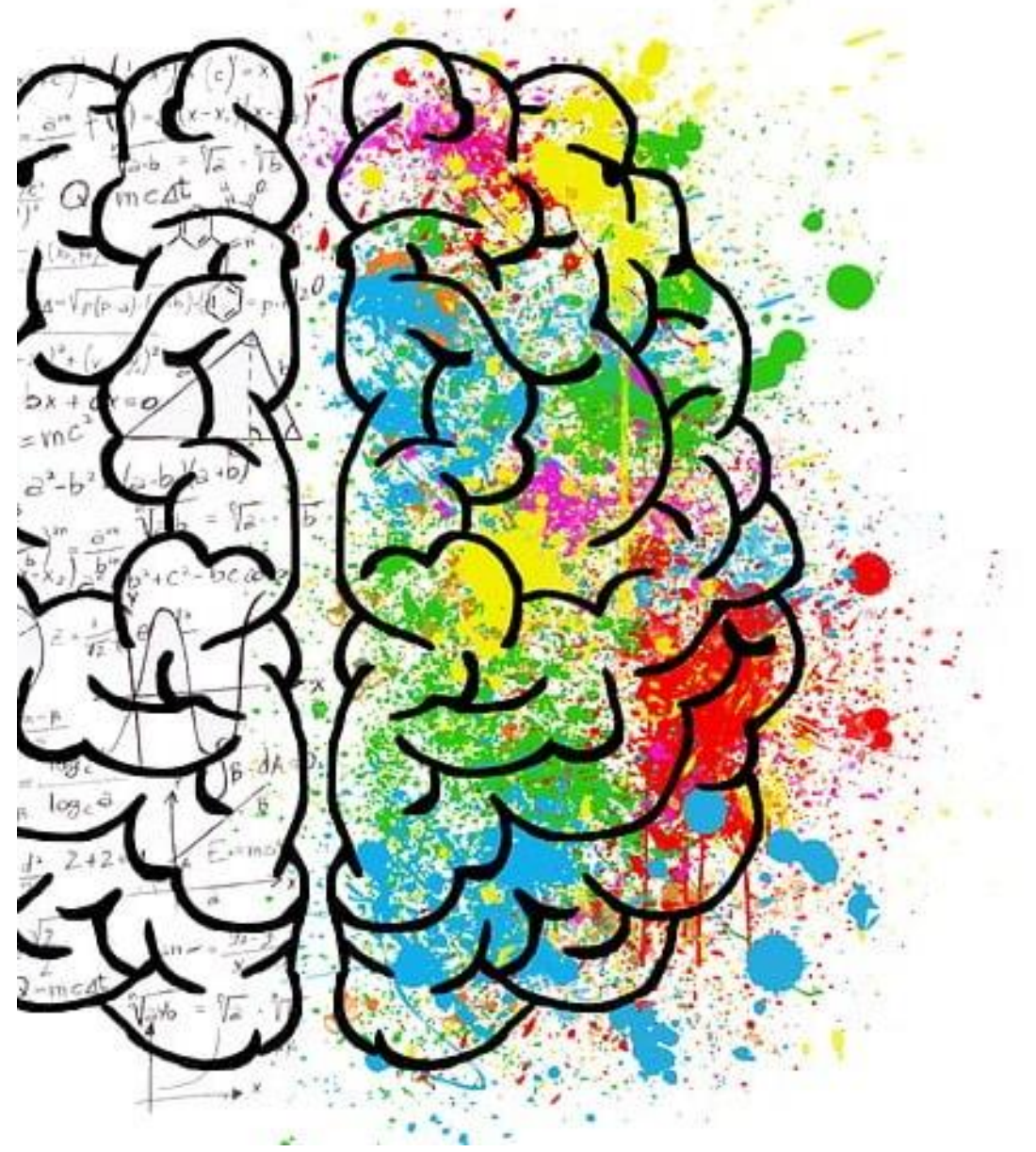


BMHP6029

**Psychopathological
Classifications and Provisions
Week 6
Autism spectrum Disorder
2026**





Structural

Autism

**Neurodiversity
movement**

Autism Spectrum Disorder



What is Autism Spectrum Disorder (ASD) ?

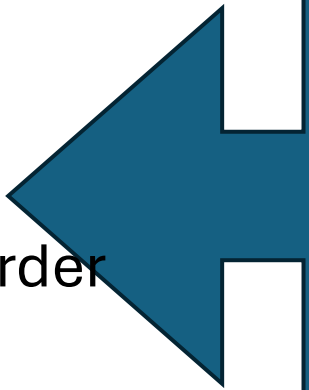
- Autism Spectrum Disorder (ASD) is a **neurodevelopmental condition** characterised by differences in social communication and restricted or repetitive patterns of behaviour (NIMH, 2024).
- Symptoms emerge in **early development**, though diagnosis may occur later.
- The term *spectrum* reflects **heterogeneity** in presentation, support needs, and outcomes.
- Increasing recognition of **neurodiversity** challenges deficit-based models and emphasises identity, strength and lived experience.





Neurodevelopmental Disorders in ICD-11

- 
- (1) disorders of intellectual development
 - (2) developmental speech or language disorders
 - (3) autism spectrum disorders (ASD)
 - (4) developmental learning disorders
 - (5) developmental motor coordination disorder
 - (6) attention deficit hyperactivity disorder (ADHD)
 - (7) stereotyped movement disorder
 - (8) other neurodevelopmental disorders



New category in ICD-11
Disorders with early onset affecting cognitive and social communicative development
Multifactorial in origin
Complex sex differences and long lasting impairments into adulthood (Stein et al., 2020)



ASD in ICD-11 (2022– present)

ICD-11 positions ASD within **Neurodevelopmental Disorders**, emphasising:

- No fixed age of onset
- Lifespan presentation
- Dimensional specifiers rather than subtypes
- Co-occurrence with ADHD permitted
- Functional impact rated across:
 - Intellectual functioning
 - Language/communication
 - Co-occurring mental/medical conditions

Recent commentary: Stein et al. (2020) argue ICD-11 improves clinical utility but risks **over-inclusivity** without clearer boundaries. Reed et al. (2023) highlight improved alignment with DSM-5-TR.

