

## **The balance between demands and capacity in autism**

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When researchers reference the diagnostic criteria for autism spectrum disorder (ASD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), they usually focus on the first two criteria delineating the core autism symptoms: (A) Persistent deficits in social communication and social interaction across multiple contexts; and (B) Restricted repetitive patterns of behaviour, interests, or activities.

In this paper we argue that when studying the developmental progression of core autism symptoms (criteria A & B), and when working to support individuals and families affected by ASD, it is important to simultaneously consider the third (C) and fourth (D) criteria from the DSM-5 (see Table 1). Such an approach can inform our understanding of symptom progression in relation to the child's impairment, capacities, and learned strategies across the changing context of social demands.

The third DSM criterion (C) refers to the child's capacities within the context of 'social demands', indicating that the disorder may only be apparent when demands exceed capacities. This is an explicit statement that an individual may only officially reach the diagnostic threshold for ASD once they are in an insufficiently supportive environment. The extension of this statement is that diagnostic criteria may be reached by the same individual in an unsupportive

environment but not in an environment that is designed to ameliorate some of the associated difficulties.

**Table 1. DSM-5 Criteria for Autism Spectrum Disorder**

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history
- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

The fourth criterion (D) indicates that symptoms must ‘...cause clinically significant impairment in social, occupational, or other important areas of functioning’. Here we see emphasis placed upon the context in which an individual exists. As McDermott and Varenne (1995) noted, ‘One cannot be disabled alone’. This perspective is strengthened by contemporary voices from the neurodiversity movement, based on the social model of disability. These voices state that an individual is disabled, not by their personal impairments, but by the failure of their environment to accommodate the needs derived from those impairments (Oliver, 1996; den Houting, 2018). The DSM-5 appears to support this position, perhaps in an implicit fashion, by stating that the tension between the individual and the context is a necessary ingredient in making a diagnosis.

Here, we are not proposing a radical reinterpretation of the DSM criteria. Rather, we are encouraging consideration of these criteria in their totality, beyond diagnosis. The concepts put forth in the third (C) and fourth (D) criteria are often lost in the space that exists between clinical practice and research. We believe that these criteria warrant more attention and that their potential utility may extend beyond the purpose originally intended with application in both research and clinical settings. For example, they can be helpful in conceptualizing and contextualizing the difficulties encountered by individuals with ASD, especially those not inherent to the individual but which result from a dissonance between the individual and the various contexts in which they find themselves. This would, in turn, move our research efforts closer to the International Classification of Functioning, Disability and Health – Children and Youth Version (ICF-CY; WHO, 2007) framework in which functioning and disability of an individual is studied within multiple contexts.

Specifically, one may interpret these concepts to relate to both the capacities of the individual and to those of the context to support the individual. For instance, if a child or adult displays repetitive motor behaviors in a non-autism friendly environment, these behaviors could constitute a ‘...clinically significant impairment in...functioning’. The same individual, engaging in the same behaviors in an autism friendly milieu may no longer meet this criterion.

This notion of the dissonance between an individual and their environment is particularly relevant in the context of transitions. Recently published work clarifies that the expression of autistic traits varies as individuals transition from and to different stages in life (Mandy, Pellicano, St Pourcain, Skuse, & Heron, 2018). In addition to physiological and psychological development, these transitions bring with them a shift in environments – from preschool, to

elementary to high school and to higher education, residential placement, vocational training, or employment. During these transitions, the balance between demands and capacities, of both the environment and of the individual, changes in fast, complex, and sometimes unpredictable ways.

Added to the dynamic developmental nature of difficulties associated with ASD, transitions represent particularly challenging times that demand that extra attention be paid to the variable shifts in ‘demands’ and ‘capacity’ and how those influence functioning. An intervention plan developed for an individual in one context, or at one point in life, can become insufficient (even irrelevant) during and/or after a transition. Intervention goals may, and should, be added, removed, and modified to ensure all children reach their optimal outcomes (Georgiades & Kasari, 2018). Throughout this process, clinicians can make a difference by helping the families navigate the services system while anticipating major transitions such as changes in family circumstances and school entry and exit (Lord, Elsabbagh, Baird, & Veenstra-Vanderweele, 2018).

In closing, we propose that when working to reduce symptomatology and enhance functioning in children with autism, researchers and clinicians need to pay closer attention to the balance between social demands and capacity, at both the child and context level. By doing so, we may be better positioned to support individuals with autism and their families during challenging developmental junctures and throughout their lives.

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