The DSM-5
Big Changes Ahead
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Agenda
- The origins of mental health classification systems
- History of the DSM
- Big changes in the DSM-5
- Changes in Specific Diagnoses
- Impact on IDEA and Special Education

Before the DSM: Classification in the Ancient World

- Hippocrates (460-377 B.C.)
- First to place psychiatric conditions within the domain of medicine.
- He identified 6 conditions:
  1. Phrenitis
  2. Mania
  3. Scythian disease
  4. Epilepsy
  5. Hystoria
  6. Melancholia

Before the DSM

- 1840 (US Census)
  - Initial attempts at formal psychiatric classification
  - “Idiocy and Insanity” vs. “Normals”

* Sources: First et al., 2004; Gaines, 1992; Malik & Beutler, 2002
Concern that lack of a uniform classification system would inhibit science by preventing accurate comparisons among patient groups

1952 - First edition of the Diagnostic & Statistical Manual of Mental Disorders (DSM-I) was published

International Classification of Diseases (ICD)
- F0: Organic, including symptomatic, mental disorders
- F1: Mental and behavioral disorders due to use of psychoactive substances
- F2: Schizophrenia, schizotypal and delusional disorders
- F3: Mood disorders
- F4: Neurotic, stress-related and somatoform disorders
- F5: Behavioral syndromes associated with physiological disturbances and physical factors
- F6: Disorders of personality and behavior in adult persons
- F7: Mental retardation
- F8: Disorders of psychological development
- F9: Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F10: a group of "unspecified mental disorders"

Multi-axial Classification System

**Axis I:** Clinical Disorders
- All mental disorders except Personality Disorders and Mental Retardation

**Axis II:** Personality Disorders and Mental Retardation

**Axis III:** General Medical Conditions
- Must be connected to a Mental Disorder

**Axis IV:** Psychosocial and Environmental Problems
- Ex. limited social support network

**Axis V:** Global Assessment of Functioning (GAF)
- Psychological, social and job-related functions are evaluated on a continuum between mental health and extreme mental disorder

Beginning Revisions: DSM-II
- 1968 - DSM-II
  - The first official changes were made to DSM
  - Based in Psychoanalytic Theory (Freud)
  - Objective: To conform to the system used in the ICD
  - Number of diagnoses: From 106 to 182

DSM-III
- 1980 - DSM-III
  - Objective: Retain conformity with the newest ICD
  - Number of diagnoses: 182 to 265 diagnoses
  - Multi-axial system established

Revisions: DSM-III-R
- 1987 - DSM-III-R
  - Effort includes women, minorities, psychologists & social workers
  - Number of diagnoses: From 265 to 292 diagnoses
  - Objective: Renamed & re-organize due to critical reviews
1994 – DSM-IV

Objective: To retain conformity with ICD-10
Number of diagnoses: From 292 to 365 diagnoses

2000 – DSM-IV-TR
Number of diagnoses: No new diagnoses added
The 30-page increase from the DSM-IV reflected an effort to include the growth that occurred in research knowledge
Cultural
Ethnic
Age group variations
New lab and physical findings
Currently translated in 22 languages

In 50 years: 800% increase in the number of diagnoses

Timeline of DSM-5
1999–2000
Development of Research Agenda
2002–2007
2006
Appointment of DSM-5 Taskforce
2007
Appointment of Workgroups
2007–2011
Literature Review and Data Re-analysis
2010–2011
1st phase Field Trials ended July 2011
2011–2012
2nd phase Field Trials began Fall 2011
July 2012
Final Draft of DSM-5 for APA review
March 2013
Publication Date of DSM-5

Understanding 50 Years of Change

The DSM-5

Big Changes in the DSM-5
NEW: DSM-5 Classification System

Axes I, II, and III: (COMBINED)
- All psychiatric and general medical diagnoses

Axis IV:
- Current: Psychosocial and environmental problems
- Goal: Correlate with ICD codes

Axis V:
- Current: Global Assessment of Functioning (GAF)
- Goal: Follow WHO International Family of Classifications

NEW: DSM-5 Organizational Structure

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatoform Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Dissociative, Impulse-Control, and Conduct Disorders
- Substance Use and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Disorders

NEW: Not Elsewhere Classified (NEC)

- DSM-IV-TR
  - Not Otherwise Specified (NOS)
- DSM-5
  - Eliminated or Not Elsewhere Classified (NEC)

NEC categories
- Specifiers

Ex: Depressive Disorder NEC
- 5 specifiers:
  1. Recurrent Brief Depression
  2. Mixed Sub-syndromal Anxiety and Depression
  3. Short duration (4-13 day) Depressive Episode
  4. Sub-threshold Depressive Episode with insufficient Symptoms
  5. Uncertain Depressive Disorder

NEW: Diagnostic Considerations....

- Caffeine Use Disorder
- Internet Use Disorder
- Complicated Grief Reaction

NEW: Eliminate “Addictions”

- Proposed: Eliminate the word “Addiction”
- Instead: “Use disorders”
  - Ex: Opioid use disorder

Changes in Specific Diagnoses
Changes to DSM-5 Diagnoses

- **Depressive Disorders**
  - Major Depressive Disorder
  - Major Depressive Disorder, Recurrent
  - Depressive Disorder Associated with Another Medical Condition

- **Disruptive Mood Dysregulation Disorder**
  - Oppositional Defiant Disorder (ODD)

- **Disruptive, Impulse Control, and Conduct Disorders**
  - Oppositional Defiant Disorder (ODD)

- **Neurodevelopmental Disorders**
  - Autism Spectrum Disorders
  - ADHD
  - Specific Learning Disorder (SLD)
  - Intellectual Development Disorder

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Disruptive Mood Dysregulation Disorder

- Controversial new designation for children showing persistent foul temper and bursts of rage
- Previously proposed to be “Temper Dysregulation with Dysphoria”
- Differentiation from Bipolar Disorder and Oppositional Defiant Disorder (ODD)
  - DMDD is more severe than ODD and occurs across settings.