Common Features

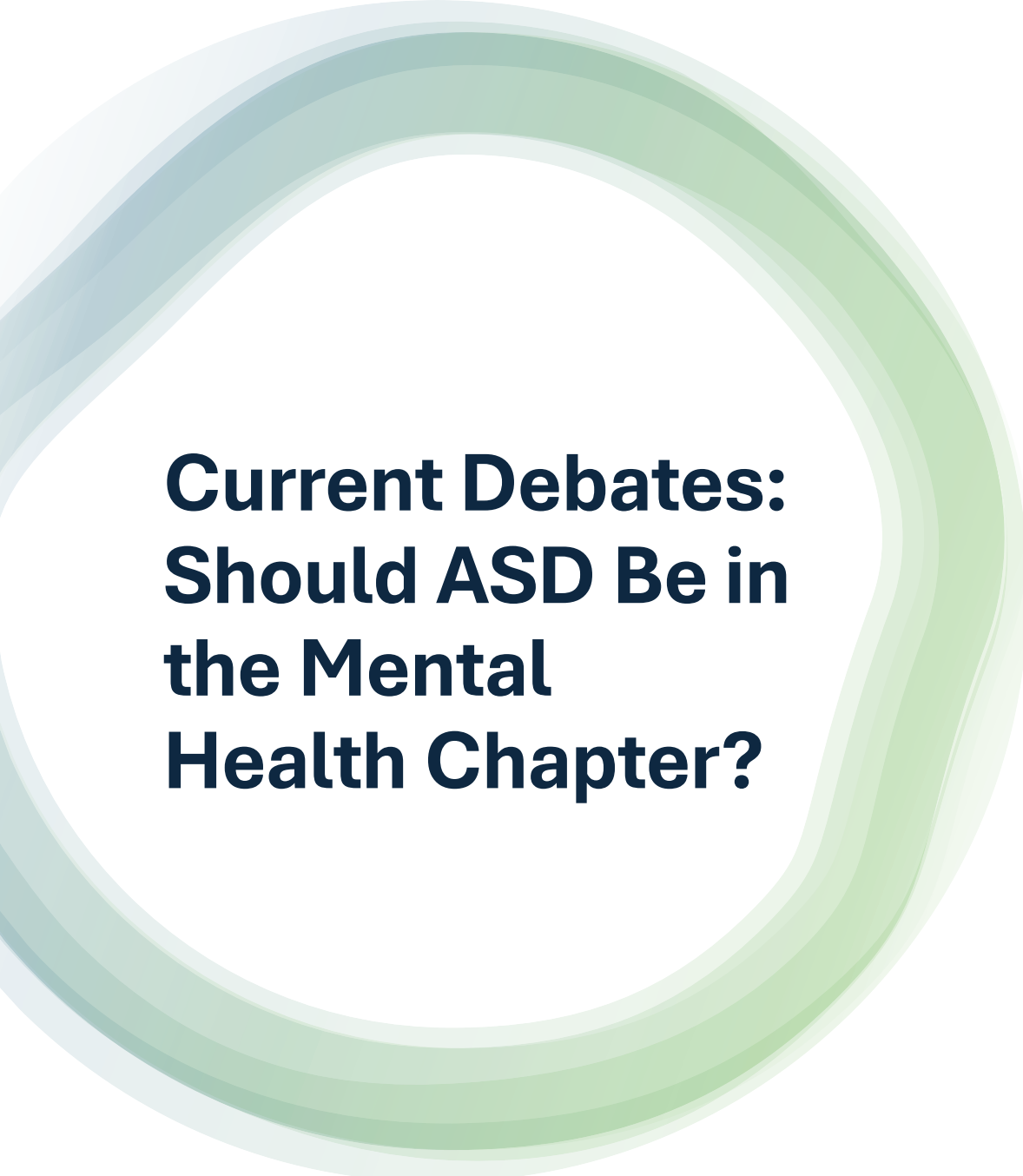


- (a) an onset that is invariably during infancy or childhood;
- (b) an impairment or delay in the development of functions that are strongly related to biological maturation of the central nervous system; and
- (c) a steady course that does not involve the remissions and relapses that tend to be characteristic of many mental disorders.



Common Features

- Early developmental differences
- Social communication differences
- Restricted/repetitive behaviours
- Sensory hyper- or hypo-sensitivity
- Preference for predictability and routine
- Executive functioning differences
- Co-occurring conditions: ADHD, anxiety, sleep disorders, GI issues, epilepsy



Current Debates: Should ASD Be in the Mental Health Chapter?

Arguments for inclusion:

- ASD strongly predicts mental health inequalities
- High co-occurrence with anxiety, depression, OCD, ADHD
- Need for integrated care pathways

Arguments against inclusion:

- ASD is not a mental illness but a **neurodevelopmental difference**
- Risk of pathologising neurodivergent identity
- Neurodiversity advocates argue for a **social model** framing (Kapp, 2020)

Useful link: Kapp, S. (2020). *Autistic Community and the Neurodiversity Movement*. <https://link.springer.com/book/10.1007/978-981-13-8437-0>

A Broad Spectrum in Presentation and Outcome

- **Increasing diagnosis rates**, especially in girls and ethnic minority groups (Roman-Urrestarazu et al., 2021; Maenner et al., 2023).
- **Employment gap persists**: only 29% of autistic adults in paid work in the UK (ONS, 2024).
- **Higher inpatient admissions** and longer stays for autistic people with learning disabilities (NHS Digital, 2024).
- **Intersectionality matters**: ethnicity, socioeconomic status, and language shape diagnostic access and outcomes.



Dr Temple talks about autism. Are there changes in her communication between her younger self and now?

Comparing classification systems (adapted from Open University, n.d.)

