child to warm up at the beginning of an evaluation of an interaction.</td>
</tr>
<tr>
<td>19. Uses other's hand to get desired objects</td>
<td>Drags by the hand, pushes the hand towards an object, uses a person’s hand or other body part like a tool to get an object. Using parent or caregiver as tool vs using other forms of communication. Uses other's hand to meet a concrete need or obtain desired objects without ever making eye contact or using other forms of communication (as if it were the hand rather than the person that is relevant)</td>
<td>The following are NOT triggers: Leading by the hand NOS</td>
</tr>
<tr>
<td>20. No interest in other children (peers) or friendships</td>
<td>To be a trigger, statement should describe lack of interest (no interest) or little interest in other children; focus is on “interest” Limited or no interest in establishing friendships Notices, but shows little or no interest in other children in a familiar setting (including siblings) Lacks a desire to interact with peers A number of children have attempted to befriend him; however, he is generally unresponsive to their efforts. (Generally = &quot;None&quot; or &quot;very limited&quot; in this example and is trigger.)</td>
<td>The following statements are NOT triggers: Descriptors of a general social problem that is not clearly due to a lack of interest: No friends, few friends Trouble making friends Poor peer relations Does not get along with peers / siblings / other children General comments about shyness</td>
</tr>
<tr>
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| 21. Only engages in parallel play                            | The social part of play is side-by-side rather than interactive play  
Almost all of his play was parallel or solitary  
Generally plays independently in the company of peers or alongside another child at play  
*Only or mostly* engages in parallel play given social opportunity, when it would be appropriate to play with others (emphasis is on social interest rather than play skills)                                                                 | The following statement is NOT a trigger: Sometimes engages in parallel play (more of a positive statement; don’t know if child is doing this most of the time)                                                                                                                                                                                                 |
| 22. Limited or no interaction with other children            | To be a trigger, statement should describe frequency rather than quality of social interaction  
Limited or no interactions with familiar peers, given social opportunity  
Avoids other children  
Seldom interacted with peers  
He isolates himself from other children  
*The following statements are NOT triggers because they describe the quality of the social interaction rather than the frequency:  
Poor social interaction  
Relates poorly with other children  
Difficulty interacting with peers*                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| 23. Walks through children/looks through children; decreased awareness of children | Obliviousness directed at other kids  
*Excessively or overly* withdrawn or aloof in a familiar setting  
*Markedly impaired awareness* of other children’s presence (including siblings)  
*Unaware / oblivious* to being teased or ridiculed by other children  
*Withdrawn/alof alone is not enough to be a trigger; need more information about social avoidance rather than emotional state or reaction; there must be a clear indication of a lack of social awareness or interest in others  
Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item*                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| 24. Interest in peers, but tries to interact in unusual ways  | Interested in friendships, but doesn’t know how to make friends  
*Only* interacts with or *strongly* prefers to play only with children who are much younger or others who are much older  
Would like to relate to peers, but unaware of how to do this positively. Acted in ways that often were non-acceptable, such as licking other children.  
*The following statements are NOT triggers:  
Would often try to engage play with others, however, he would do so aggressively, such as hitting or pushing others (rationale: deliberately annoying interactions are not triggers).  
Also see general comments under “Not Triggers” section of SOCIAL BEHAVIORAL TRIGGERS item*                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| Joint Attention Problems                                    |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |
| 25. Does not initiate interactions with others               | May respond, but does not start interaction or seek out others.  
This trigger doesn’t have to do with the child’s responses to others’ initiations; rather to the child not actively initiating on his/her own  
Does not initiate social interactions with familiar people  
Does not initiate social contacts with peers in play  
*The following are NOT triggers:  
Initiation problems (too general)  
Does not initiate conversation (not a social trigger)  
Needs prompting to talk (not a social trigger)  
Difficulty in initiating interactions with peers (“difficulty” does not mean child cannot do it)*                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
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<tr>
<td>Does not spontaneously show or share enjoyment, excitement, achievements with others.</td>
<td>&quot;Not much&quot; = rarely, infrequently. Descriptions of infrequent interaction, or interaction that rarely or hardly-ever occurs would be triggers.</td>
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<tr>
<td>26. Does not ask for help, but gets things for him or herself when help would be easier</td>
<td>Ignores fact that people can help you&lt;br&gt;Gets things for self when it would be “easier” to ask for help. Difficulty using adults as a resource and asking for help when she needs it</td>
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</tr>
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<td>27. Lack of showing, bringing, or pointing out objects of interest to other people</td>
<td>Lack of spontaneous seeking to share enjoyment with other people. Not pointing out things of interest</td>
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<tr>
<td>28. Never offers to share food or objects with others</td>
<td>The emphasis is on offering to share; doesn’t spontaneously seek out others and offer to share</td>
<td>General statements about difficulty with sharing are not triggers.</td>
</tr>
<tr>
<td><strong>Limited Interest in Pleasing Others</strong></td>
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<tr>
<td>29. Does not do things to please others</td>
<td>Child does not make or do something for someone else; does not try to please by actively doing something for someone else; does not act to please others (e.g., drawing a picture, bringing things to another person)</td>
<td>The following are NOT triggers: Oppositional behavior, refusing to comply with requests</td>
</tr>
<tr>
<td>30. No reaction to praise or positive attention</td>
<td>Not interested in social praise&lt;br&gt;Does not respond to rewards, adult praise or verbal encouragement&lt;br&gt;In a testing situation or 1:1 activity with an adult: Child shows no interest in examiner's attention</td>
<td>Not a trigger if behavior is due to deterioration in testing after period of responsiveness&lt;br&gt;Responds inappropriately to praise (not clear this is limited or no reaction to praise; child could be responding to praise, just not in an appropriate way)</td>
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<tr>
<td><strong>Social use of language</strong></td>
<td><strong>Pragmatics</strong></td>
<td></td>
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<tr>
<td>31. Inability to use words and gestures together to communicate</td>
<td>Significant difficulty in using verbal and non-verbal communication together&lt;br&gt;Inability to integrate words with gestures to communicate with others (e.g., cannot say “I like you” while smiling) This applies to children with verbal communication problems who do not use gestures to compensate for these problems</td>
<td>The following are NOT triggers: “Monologues” Sings or hums to self (trigger only applies to talking)</td>
</tr>
<tr>
<td>32. Talks to self rather than to another person</td>
<td>Talking to oneself in the presence of others (e.g., When asked to do something...he talks to himself)</td>
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<tr>
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<tr>
<td>Constantly babbles to self</td>
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<td>The following statements are NOT triggers unless there is a clear note of problems in social interactions:</td>
</tr>
<tr>
<td>33. Mention of significant concerns about the child’s development or delays prior to age 3 in social interactions</td>
<td>Parents indicated they had concerns about the child’s social development at 2 years. Child was evaluated for social delays and qualified for early intervention.</td>
<td>General developmental delays, delayed milestones or regression (unless specific to social skills)</td>
</tr>
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<td>Delays in language development</td>
</tr>
</tbody>
</table>
Autism Behaviors and Associated Features (What to abstract / DSM-IV-TR category sort)

