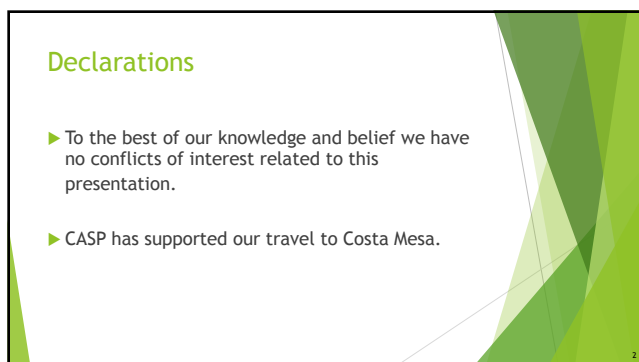
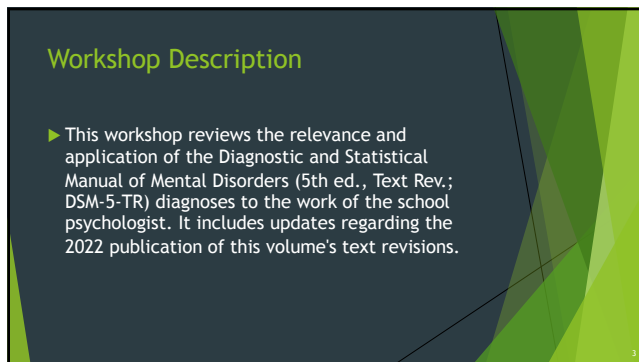




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3

Session Outline

- Overview & Developing DSM-5-TR
 - ▶ Special Education & DSM
 - ▶ Changes to DSM-5-TR
 - ▶ Attention to Culture, Racism, & Discrimination
 - ▶ Highlights on Diagnoses of Interest



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Overview of the DSM

- ▶ Originated in 1844 (predecessor of the DSM)
 - ▶ Now 5th Text Revision ("TR") edition (APA, 2022b)
- ▶ Purpose
 - ▶ Categorical classification of mental disorders
 - ▶ Reference for healthcare reimbursement systems, researchers, policymakers, education, & forensic science
- ▶ Aligned with International Classification of Diseases (ICD)
 - ▶ Now in its 11th edition (2022)

5

Overview of the DSM

- ▶ Aims to:
 - ▶ "...facilitate an objective assessment of symptom presentations" (APA, 2022b, p. xxiii)
- ▶ However, some caveats...
 - ▶ Provides the "...best available description[s] of how mental disorders are expressed and can be recognized by clinicians..." (APA, 2013, p. xli)
 - ▶ Remains a "...categorical classification of separate disorders, ... mental disorders do not always fit completely within the boundaries of a single disorder..." (APA, 2022b, p. xxiii)
 - ▶ Criteria are "...based on current research and may need to be modified as new evidence is gathered by future research..." (APA, 2013, p. 11)

6

Overview of the DSM

- ▶ Section I:
 - ▶ Orientation to purpose, structure, content and use
- ▶ Section II:
 - ▶ Diagnostic Criteria & Codes
 - ▶ "Medication-Induced Movement Disorders and Other Adverse Effects of Medication"
 - ▶ "Other Conditions That May Be a Focus of Clinical Attention"
- ▶ Assessment Measures
- ▶ Culture & Psychiatric Diagnosis
- ▶ Alternative DSM-5 Model for Personality Disorders
- ▶ Conditions for Further Study
- ▶ Appendices

7

Overview of the DSM

- ▶ Structure of each Diagnostic Chapter
 - ▶ Commentary about the grouping of disorders (e.g., Neurodevelopmental Disorders)
 - ▶ Specific criteria & narrative for each diagnosis
 - ▶ Diagnostic criteria
 - ▶ Symptoms
 - ▶ Onset
 - ▶ Settings/Context
 - ▶ Impairment
 - ▶ Rule Outs
 - ▶ Specifiers