System

Main types of symptoms

Subtypes

Onset

ICD-10

1) communication
2) social interaction
3) restrictive, repetitive activities and interests (RRBIs).

1) Subtypes such as Childhood autism atypical autism, Asperger syndrome;
2) Pervasive developmental disorder

Functional impairment in either communication or social by age 3

DSM 5

1) social communication
2) restrictive, repetitive activities and interests; sensory difficulties.

No subtype, a spectrum

Difficulties in 1 or 2 appear in early childhood ; functional impairment maybe later

ICD-11

1) social communication
2) restrictive, repetitive activities and interests; sensory difficulties.

No subtype, a spectrum

early development period

Closer look at ICD-11

System

Main
types of
symptoms

Subtypes

Onset

ICD-11

1) social communication
2) restrictive, repetitive
activities and interests;
sensory difficulties.

No subtype, a
spectrum

early development
period

No fixed age for onset

Presentation throughout lifespan (Reeds et al., 2019)

Better synchronised with DSM 5: No subtype but a spectrum

Quantifiers to indicate the extent of impairment used instead (Reeds et al., 2019; Stein et al., 2020) → better able to capture changes with age in functioning

- Intellectual functioning
- Functioning in language and communicative
- Mental health as well as medical and genetic comorbidity (Stein et al, 2020)

No longer exclusive from ADHD, with strong implications on the use of medication



Challenges experienced - Autism

- Communication impairment/limitation
- Limited theory of mind
- **Hypersensitivity/hyposensitivity – sensory stimulus (sounds, touch, taste)**
- Changes in terms of social interaction
- Limited eye contact
- Routine and rigidity in daily functioning

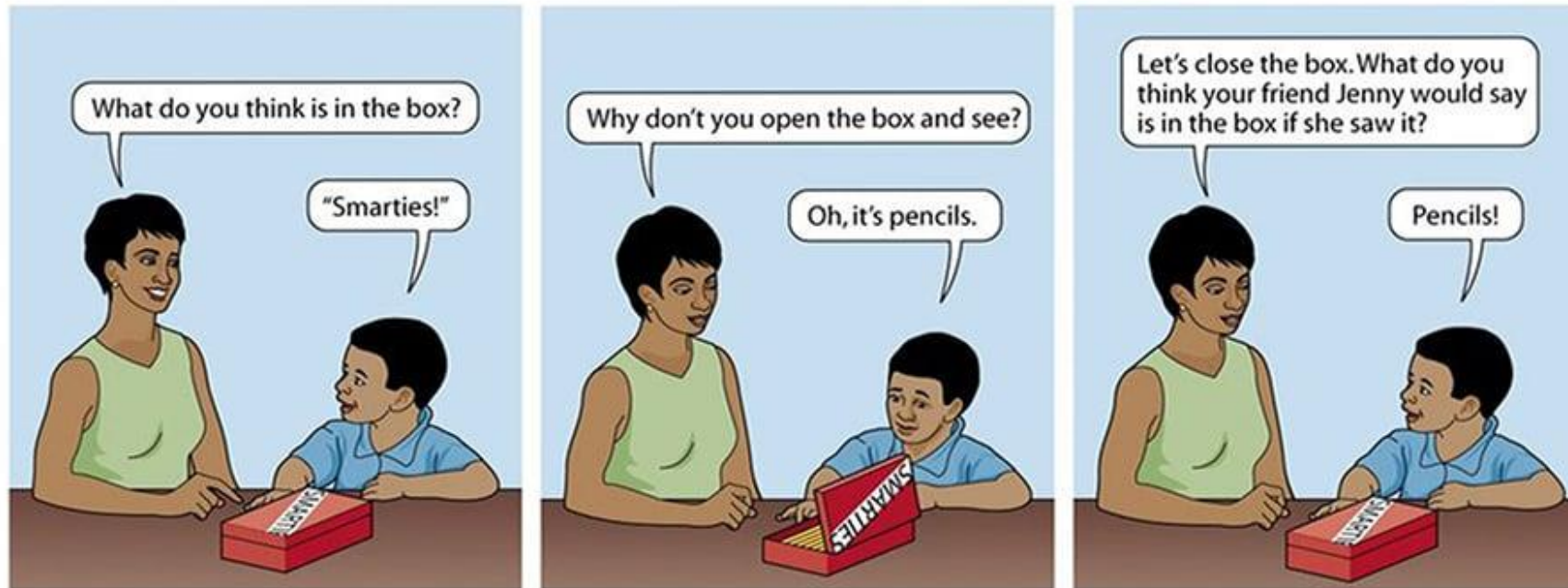


Signs of Autism - Children

- Lack of eye contact
- Limited response to sensory cues
- May not respond to name
- Repetitive behaviors or actions: Flapping, repeating same terms
- Limited interactions with other children
- Limited emotional responses such as smiling

Psychological explanation of autism: Theory of mind deficit

A False-Belief Problem: The “Smarties” Task



To pass this task, you need to be able to hold multiple representations: your earlier false belief about the chocolate, what you now know about the pencils and that your friend does not know about the pencils. A four year old can pass the task of reality (pencils) and appearance (smarties) when a much older autistic child cannot pass



Theory of mind
measured by the
Sally –Anne task
(Baron-Cohen et
al., 1985)

[https://www.youtube.com/
watch?v=41jSdOQQpv0](https://www.youtube.com/watch?v=41jSdOQQpv0)

A much older child doing the Sally-Ann task. How does his behaviour compare to the little girl?