SOCIAL INTERACTION
Affect, flat in response to another person Affection, aversion to (verbal and/or physical contact) Affection, indifference to (verbal and/or physical contact)
Asocial
Awareness of adults, impaired Awareness of other children, impaired Awareness of others, impaired
Body postures, impaired use of (to regulate social interaction)
Bringing objects of interests to others, lack of
Clinging mechanically to a specific person
Communication, difficulty in non-verbal for social regulation
Cuddle, failure to (infancy)
Do something for others, no desire to Does not notice another’s distress Does not understand things that are happening in his/her environment
Emotional reciprocity, lack of Empathy, lack of
Eye contact improved (improved eye contact = impaired eye contact) Eye contact, lack of / limited / inconsistent / poor / variable / no Eye-to-eye gaze, impaired use of (to regulate social interaction) Facial expression, impaired use of (to regulate social interaction)
Facial expression, unusual for situation Facial responsiveness, Lack of
Failure to develop peer relationships appropriate to developmental level
Flat affect, in social context
Friendships, Interest in, but lacks understanding of social interaction Friendships, little interest in
Friendships, No due to lack of interest
Gestures, impaired use of (to regulate social interaction)
Gets things for self rather than requesting help
Group activity, does not participate due to lack of interest
Initiation problems NOS, does not initiate social interactions
Interrupting
Involves others in activities only as tools or mechanical aids
Joint attention impairment
Laughing, inappropriate Leading by the hand without other communication strategies used
Licking, people
Looks through children
Marked impairment in the ability to initiate or sustain conversation
Marked impairment in use of multiple nonverbal behaviors to regulate social interaction
Masturbation (excessive and public display of)
Needs of others, no concept of
Nonverbal behaviors: marked impairment in use of multiple nonverbal behaviors to regulate social interaction
Non verbal communication, difficulty in
Object oriented in the presence of social opportunity
Oblivious to adults
Oblivious to directions
Oblivious to instructions
Oblivious to other children (including siblings)
Oblivious to others
Organized activity, does not participate in
Parallel play only
Peer relationships: failure to develop peer relationships appropriate to developmental level