8


Overview of the DSM

- ▶ Structure of each Diagnostic Chapter
 - ▶ Commentary about the grouping of disorders (e.g., Neurodevelopmental Disorders)
 - ▶ Specific criteria & narrative for each diagnosis
 - ▶ Narrative
 - ▶ Diagnostic & Associated Features
 - ▶ Risk & Prognostic Factors
 - ▶ Differential Diagnosis
 - ▶ Comorbidity
 - ▶ Development & Course
 - ▶ Culture-Related Diagnostic Issues
 - ▶ Sex- and Gender-Related Diagnostic Issues
 - ▶ Association with Suicidal Thoughts or Behavior
 - ▶ Functional Consequences
 - ▶ Diagnostic Markers

9

Development of the DSM-5-TR

- ▶ DSM-5 (2013)
- ▶ APA adopted an iterative revision process with updates posted online
- ▶ Revision process began spring 2019 and DSM-5-TR was released March 2022
- ▶ Incorporating work of 200+ diverse subject matter experts
- ▶ Resulting in a “comprehensive review and update to the text” which reflects “scientific advances”
- ▶ Updates included clarifications to criteria sets, updated diagnostic coding & a new disorder



The flowchart illustrates the iterative development process of the DSM-5-TR. It starts with 'DSM-5-TR' at the top, leading to 'DSM-5-TR Development'. This process involves 'DSM-5-TR Development' leading to '250 Subject Matter Experts', which then leads to '21 Review Groups'. These groups provide 'Public Comments' and 'Section Editors' input. The process also includes 'Revisions for Final Decision' and 'Final Review Work Group'. The final output is the 'DSM-5-TR'.

(APA, 2022b; First, 2016; First et al., 2023)

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1. Overview & Developing DSM-5-TR
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A row of seven book covers representing different editions of the Diagnostic and Statistical Manual of Mental Disorders: DSM-I (1952), DSM-II (1968), DSM-III (1980), DSM-III-R (1987), DSM-IV (1994), DSM-IV-TR (2000), and DSM-5-TR (2013).

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History of DSM & IDEA

- ▶ Initially, DSM was peripheral to the school psychologist’s duties
- ▶ Increasing financial pressures on schools to provide mental health services
- ▶ Increasing presence of therapists and social workers on school campuses
- ▶ Increasing awareness of community and youth regarding mental health

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DSM-IV IS RELEVANT.....

- Symptoms per above diagnoses provide information that may be relevant to determination of emotional disorder
- Expert testimony may reference and discuss DSM-IV symptomatology

BUT NOT SUFFICIENT

DSM-5 Relevant, but NOT Sufficient

- ▶ Schwartz (2010)
The Nexus Between DSM & IDEA

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DSM-5 is NEVER the Controlling Authority

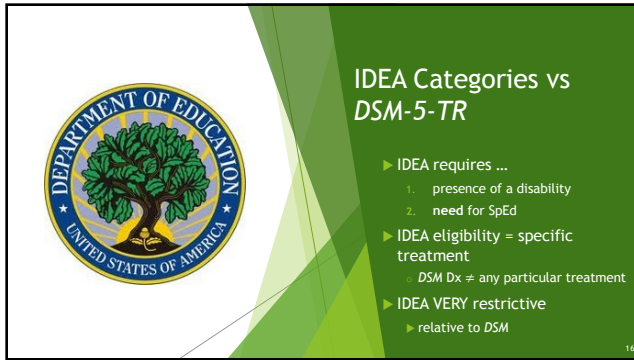
- ▶ IDEA special education eligibility dictated by state & federal regs
- ▶ DSM-5 diagnosis will not, by itself, result in special education services
 - ▶ Or even 504 accommodations

14

DSM-5 is NEVER the Controlling Authority

- ▶ However ...
 - ▶ Evaluation by physician or licensed psychologist may provide confirmation of the existence of a disability
- ▶ Clinical/medical mental health reports should always be considered
 - ▶ DSM-5-TR should direct attention
 - ▶ DSM-5-TR should not direct IDEA action

