

CLINICAL-PSYCHOLOGICAL CLASSIFICATION AND DIAGNOSTIC APPROACHES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

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Abstract. This article describes the classification of children with autism spectrum disorder (ASD) and highlights the main psychological and behavioral characteristics of their development. Early detection criteria, clinical signs, and international classifications are also discussed.

Keywords: *autism, Asperger syndrome, syndrome, sensory, motor, socialization, mechanism.*

Autism is a mental condition resulting from impaired brain development, characterized by deficits in social interaction and communication, as well as restricted interests and repetitive behaviors. These symptoms typically begin to manifest by the age of three. Milder forms are referred to as autism spectrum disorder (ASD).

The development of ASD is multifactorial. In some cases, environmental harmful factors and their accumulation in the body may lead to limitations in a child's perception and learning skills. Parents often notice unusual behaviors by 18 months of age, and by 24 months, 80% of parents are aware of significant changes in their child.

Early detection and intervention are crucial, as pedagogical and psychological influences help form the necessary neural connections for learning and interacting with the environment. Delays in comprehensive pedagogical intervention can negatively affect long-term outcomes.

Referral to a specialist is recommended if the following signs are present: lack of babbling by 12 months, absence of gestures by 12 months (such as pointing or waving), no words by 16 months, no two-word phrases by 24 months (excluding echolalia), or any sudden loss of speech or social skills at any age.

Diagnosis of Autism and Related Disorders. In diagnosing autism, it is more important to analyze a child's behavior rather than the underlying mechanisms. For an autism diagnosis, at least six symptoms must be present: at least two related to social interaction deficits and at least one to restricted and repetitive behaviors.

WHO ICD Classification:

F84.0 – Childhood autism

F84.1 – Atypical autism

F84.2 – Rett syndrome

F84.3 – Childhood disintegrative disorder

F84.4 – Overactive disorder with intellectual disability and stereotyped movements

F84.5 – Asperger syndrome

F84.8 – Other pervasive developmental disorders

F84.9 – Pervasive developmental disorder, unspecified

Social interaction deficits are indicated if at least two of the following five are present: limited eye contact, facial expressions, gestures; inability to develop peer relationships; lack of empathy; not sharing enjoyment or interests; impaired social-emotional reciprocity.

Communication deficits appear as delayed or absent spoken language, lack of social or imaginative play, difficulty initiating or maintaining conversations, or stereotyped and repetitive use of language.

Restricted and repetitive behaviors include narrow, stereotyped interests; strict adherence to routines; repetitive movements; and non-functional manipulation of objects. Symptoms must appear within the first three years of life. Additional but non-diagnostic signs may include hyperactivity, sensory

sensitivities, unusual eating habits, self-injury, reduced pain perception, aggression, or rapid mood changes.

Rett syndrome is a rare hereditary neuropsychiatric disorder affecting girls (1:10,000–15,000), leading to severe intellectual disability. Normal development occurs until 6–18 months, followed by regression in speech, motor skills, and object recognition, along with stereotyped hand movements, mutism, reduced muscle tone, and diminished facial expression.

Childhood Disintegrative Disorder appears after at least two years of normal development and involves sudden loss of previously acquired skills in speech, social interaction, bladder and bowel control, and sensorimotor coordination. It results in severe and irreversible regression, has unclear etiology, and limited effective treatment. Also known as regressive syndrome.

Asperger syndrome is marked by serious difficulties in social interaction and restricted, repetitive interests, but speech and cognitive abilities are relatively preserved. Etiology is unclear, and treatment focuses on behavioral therapy and development of social skills.

Atypical Autism and Autism Spectrum Disorder (ASD): Atypical autism presents clinical features similar to autism but either begins after age 3 or does not fully meet the main diagnostic criteria. It is often seen in children with severe intellectual disability or significant receptive language impairment.

Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) refers to conditions with autism-like features that do not fully meet criteria for a specific subtype (an outdated term). According to DSM-IV, PDD-NOS is diagnosed when a child exhibits significant impairments in social interaction or verbal/nonverbal communication, or restricted and stereotyped behaviors, but does not meet the full criteria for other autism types. It is often interpreted as atypical autism; however, ICD-10 distinguishes atypical autism as a separate diagnosis with a different code.

In DSM-5, PDD-NOS, childhood autism, Asperger syndrome, and childhood disintegrative disorder are combined under the single diagnosis of Autism Spectrum Disorder (ASD). ICD-10 retains F84.9 (Pervasive Developmental Disorder, unspecified). F84.4 describes overactive disorder with intellectual disability, attention deficits, and stereotyped movements in children with severe cognitive impairment.

ASD is characterized by difficulties in verbal and nonverbal communication, restricted interests, and stereotyped behaviors. Individuals with Asperger syndrome often have preserved or high intellectual abilities and narrow, specialized interests, but still experience social and behavioral difficulties. Symptoms may appear in the first months of life for some children, while in others they emerge later; most show clear clinical signs by age 3.

ASD can be provisionally divided into four developmental groups:

1. Maximum social withdrawal — indifference to surroundings, avoidance of eye contact and physical interaction;
2. Active rejection of the environment — selective social engagement, strong emotional reactions to routine disruptions, fear, aggression, or self-directed aggression;
3. Immersion in “own world” — stereotyped behaviors, fixed interests, repetitive play themes over years;
4. Mild variant — social interaction difficulties, emotional vulnerability, avoidance when facing obstacles.

Children with autism often show impaired communication, usually noticeable by age 2. Eye contact may be mildly or severely affected. Before age 1, gestures are mainly used to express needs, not to engage caregivers. Facial expressions may be inappropriate, with limited smiles or atypical laughter. Speech is often monotonous, brief, and idiosyncratic; echolalia is common, and communication may be replaced by screaming or object removal. Behavior often includes stereotyped movements and rigid routines: repetitive handling or rotating

objects, fixation on a single toy or activity, occasional aggressive reactions, and unusual interests.

Conclusion: Autism spectrum disorder is a complex neurodevelopmental disorder affecting social interaction, communication, and behavior. This article describes ASD classification, key features, and developmental patterns. Early diagnosis and pedagogical-psychological interventions are crucial to improving social adaptation and overall quality of life for affected children.

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