DSM-5

Diagnosis Changes from DSM-IV

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Division of Developmental Disabilities
Definition:

- Syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

- Associated with significant distress in social, occupational, or other important activities.
Multi-axial diagnoses

- Axis I: Clinical Disorder
- Axis II: Personality Disorders/ Mental Retardation
- Axis III: General Medical Condition
- Axis IV: Psychosocial and Environmental Factors
- Axis V: Global Assessment of Functioning (GAF)
DSM-5

* Replace Multi-axial diagnoses with a Non-axial system
* Axes I-II-and III will be individual diagnoses
* Axis IV and V will be separate notations
* The 1st diagnosis will be the “principal” diagnosis
* Continuum of severity (NOS vs. NED)
Neurodevelopmental Disorders

- Intellectual Disabilities
- Autism Spectrum Disorder
- Social Communication Disorder
Intellectual Disabilities

* Formerly Mental Retardation
  * Intellectual Disability (new name)
  * Requires both adaptive functioning deficits in one or more:
    * Conceptual (language, reading, or writing)
    * Social (interpersonal communication, social judgment)
    * Practical (job, money, personal care)
  * IQ test > 70 (2 SD below mean)
  * MUST occur in developmental period
Other ID Diagnoses

* **Global Developmental Delay**
  * Individuals under 5 when clinical severity cannot be assessed reliably in early childhood
  * Must be reassessed after a period of time.

* **Unspecified Intellectual Disability**
  * Over age 5 but considered “untestable” due to physical impairments or behavioral issues or co-occurring mental illness
  * Exceptional circumstances
Autism Spectrum Disorder (ASD)

* PDD, Autism and Asperger's are now ONE diagnosis

* **Criteria:**
  1. **Communication deficits:** responding inappropriately in conversation, misreading nonverbal interactions, difficulty building friends appropriate to their own age
  2. **Restrictive Repetitive Behaviors (RRB):** overly dependent on routines, highly sensitive to change in environment, intensely focused on inappropriate items
  3. **MUST** show up early in childhood
  4. **BOTH** deficits 1 & 2 must be present for diagnosis
  5. **If PDD-NOS appears** – new DX – Social Communication Disorder
Severity: level of support needed

- Level 1) requires support - may have one adaptive deficit
- Level 2) substantial support - multiple adaptive deficits
- Level 3) very substantial support – several adaptive deficits
ASD

- Co-morbid diagnoses
  - With or without intellectual disability
  - With or without language impairment
  - With catatonia
  - Associated with a medical condition
  - Associated with another mental illness (ADHD, depression)
Social Communication Disorder

- Persistent difficulties in the social use of verbal and nonverbal communication
- Greetings and sharing information in a social context
- Unable to change information to match context
- Unable to follow rules of conversation and storytelling (taking turns)
- Onset in early developmental period
**Depressive Disorders:**
* Disruptive Mood Dysregulation Disorder – children up to age 18 who exhibit persistent irritability and frequent episodes of extreme behavioral disruptions

**Anxiety Disorders:**
* PTSD: will be recognized in children and separate criteria for ages 6 and younger
* Selective Mutism: must appear in the developmental period. It is an anxiety disorder but may look DD