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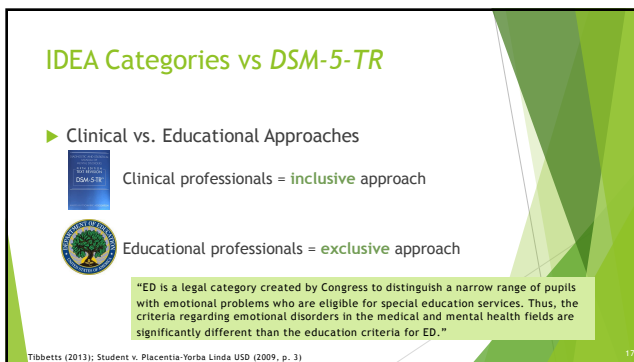


IDEA Categories vs DSM-5-TR

- ▶ IDEA requires ...
 1. presence of a disability
 2. need for SpEd
- ▶ IDEA eligibility = specific treatment
 - DSM Dx ≠ any particular treatment
- ▶ IDEA VERY restrictive
 - ▶ relative to DSM


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IDEA Categories vs DSM-5-TR

- ▶ Clinical vs. Educational Approaches

 Clinical professionals = inclusive approach

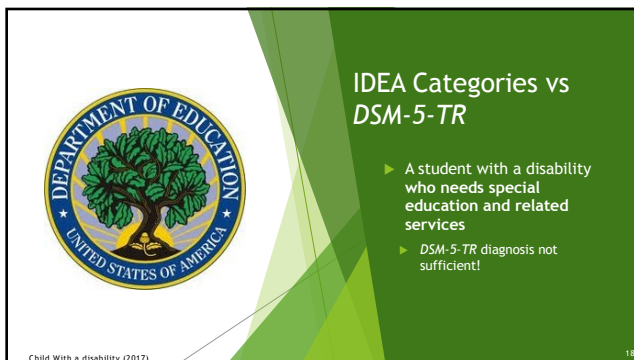
 Educational professionals = exclusive approach

"ED is a legal category created by Congress to distinguish a narrow range of pupils with emotional problems who are eligible for special education services. Thus, the criteria regarding emotional disorders in the medical and mental health fields are significantly different than the education criteria for ED."

Tibbetts (2013); Student v. Placentia-Yorba Linda USD (2009, p. 3)

17

17



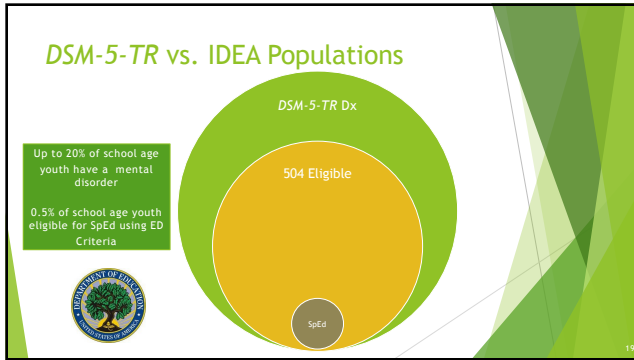
IDEA Categories vs DSM-5-TR

- ▶ A student with a disability who needs special education and related services
- ▶ DSM-5-TR diagnosis not sufficient!

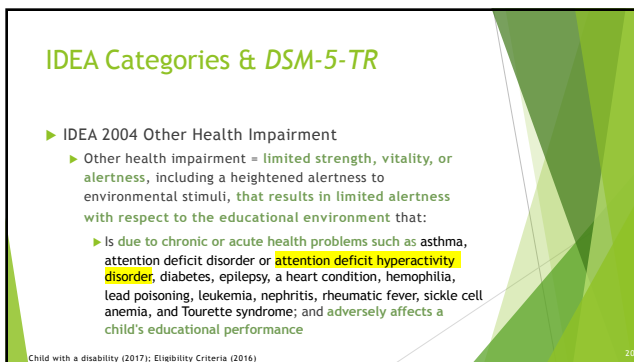
Child With a disability (2017)

18

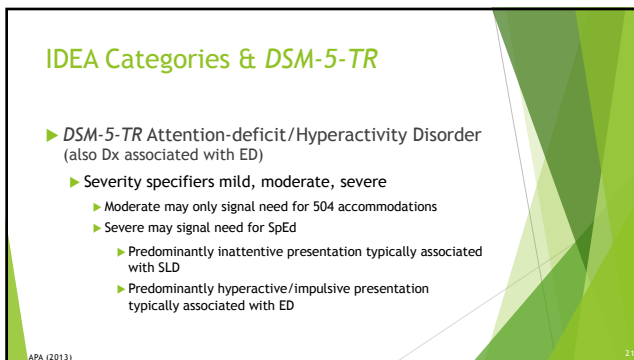
18



19



20



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IDEA Categories & DSM-5-TR

- ▶ IDEA 2004 Specific Learning Disability
 - ▶ Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may have manifested itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.