It is a useful concept to explain the difficulty in understanding other's and social interaction. But it does not explain the restricted and repetitive behaviour



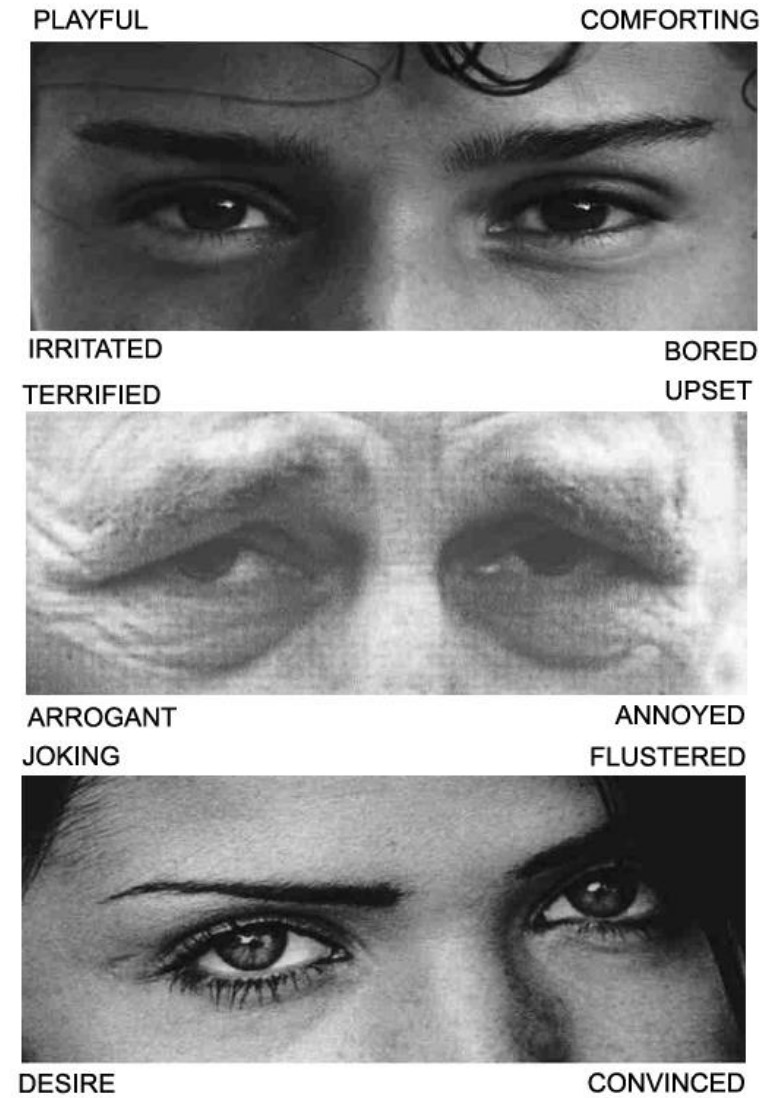
RTMIE task (Baron-Cohen et al, 2015)

High functioning autistic individuals can pass the Theory of Mind task without understanding other's mind.

The Reading the mind in the eyes task measures the affective Theory of Mind: both verbal and non-verbal understanding (Baron-Cohen et al., 2015)

Some studies also measured the participant's brainwaves when they are completing the task

Age effect in some adults as processing in emotion display is affected



Reading the Mind in the eyes task

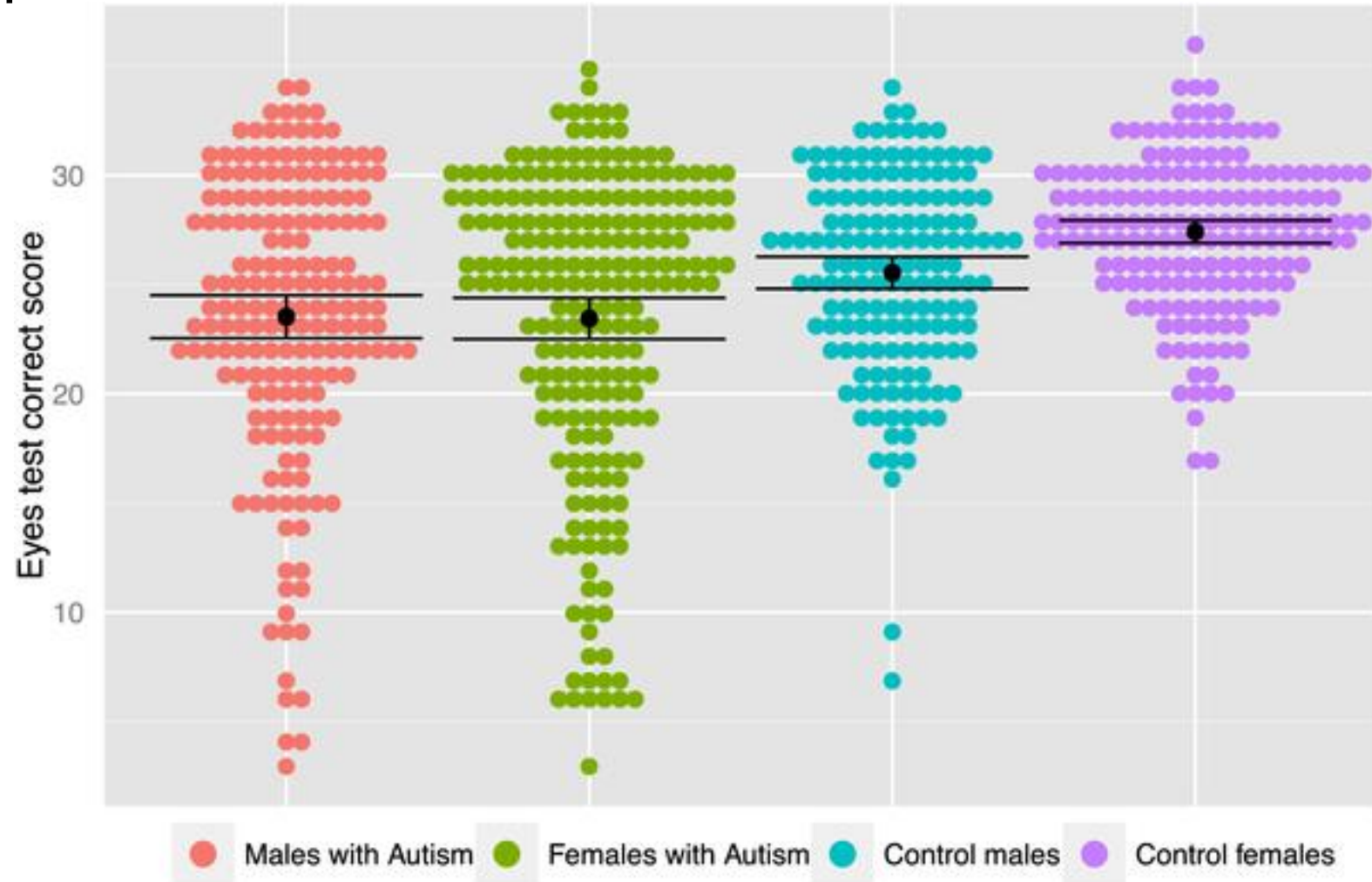
In general, female better at this task than male (see higher mean in purple data compared to blue data)

