

Autism Diagnostic Criteria: Bonnianne Ratliff

Category A

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. REQUIRED

Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

~unable to make small talk. Period. Will provide one word answers if questioned.

~lack of comfort with/understanding of social hierarchies

~inability to pretend to be friendly when I do not feel friendly

~VERY difficult to ask for help in a store

~oversharing personal info/stories

~oversharing of personal details (menstruation, private body parts, etc)

~oversharing of special interests/inability to stop talking about them

~direct social approach; upsets people easily.

2. REQUIRED

Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

~cannot make eye contact with people I do not trust, or who have hurt me.

~sometimes cannot make eye contact at all

~even when it's "easy" to make eye contact, sometimes all I am thinking about is making eye contact and I'm not actually able to take in any of the conversation

~smiles at inappropriate times

3. REQUIRED

Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviors to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

~Estranged from most of my family.

~my communication style bothers or scares people even though I believe I am simply speaking matter-of-factly.

~nearly complete lack of imagination. (rarely able to create stories, come up with ideas for art or plotlines, names all pets after someone)

~Displayed "quirky" behaviors at work so that my co-workers always considered me the weird one.

*~lack of understanding about how to make *friends* (outside of acquaintances)*

~cannot mingle at parties

Category B (2 out of 4 required):

Restricted, repetitive patterns of behaviors, interests, or activities, as manifested by *at least two of the following*, currently or by history:

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

~feelee

~hand flapping and other minor stims (mouth sounds, running tongue over teeth, clicking pens, etc)

~idiosyncratic phrases such as meowing, saying random funny words (monkey was a big one for awhile), or making random sounds for no reason

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (eg, extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

~serious difficulty switching gears. It causes me to feel anxious and angry and it takes me time to be able to switch my mindset when required to do so.

*~routines are ideal for me and very much wanted, but I lack the ability to make them a priority *even though I want to* and I believe this is either to do with my extreme people pleasing (a direct result of autism) or my executive dysfunction (and perhaps because or worsened by comorbidity of assumed ADHD).*

3. Highly restricted, fixated interests that are abnormal in intensity or focus (eg, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

~Listened to The Killers and nothing but The Killers for four years straight.

*~became obsessed with Doctor Who and *literally* thought about it 24/7 for at least a year.*

~Other obsessions over my lifetime include: Really Rosie, The Baby-Sitters Club, ancient Egypt, Hitchhiker's Guide/Douglas Adams, tectonic plates, cats, women's studies/feminism, the Tudors, the house of Windsor

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (eg, apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

~visual sensory seeker (magic eye, shiny things)
~olefactory sensory seeker (loves scents, even inorganic ones)
~crumbs on my feet stop me in my tracks
~cannot do dental xrays basically ever because of gag reflex (can barely think about them)
~cannot touch "gross" things
~deep pressure seeking (loooooove the overall comfort squeeze of spanx or leggings)
~presses too hard/uses too much pressure for nearly everything

Category 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 later in life).

~inappropriate smiling in first grade, 10th grade (and more - these are just two specific instances I can think of)
~lack of understanding of social rules at an early age
~told I was babyish
~my peers thought i was a "snob" because I didn't talk a lot (unless I was comfortable with them which probably only cemented the idea that I was a snob, now that I think about it)
~my clothes were made fun of for not being stylish (it was news to me that I had to be stylish)
~could not tell jokes from mean teasing
~lifelong stim (feelee: rubbing the silky edges of blankets) began when I was 2. Even today it's hard for me to be separated from a feelee and in high school I'd make a point of incorporating feelees into my clothes, such as a bomber jacket)
~other stims from childhood include sucking on my hair (ages six to 10 or so), sucking on keys (2-4 years old), chewing on straws (5-8 ish)

Category D

Symptoms cause clinically significant impairments in social, occupational, or other important areas of current functioning.

~family estrangement
~work problems (i am allergic to abuse of authority and cannot pretend things are okay when they aren't)
~household management - cleaning is hard because touching "gross" stuff is very difficult for me so sometimes I cannot do it.

Category E

These disturbances are not better explained by intellectual disability or global developmental delay.

~check, and check

Other atypical facets I have:

~prosopagnosia

~aphantasia

~auditory processing issues

~hyperlexia

~rejection sensitive dysphoria