From: ARCHE v3 Abstraction Manual – July 2010
AUTISM TRIGGERS

Peer relationships, poor or nonexistent
Physical boundaries, little sense of others
Physical contact aversion (verbal and/or physical contact)
Physical contact indifference (verbal and/or physical contact)
Playing alone, preferred
Plays with others, does not
Plays with test materials rather than with examiner
Please others, no desire to
Pointing out objects of interest to others, lack of
Praise, no reaction to
Rapport difficult to establish
Regression or loss of social skill (DD)
Requesting help, impairments in
Respond to parents’ voice, failure to (in infancy)
Responds to own name or name of other familiar person, does not
Sexual behaviors with others, inappropriate
Sharing problems (do not abstract sharing behaviors for children <3 years old)
Showing objects of interests to others, lack of
Smiles / smiling, inappropriate
Smiles / smiling, lack of social directed
Social behavior, lacks knowledge of appropriate
Social communication problems
Social engagement problems
Social games, does not actively participate in (all except peek a boo and pat a cake)
Social impairment NOS
Social interaction with peers, limited or none
Social interaction, inappropriately intrusive
Social interactions, an area of concern
Social play, does not actively participate in (all except peek a boo and pat a cake)
Social reciprocity, lack of
Social skills poor
Social skills limited
Social skills, loss of
Solitary activities preferred
Spontaneous seeking: no sharing enjoyment, interests, achievements with others (no referent or with adults)
Stands too close
Stares blankly in the context of social opportunity
Talks to oneself
Touched, dislike being
Touching, inappropriate
Treats adults as interchangeable
Turn-taking problems
Uses parents hand to obtain desired objects w/o eye contact (as if the hand rather than the person is relevant)
Walks through children

COMMUNICATION
Body parts, cannot identify
Communication, difficulty in verbal Communication, immature Communication disorder NOS
Communication impairment NOS Communication problems, pragmatic
Conversation: Marked impairment in the ability to initiate or sustain conversation
Delay in development of spoken language (not accompanied by gestures or mime)
Directions, does not understand Directions, inability to understand

From: ARCHE v3 Abstraction Manual – July 2010

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Echolalia
Expressive language difficulties
Functional play, immature Functional play, no
Games: does not engage in simple imitation games (e.g., peek-a-boo, pat-a-cake) Games: engages in games but only out of context or in a mechanical way
Gibberish Grammatical structures, immature
Humor, inability to understand
Idiosyncratic language (has meaning only to those familiar with child’s communication style) Imaginative play, absent or markedly impaired Imitation games, does not engage in Imitation games, engages in them but only out of context or in a mechanical way Imitation, impairment Implied meaning, inability to understand
Instructions, does not understand
Integrate words with gestures, inability
Irony, inability to understand
Jargon (word-like sounds)
Jokes, inability to understand Language comprehension delayed Language comprehension impaired (verbal child)
Language disorder Language processing disorder Language, delay in or total lack of development of spoken language Language, disturbance in pragmatic (social use) Language, immature Language, impairment in the pragmatics Language, impairment in the semantics Language, perseverative Language, repetitive Language, stereotyped
Marked impairment in the ability to initiate or sustain conversation
Metaphorical language (must be explicit statement that someone familiar with child can understand his or her language)
Mime, use of for communication
Monologues
Neologisms (made up words)
Non-literal speech, inability to understand (e.g. irony, implied meaning)
Oblivious in general (not engaged)
Perseverates on words
Perseverative language
Play, lack of varied, spontaneous make-believe or social imitative play
Play skills impaired (i.e., plays with objects, not plays with others)
Play skills, lack of
Play skills, no ability
Plays with toys, no
Pragmatic communication problems
Pronoun reversal
Questions: does not answer WH questions
Questions: inability to understand simple questions
Receptive language difficulties
Refusal to use the pronoun “I”
Regression or loss of language skills (DD)
Repeats dialogue
Repeats information over and over regardless of the appropriateness of the information to the social context
Repeats jingles or commercials
Repetition of same exact word used over and over again
Repetition of words and phrases regardless of meaning
Repetitive use of language
Roaming without reference to another specific object
AUTISM TRIGGERS