On the other hand, individuals with ASD performed poorer in this task.

No gender differences and some very low scores in these two groups.

Again it does not explain the repetitive and restricted interest.

Fig 1. Performance accuracy on the Eyes test by group.



Baron-Cohen S, Bowen DC, Holt RJ, Allison C, Auyeung B, et al. (2015) The “Reading the Mind in the Eyes” Test: Complete Absence of Typical Sex Difference in ~400 Men and Women with Autism. PLOS ONE 10(8): e0136521. <https://doi.org/10.1371/journal.pone.0136521>

Psychological Explanations: Beyond Theory of Mind

Theory of Mind (ToM) remains influential but incomplete. Contemporary models emphasise:

Predictive processing differences (Pellicano & Burr, 2022)

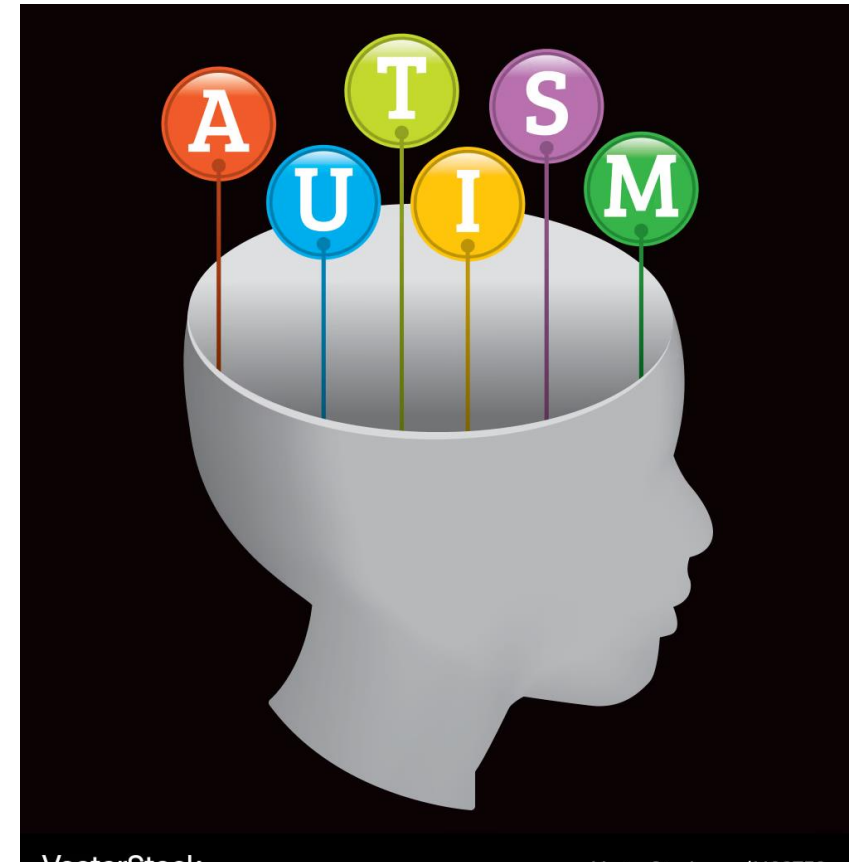
Monotropism: deep, focused attention on specific interests (Murray et al., 2023)

Double Empathy Problem: communication breakdown is mutual, not one-sided (Milton, 2022)

These models better explain sensory differences and repetitive behaviours than ToM alone.

Summary

- **Predictive Processing Differences** Autistic people rely less on assumptions and more on real-time input. Sensory sensitivity, unpredictability
- **Monotropism** Attention flows into a few deep channels. Special interests, difficulty switching attention
- **Double Empathy Problem** Communication mismatch goes both ways. Social misunderstandings between autistic and non-autistic people



Making diagnosis: Multi-Disciplinary Team

Pediatrician

Psychologist
(appropriate
based on age)