Child with a disability (2017); Eligibility Criteria (2016)

22

IDEA Categories & DSM-5-TR

- ▶ DSM-5-TR Specific Learning Disorder (also Attention-Deficit/Hyperactivity Disorder, Other Specified Neurodevelopmental Disorder, Developmental Coordination Disorder)
 - ▶ Severity specifiers mild, moderate, severe
 - ▶ Mild may only signal need for 504 accommodations
 - ▶ Moderate & severe may signal need for SpEd

APA (2013)

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IDEA Categories & DSM-5-TR

- ▶ IDEA 2004 Language or Speech Disorder
 - ▶ A pupil has a language or speech disorder ..., and it is determined that the pupil's disorder meets [criteria for] one or more of the following
 - ▶ Articulation Disorder
 - ▶ Abnormal Voice
 - ▶ Fluency Disorder
 - ▶ Language Disorder

Child with a disability (2017); Eligibility Criteria (2016)

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IDEA Categories & DSM-5-TR

- ▶ **DSM-5-TR**
 - ▶ Speech Sound Disorder
 - ▶ Childhood Onset Fluency Disorder
 - ▶ Language Disorder (also Social [Pragmatic] Communication Disorder)
 - ▶ Unspecified Communication Disorder

APA (2013) 25

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IDEA Categories & DSM-5-TR

- ▶ **IDEA 2004 Traumatic Brain Injury**
 - ▶ Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

Child with a disability (2017); Eligibility Criteria (2016) 26

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IDEA Categories & DSM-5-TR

- ▶ **DSM-5-TR Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury**

Injury characteristic	Mild TBI	Moderate TBI	Severe TBI
Loss of consciousness	<30 min	30 minutes-24 hours	>24 hours
Posttraumatic amnesia	<24 hours	24 hours-7 days	>7 days
Disorientation/confusion at initial assessment (Glasgow Coma Scale Score)	13-15 (not below 13 at 30 min)	9-12	3-8

APA (2013) 27

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IDEA Categories & DSM-5-TR

- ▶ IDEA 2004 Emotional disturbance
 - i. Emotional disturbance means a **condition** exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
 - A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - C. Inappropriate types of behavior or feelings under normal circumstances.
 - D. A general pervasive mood of unhappiness or depression.
 - E. A tendency to develop physical symptoms or fears associated with personal or school problems.
 - ii. Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance...

APA (2013); Child with a disability (2017); Eligibility Criteria (2016) 28

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Three Elements of IDEA's ED

1. Emotional **condition** (or a serious emotional disturbance)
 - ▶ Includes schizophrenia
 - ▶ Excludes social maladjustment
2. Condition = at least 1 of 5 characteristics
3. Characteristic(s) exceed(s) limiting criteria
 - a) Existed for **long period of time**
 - b) Exist to **marked degree**
 - c) Adversely **affect educational performance**

This is where you are expert!

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Three Elements of ED

1. Emotional Condition (results in at least one of the following)

- Can be schizophrenia
- Cannot be social maladjustment

2. At least one of the following characteristics:

- An inability to learn not explained by intellectual, sensory, or health factors
- An inability to build/maintain interpersonal relationships with peers/teachers
- Inappropriate types of behavior/feelings under normal circumstances
- Pervasive mood of unhappiness/depression
- Tendency to develop physical symptoms or fears assoc. w/ personal/school problems