Routines of infancy or early childhood, does not engage in
Routines of infancy or early childhood, engages in them but only out of context or in a mechanical way
Speech, immature
Spoken language: delay in or total lack of development of spoken language (not accompanied by gestures or mime)
Staring at rather than manipulating toys
Stereotyped use of language
Syntax, unusual
Talk, associative
Talk, tangential
Talking excessive
Talking, excessive detail
Talking, infrequent
Total lack of development of spoken language (not accompanied by gestures or mime)
Verbal communication, difficulty in
Voice, contains question-like rises at the end of sentences
Voice, abnormal pitch
Voice, abnormal rate
Voice, abnormal rhythm
Voice, abnormal stress
Voice, loud speaking
Voice, monotonous
Voice, sing song
Voice, tone inappropriate to context
Wandering from toy to toy (would not engage in toys outside his or her interests)
Wandering without reference to another specific object
WH questions, does not answer

UNUSUAL BEHAVIOR

Body postures, odd
Carries things around, insists on
Changes: resistance to or distress over trivial changes Clapping, unusual (stereotyped hand movements)
Close inspection of objects
Color, attraction / aversion to
Compulsive/compulsions
Dipping (stereotyped or complex whole body movement)
Distress over trivial changes
Expects others to answer ritualized questions in specific ways
Fascination with electric fan or other rapidly revolving object
Fears, obsessive
Finger flapping Finger flicking
Guttural sounds (non-babbling utterance of non-verbal child) Hair twirling
Hand flapping Hand movements, odd Hand movements, stereotyped Hand twisting
Hold objects in each hand, has to
Humming alone (non-babbling utterance of non-verbal child)
Inflexible adherence to specific, nonfunctional routines or rituals
Insists on sameness
Interest in toys, little / decreased Interests, markedly restricted range
Intonational noise
Licking behavior, objects or nos
Lines up an exact number of play things in the same manner over and over Looking at rather than manipulating toys Looks at objects, people out of corner of eye
Masturbation (self stimulation part of own body)
Movement, fascination with

From: ARCHE v3 Abstraction Manual – July 2010
AUTISM TRIGGERS

Noise-making (non babbling utterance of non verbal child)
Nonfunctional play (unusual or strange play)
Objects, highly attached to inanimate (e.g., piece of string or rubber band)
Obsessions/Obsessive
Obsessive Fears
Opening and closing of doors, fascination with
Perseveration NOS
Perseveration on topics or themes
Perseverative action/play/behavior
Play, nonfunctional
Play, repetitive
Play, strange
Play, unusual
Poking own eyes (self stim part of own body)
Posture abnormalities
Preoccupation with numbers, letters, symbols
Preoccupation with one narrow interest
Preoccupation with parts of objects
Preoccupation with parts of the body on dolls or animals
Preoccupation with stereotyped interest that is abnormal in intensity or focus
Repeatedly asks the same questions over and over again
Repetitive motor mannerisms
Repetitively mimics the action of a television actor
Repetitively opens and closes doors of buildings
Repetitively turns lights on and off
Resistance to trivial changes
Restricted behavior, NOS
Revolving objects, fascination with (e.g., electric fan)
Routines: inflexible adherence to specific, nonfunctional rituals
Rocking (stereotyped or complex whole body movements)
Routines, unreasonable insistence on following (e.g., taking exactly same route to school each day)
Routines: inflexible adherence to specific, nonfunctional routines
Running in circles
Restricted behaviors
Whining (non babbling utterance of non verbal child)
Self stimulation (part of own body)
Self stimulation NOS
Self stimulation vocalizations (no linguistic content)
Spins wheels of toys
Squinting eyes
Staring at lights
Stereotyped hand movements
Stereotyped interest that is abnormal in intensity or focus
Stereotyped or complex whole body movements
Stereotyped motor mannerisms
Swaying (stereotyped or complex whole body movement)
Tactile defensiveness
Task oriented
Texture, attraction / aversion to
Toe walking
Tongue protrusion

