**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

**History of the DSM**

**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. Hystory
  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

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

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"

DSM-III

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

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

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

The DSM-5

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

Timeline of DSM-5
- 1999–2001: Development of Research Agenda
- 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

Big Changes in the DSM-5

2000 - DSM-IV-TR
- Number of Diagnoses: No new diagnoses added
- The 50-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

Understanding 50 Years of Change

DSM-II: 182 disorders
DSM-III: 265 disorders
DSM-III-R: 265 disorders
DSM-IV: 365 disorders
DSM-IV-TR: 365 disorders

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**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
- Dissociative Disorders
- Somatoform Disorders
- Feeding and Eating Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, 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
  - Disruptive Mood Dysregulation Disorder
- **Disruptive, Impulse Control, and Conduct Disorders**
  - Oppositional Defiant Disorder (ODD)
- **Neurodevelopmental Disorders**
  - Autism Spectrum Disorders
  - ADHD
  - Specific Learning Disorder (SLD)
  - Intellectual Development Disorder

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
- Depressive Disorder Not Elsewhere Classified

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.

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

Disruptive, Impulse Control, and Conduct Disorders

- *Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- *Conduct Disorder
- *Callous and Unemotional Specifier for Conduct Disorder
- Dyssocial Personality Disorder (Antisocial Personality Disorder)
- Disruptive Behavior Disorder Not Elsewhere Classified
Oppositional Defiant Disorder (ODD)
Add levels of severity:

- **Absent**: Shows fewer than two symptoms
- **Subthreshold**: Shows at least two but fewer than four symptoms or symptoms do not cause significant impairment in any setting
- **Mild**: Shows at least four symptoms but symptoms are confined to only one setting (e.g., at home, at school, at work, with peers)
- **Moderate**: Shows at least four symptoms and some symptoms are present in at least two settings
- **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 Developmental 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 student’s 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?
- Student’s with Asperger’s or PDD-NOS?
- Student’s with Social Communication Disorder?

Questions?
References