Educational
Psychologist

Clinical
Psychologist

Occupational
Therapist



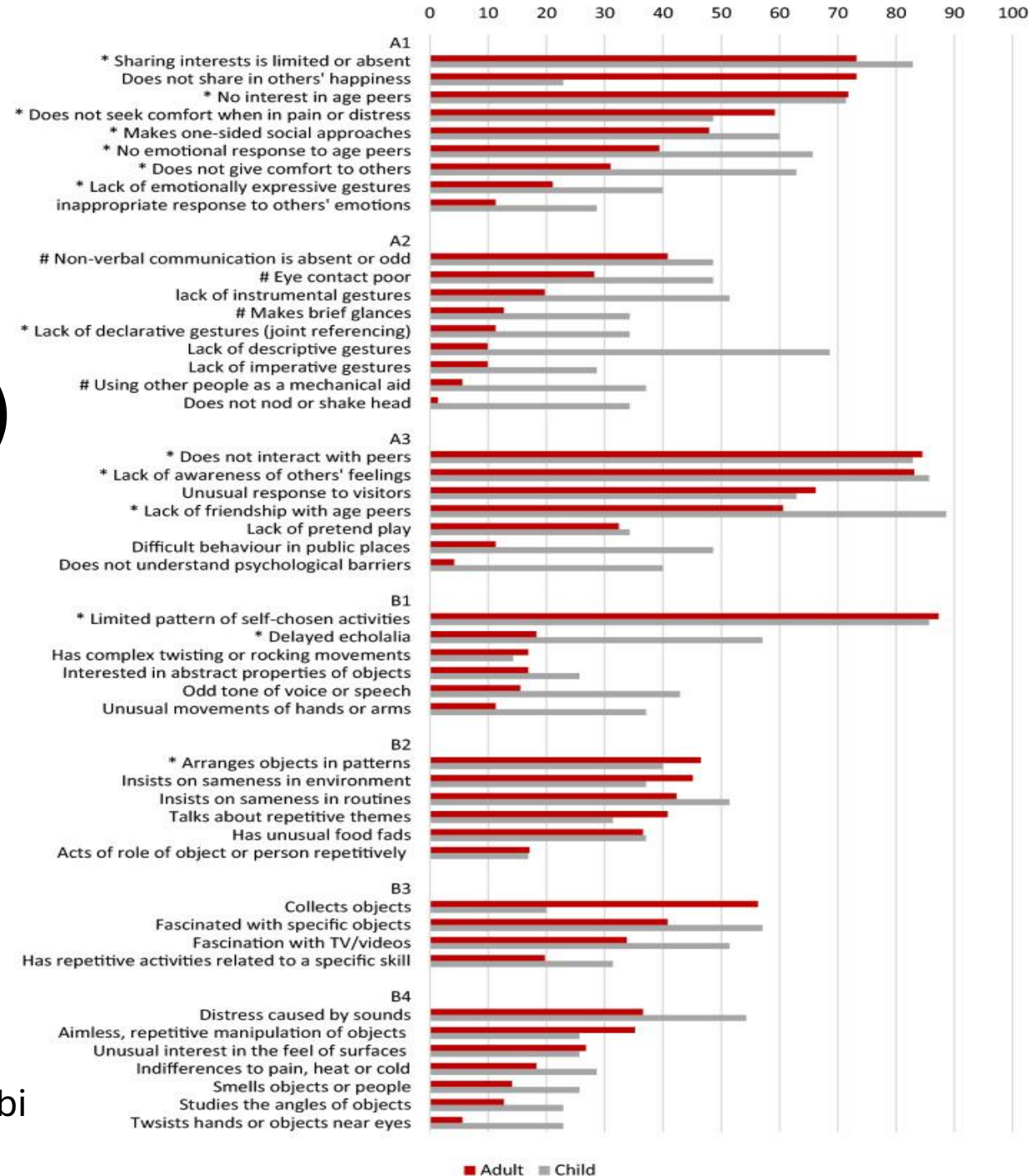
Assessment and Diagnosis

Multi-disciplinary assessment remains gold standard:

- Developmental history
- Observation (e.g., ADOS-2)
- Structured interview (e.g., ADI-R, DISCO)
- Cognitive, language, and adaptive functioning assessment
- Consideration of masking, especially in girls and adults

Current issue: Long waiting lists—over 200,000 people waiting for autism assessment in England (NHS, 2024).

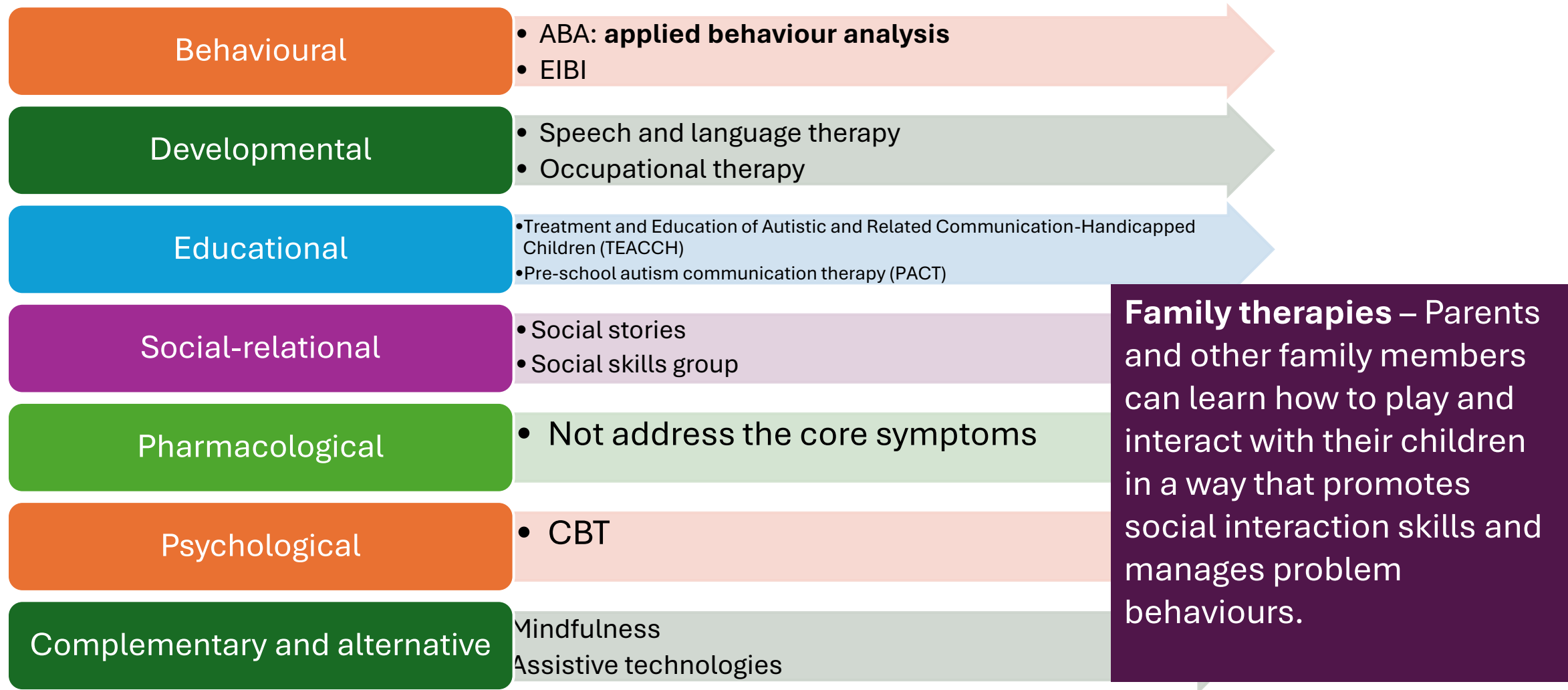
The Diagnostic Interview for Social and Communication Disorders: DISCO (Leekam et al., 2002)