From: ARCHE v3 Abstraction Manual – July 2010
ASSOCIATED FEATURES
Abnormalities in drinking Abnormalities in eating Abnormalities in sleeping Abnormalities of mood or affect
Affect abnormalities (e.g., labile mood)
Aggression Anxiety Argumentative
Attention span short
Awakening at night, recurrent, with rocking
Cognitive skills profile uneven Cognitive skills, abnormalities in development of
Cold, decreased reaction to
Controlling behavior
Deep pressure hugs Defiant
Delayed motor milestones
Diet limited to a few foods Difficult to soothe
Directions, refuses to follow
Drinking abnormalities Drinking, excessive fluid Eating abnormalities
Excessive drinking of fluids
Expressive language level above receptive language level
Fear lacking in response to real dangers Fearfulness excessive in response to harmless objects
Fine motor problems Finger biting
Food, smelling Foods, diet limited to few
Frustration low
Hand biting
Head banging Heat, decreased reaction to
Hugs, deep pressure
Hyperactivity Hyperlexia
Impulsivity
Instructions, refuses to follow
Interrupting
Language comprehension level below vocabulary level
Light, exaggerated reaction to Lights, staring at Limited diet
Low frustration, problems with Low tolerance, problems with
Mood abnormalities
Mood, labile
Motor clumsiness
Motor coordination poor
Motor milestones delayed (DD if under 3)
Mouthing objects (not scored)
Non compliance in testing or structured activity
Odd responses to sensory stimuli
Odors, exaggerated reaction to
Pain, decreased reaction to
Pica
Plays with toys/objects, destructive
Plays with toys/objects, violent
Poking own eyes (self injurious)
Receptive language level below expressive language level
Responses to sensory stimuli odd
Running NOS (in a non self stimulatory fashion. More of hyperactive/impulsive type behavior)
Seizure activity
Self injurious behaviors
Sensory integration or regulation problems
Sensory stimuli, fascination with
Sensory stimuli, odd responses to
Sleeping abnormalities

From: ARCHE v3 Abstraction Manual – July 2010
AUTISM TRIGGERS

- Smelling food
- Smelling objects
- Soothe, difficult to
- Sound, increased sensitivity to
- Temper tantrums
- Tolerance low
- Violent or destructive play with toys or objects (e.g., tosses and throws toys)
- Wrist biting

DEVELOPMENTAL HISTORY

- Developmental concerns, general less than 3
- Developmental delays, language less than 3
- Developmental delays, social less than 3
- Developmental plateau
- General developmental concerns less than 3
- Loss of skills, regression
### Glossary

#### Professional / Licensing Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BCP</td>
<td>Board Certified in Pediatrics</td>
</tr>
<tr>
<td>CCC-A</td>
<td>Certificate of Clinical Competence in Audiology</td>
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<tr>
<td>CCC-SLP</td>
<td>Certificate of Clinical Competence in Speech and Language Pathology</td>
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<tr>
<td>CFY</td>
<td>Clinical Fellowship Year</td>
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<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
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<tr>
<td>DO</td>
<td>Doctor of Osteopathy or Doctor of Optometry</td>
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<tr>
<td>DSW</td>
<td>Doctor of Social Work</td>
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<tr>
<td>EdD</td>
<td>Doctor of Education</td>
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<tr>
<td>EdS</td>
<td>Education Specialist</td>
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<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Worker</td>
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<tr>
<td>LMFT</td>
<td>Licensed Marriage &amp; Family Therapist</td>
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<tr>
<td>LMSW</td>
<td>Licensed Medical Social Worker</td>
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<tr>
<td>LPC</td>
<td>Licensed Professional Counselor</td>
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<tr>
<td>MA</td>
<td>Master of Arts</td>
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<td>MD</td>
<td>Medical Doctor</td>
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<td>Master of Education</td>
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<td>MS</td>
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<tr>
<td>MSW</td>
<td>Master of Social Work</td>
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<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
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<tr>
<td>OD or DO</td>
<td>Doctor of Optometry</td>
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<tr>
<td>OT</td>
<td>Occupational Therapist</td>
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<tr>
<td>OTR</td>
<td>Occupational Therapist, Registered</td>
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<td>OTR/L</td>
<td>Occupational Therapist, Registered/Licensed</td>
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<td>Physician Assistant</td>
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<tr>
<td>PA-C</td>
<td>Physician Assistant-Certified</td>
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<td>PNP</td>
<td>Pediatric Nurse Practitioner</td>
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<td>PsyD</td>
<td>Doctor of Psychology</td>
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<td>PT</td>
<td>Physical Therapist</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>RNC or RN,C</td>
<td>Registered Nurse, Certified</td>
</tr>
<tr>
<td>RPT</td>
<td>Registered Physical Therapist</td>
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<tr>
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