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Major Depressive Episode

- Removal of the bereavement exclusion in Major Depressive Episode.
- Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
  - 0 = Not Assessed
  - 1 = Normal, not at all ill
  - 2 = Borderline mentally ill
  - 3 = Mildly ill
  - 4 = Moderately ill
  - 5 = Markedly ill
  - 6 = Severely ill
  - 7 = Among the most extremely ill patients

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Disruptive, Impulse Control, and Conduct Disorders

- *Oppositional Defiant Disorder*
- *Conduct Disorder*
- *Callous and Unemotional Specifier for Conduct Disorder*
- Dyssocial Personality Disorder (Antisocial Personality Disorder)
- Disruptive Behavior Disorder Not Elsewhere Classified

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Depressive Disorders

- *Disruptive Mood Dysregulation Disorder*
- *Major Depressive Disorder, Single Episode*
- *Major Depressive Disorder, Recurrent*
- *Dysthymic Disorder*
- *Premenstrual Dysphoric Disorder*
- *Substance-Induced Depressive Disorder*
- *Depressive Disorder Associated with Another Medical Condition*
Oppositional Defiant Disorder (ODD)

Add levels of severity:

0 – Absent
  ◦ Shows fewer than two symptoms

1 – Subthreshold
  ◦ Shows at least two but fewer than four symptoms or symptoms do not cause significant impairment in any setting

2 – Mild
  ◦ Shows at least four symptoms but symptoms are confined to only one setting (e.g., at home, at school, at work, with peers)

3 – Moderate
  ◦ Shows at least four symptoms and some symptoms are present in at least two settings

4 – Severe
  ◦ Shows at least four symptoms and some symptoms are present in 3 or more settings

Conduct Disorder

○ An additional specifier for “Callous and Unemotional Traits in Conduct Disorder has been proposed”

Neurodevelopmental Disorders

○ Intellectual Developmental Disorders
○ Autism Spectrum Disorders
○ Communication Disorders
○ Attention Deficit/Hyperactivity Disorder
○ Specific Learning Disorders
○ Motor Disorders

NEW: Intellectual Development Disorder

○ DSM-IV-TR: Mental Retardation
○ Intelligence Quotient (IQ) score of 70 or below (+/- 5 points)

○ Former DSM-IV-TR subtypes:
  ● 317 Mild Mental Retardation: IQ level 50–55 to approximately 70
  ● 318.0 Moderate Mental Retardation: IQ level 35–40 to 50–55
  ● 318.1 Severe Mental Retardation: IQ level 20–25 to 35–40
  ● 318.2 Profound Mental Retardation: IQ level below 20 or 25

○ Proposed DSM-5 levels of severity:
  ● Mild, Moderate, and Severe levels of severity across Conceptual, Practical, and Social domains

NEW: Intellectual or Global Developmental Delay Not Elsewhere Classified (NEC)

○ Clear evidence of significant intellectual or general developmental delay or disability, but criteria for another specific disorder are not fully met.

○ Why?
  ● Additional clarifying data are required before one can make a diagnosis of Intellectual Disability
  ● The individual is too young to fully manifest specific symptoms
  ● Individual is untestable

Autism Spectrum Disorders

○ Autism Spectrum Disorders (ASD) will be ONE single diagnostic category:
  ● Autistic disorder (autism)
  ● Asperger’s Syndrome
  ● Childhood disintegrative disorder
  ● Pervasive developmental disorder (not otherwise specified)

○ Concentrates on required features:
  ● Social/communication deficits
  ● Restricted, repetitive patterns of behavior, interests, activities
  ● Addition of sensory criteria

○ Under the new classification, clinicians would rate the severity of clinical presentation of ASD as: severe, moderate, or mild.
Social Communication Disorder
- Not in DSM-IV-TR
- May re-classifies students with PDD-NOS

Attention Deficit/Hyperactivity Disorder (ADHD)
- Age of onset [symptoms]
  - Changed from 7 to 12 years of age
- Specifiers:
  - Hyperactive/Impulsive
  - Inattentive
  - Combined Type
  - Restrictive Inattentive
- Multiple informants:
  - Information must be obtained from two different informants, preferably a (parent and teacher)

Specific Learning Disorder (SLD)
- SLD not listed in DSM-IV
- DSM-IV disorders subsumed under learning disability include:
  - Disorder of Written Expression, Mathematics Disorder, Reading Disorder, Learning Disorder Not Otherwise Specified
- No previous general criteria for learning disorders.
- These disorders affect individuals demonstrating at least average abilities
  - Learning Disorders are distinct from Intellectual Developmental Disorder

Implications of the DSM-5
- Allows access to legal rights to non-discrimination and accommodations (Section 504)
- Access to Special Education Services through the Individuals with Disabilities Education Act (IDEA)
- Income support (Social Security Disability Insurance)
- Medicaid-financed developmental disability services.

The DSM-5 and Special Education
- How will a change in diagnostic criteria impact interactions with the school system?
- Students with Asperger’s or PDD-NOS?
- Students with Social Communication Disorder?

Questions?
References