Graph from (Carrington et al., 2020)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6841916/bin/10803_2019_4214_Fig3_HTML.jpg

Treatment and Intervention (US Centre for Disease and Control, n.d.)



Interventions: Evidence-Based Overview (2024)

No treatment “cures” autism; interventions aim to support communication, wellbeing, and participation.

Supported approaches:

- Parent-mediated interventions (e.g., PACT)
- Speech and language therapy
- Occupational therapy (sensory integration where appropriate)
- Social communication interventions
- CBT adapted for autistic individuals
- Assistive and augmentative communication (AAC)
- TEACCH and structured teaching
- Early behavioural interventions (EIBI) – still debated

Caution: NHS (2024) warns against unproven or harmful treatments (e.g., chelation, restrictive diets without medical supervision).



Mosaic activity: Which treatment for ASD?

[Applied behaviour Analysis \(OpenLearn\)](#)

[Medication Treatment for Autism | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development \(nih.gov\)](#)

[What is AAC? - AssistiveWare](#)

[Picture Exchange Communication System \(PECS\) \(pecs-unitedkingdom.com\)](#)

[Treatments that are not recommended for autism - NHS \(www.nhs.uk\)](#)

Children and young people with Autism in schools

Recent research (Watkins, 2023; Crane et al., 2024):

- Autistic pupils face **higher bullying rates**, anxiety, and exclusion.
- Support varies widely across mainstream schools.
- Girls often overlooked due to masking.
- Transitions (primary → secondary) remain a major stress point.
- EHCP demand rising sharply; local authorities struggling to meet need.





Autism and health

- Shorter life expectancy and premature mortality
 - 3 times more likely to die between 2010-2016 in Canada compared to people without autism (Lunsky et al, 2022)
 - 2.06 times higher mortality than non-autistic Australian between 2001 and 2015 due to nervous and sense disorders (Hwang et al., 2019)
 - According to Hirvikoski et al (2016) a multitudes of medical conditions lead to higher pre-mature mortality in ASD
 - Especially for female with low functioning
 - Individuals with higher functioning higher risk for suicide
- Greater risks of physical health conditions and complex health needs across lifespan of autistic individuals in the UK (Ward et al, 2023)
 - No single cause of poor physical health
 - Biological contributions
 - Socioeconomic issues related to negative life experiences and stigma
 - Poorer self-reported healthcare quality



Health and social care provisions need to be individually designed and taking into account the vulnerability of ASD individuals

Autism and Health Inequalities

Recent evidence:

- Autistic adults have **double the mortality risk** of non-autistic adults (Hirvikoski et al., 2023).
- Higher rates of chronic illness, pain, and unmet healthcare needs (Ward et al., 2023).
- Autistic women face the greatest health inequalities.
- Suicide risk elevated in autistic adults without learning disabilities (Cassidy et al., 2022).

Key issue: Healthcare systems often lack autism-inclusive practices.

Gender differences in ASD

- Most stereotyped autistic behaviours are biased towards male in the literature
- Harder to detect autism in females
- Masking is common in females: some show eye contact and animated facial expressions
 - To avoid stigma or prejudice (Perry et al., 2021)
 - “to blend in or ‘pass’ in a neurotypical world” (National Autistic Society, n.d.)
 - To avoid social rejection



Gender, Masking, and Late Diagnosis

- Girls and women more often present with **camouflaging behaviours**
- Masking linked to burnout, depression, and delayed diagnosis (Hull et al., 2021)
- ICD-11's broader criteria may improve recognition but risk **over-diagnosis** if masking is misinterpreted



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Concept Creep and ASD

Concept creep (Haslam, 2016) refers to the expansion of diagnostic categories over time. Applied to ASD:

- Broader criteria in DSM-5 and ICD-11
- Increased public awareness
- Greater recognition of subtle presentations
- Risk of **pathologising normal variation** in social behaviour
- But also reduces historic under-diagnosis, especially in girls and minorities

Debate: Is rising prevalence due to better recognition, or are boundaries becoming too expanded?



Student Activity: Concept Creep and ICD-11

Task: In small groups, research and debate the **pros and cons of more expansive diagnostic boundaries** in ICD-11's ~~neurodevelopmental category.~~

Consider:

- Does broader diagnosis improve access to support?
- Does it risk medicalising neurodiversity?
- How does concept creep shape public perception?
- What are the implications for schools, CAMHS, and adult services?
- How do autistic self-advocates view diagnostic expansion?

Each group produces:

- A short summary
- One argument *for* expansion
- One argument *against*
- A recommendation for clinicians or policymakers



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Individuals with Autism in mental hospital



Changing imagines of ASD in popular culture

A child isolated from the world

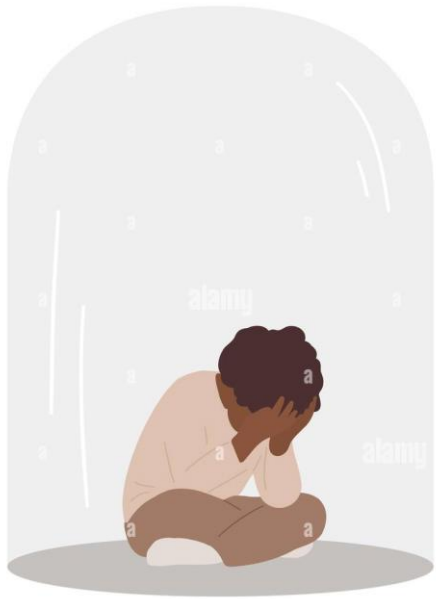
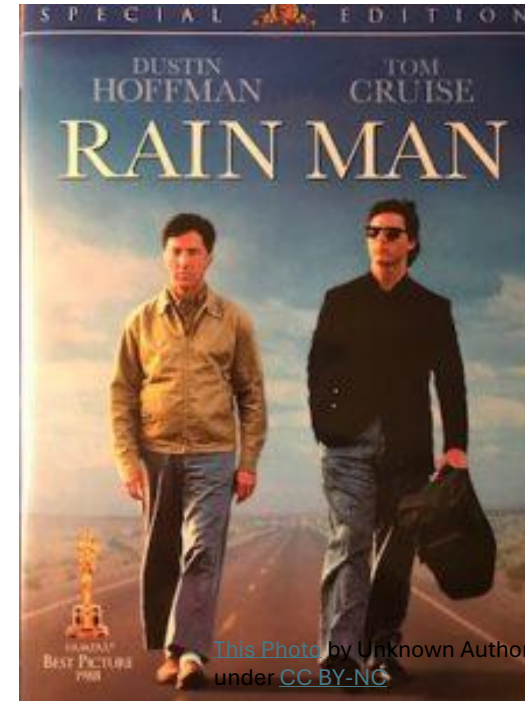


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www.alamy.com

ASD caused by poor parenting

Card counting savant with super memory



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Socially awkward but highly intelligent



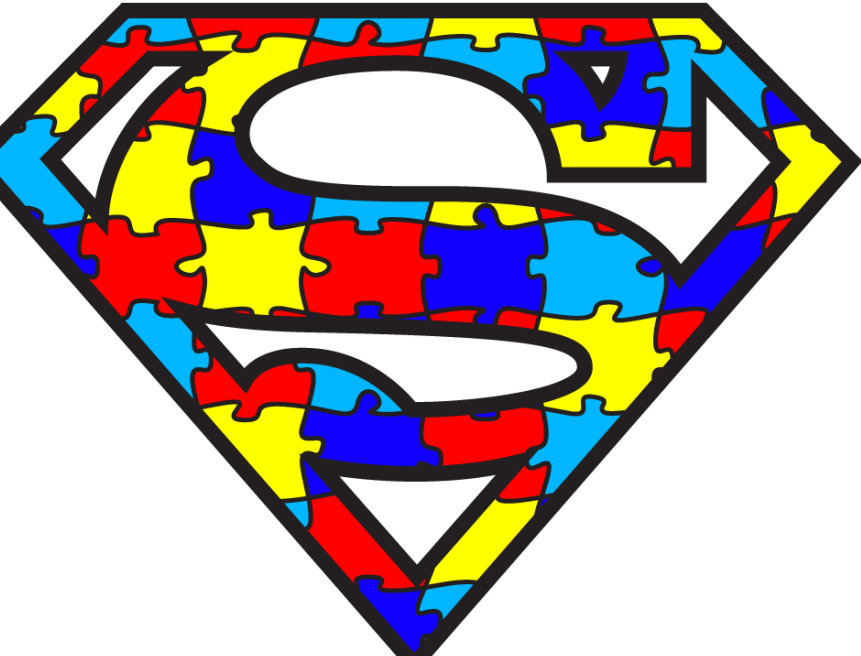
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Change in discourse about ASD: focused, persistent etc

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Greta Thunberg has likened her Asperger syndrome to a 'superpower' — some Fortune 500 employers appear to agree

'We need people who think outside the box and who aren't like everyone else,' the 16-year-old Swedish teenager said

By Meera Jagannathan

Published: Oct. 7, 2019 at 4:45 a.m. ET

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Overdiagnosis vs Underdiagnosis: A Balanced View

Risks of Overdiagnosis

- Pathologising normal variation
- Misallocation of resources
- Stigma and unnecessary intervention
- Diagnostic labels overshadowing individuality

Risks of Underdiagnosis

- Missed support needs
- Increased distress and functional impairment
- Barriers to educational accommodations
- Delayed self-understanding and identity formation



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How helpful is it to tell young neurodivergent children with ASD that they have superpower?



Understanding the Debate

Does rising prevalence equal rising incidence?

How do diagnostic systems shape epidemiology?

What counts as “significant functional impairment” in ICD-11?

Cultural & Institutional Factors

How do schools, parents, and clinicians influence diagnosis?

What role does social media play in self-identification?

Are we becoming less tolerant of behavioural difference?

Ethics & Neurodiversity

Is increased diagnosis necessarily a problem?

How does the neurodiversity movement challenge the article’s assumptions?

What are the consequences of mislabelling vs missing a diagnosis?



Why Are Autism Diagnoses Rising?

Epidemiological data show a large increase in autism diagnoses over the past 20–30 years. However, research suggests this rise is driven by:

1. Diagnostic Expansion

ICD-11 and DSM-5 both: Collapse subtypes into a single **Autism Spectrum Disorder**, emphasise **functional impact** rather than rigid symptom lists, recognise sensory differences, capture more girls, adults, and high-ability individuals.

2. Increased Identification of Mild Cases

Recent studies show:

- A large rise in diagnoses among children with **mild or no significant functional impairment**
- A **decline** in moderate/severe autism cases

This pattern suggests **greater recognition**, not a biological epidemic.

3. Screening Tools vs. Clinical Assessment

Parent-report measures (e.g., Social Responsiveness Scale) are sometimes used as proxies for diagnosis, even though they measure **traits**, not clinical impairment.



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For the
remainder of
the session –
Work on
your Poster
presentation