3. Exhibited for a long period of time and to a marked degree
Adversely affects educational performance

30

30

IDEA Categories & DSM-5-TR

- ▶ DSM-5-TR categories with disorders consistent with an ED IDEA "condition"
 1. Neurodevelopmental Disorders (ADHD)
 2. Schizophrenia Spectrum and Other Psychotic Disorders
 3. Bipolar and Related Disorders
 4. Depressive Disorders
 5. Anxiety Disorders
 6. Obsessive-Compulsive and Related Disorders
 7. Trauma- and Stressor-Related Disorders
 8. Dissociative Disorders
 9. Somatic Symptom and Related Disorders
 10. Feeding and Eating Disorders

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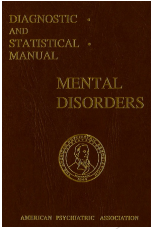
DSM Changes Over Time

Source	# of Criteria	Pages
1952 <i>DSM</i>	117	132
1968 <i>DSM-II</i>	156	135
1980 <i>DSM-III</i>	210	505
1987 <i>DSM-III-R</i>	235	582
1994 <i>DSM-IV</i>	322	914
2000 <i>DSM-IV-TR</i>	324	980
2013 <i>DSM-5</i>	392	1005
2022 <i>DSM-5-TR</i>	393	1050

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DSM Changes Over Time

▶ Let's turn back time



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Overview of DSM-5-TR Changes

- ▶ Revised text for almost all disorders
- ▶ One new Dx (Prolonged Grief Disorder)
- ▶ 70 modified criteria
- ▶ Updated "Introduction" and "Use of Manual"
- ▶ Considerations of racism and discrimination
- ▶ Added ICD-10-CM codes to flag/monitor suicidal behavior and NSSI
- ▶ Updated ICD-10-CM codes implemented since 2013
 - ▶ 50+ codes new to DSM for substance intoxication & withdrawal and other disorders

Facts about DSM-5-TR (2022). <https://psychnews.psychiatryonline.org/doi/10.1176/appi.on.2022.03.3.78>

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Changes to DSM-5-TR Names

DSM-5-TR	DSM-5	Background
Intellectual development disorder (intellectual disability)	Intellectual disability (intellectual development disorder)	To align with ICD-11
Persistent depressive disorder	Persistent depressive disorder (dysthymia)	Dysthymia not judged synonymous with PDD
Social anxiety disorder	Social anxiety disorder (social phobia)	SAD has been used since 1994, SP not longer needed
Functional neurological symptom disorder (conversion disorder)	Conversion disorder (functional neurological symptom disorder)	FNSD preferred name in medical literature

Adapted from First et al. (2022)

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“We apologize for our role in perpetrating structural racism in this country, and we hope to begin to make amends for APA’s and psychiatry’s history of actions, intentional and not, that hurt Black, Indigenous, and People of Color.”

--Jeffrey Geller (APA President; 2021)

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- ▶ Strategies employed to ensure race, ethnoracial differences, racism and discrimination issues were appropriately handled:
 - Ethnoracial Equity and Inclusion Work Group
 - Cross-Cutting Review Committee on Cultural Issues
- ▶ Expanded section on Culture and Psychiatric Diagnosis (Cultural Formulation + Cultural Concepts of Distress)
 - Examples of Cultural Concepts of Distress (i.e., ataque de nervios, dhat syndrome, hikikomori, khayal cap, kufungisisa, maladi dyab, nervios, shenjing shuairuo, susto, taijin kyofusho)

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- Changes to terminology
 - Movement toward more current/acceptable terms: (e.g., racialized, ethnorracial, Latinx)
 - Movement away from “loaded” terminology (e.g., minority, non-White, Caucasian)
- Prevalence data on specific ethnorracial groups included (when reliable estimates available)
- Gender-related terminology has also been updated

Attention to Culture, Racism, and Discrimination in DSM-5-TR

The APA's response to comments from members and others in the mental health field has been to address differences, racism and discrimination by further expanding the Diagnostic and Statistical Manual of Mental Disorders (DSM), adding explicit language to address these factors that impact psychiatric diagnoses in DSM-5-TR. These changes include:

- A Global Culture Review Committee on Cultural Issues, comprised of 20 U.S. and international board experts in cultural psychiatry, anthropology, and anthropology. These experts reviewed the DSM-5-TR manual and identified the DSM-5-TR content of all manual text provisions, text boxes, tables, and appendices that were affected by the changes to the manual. The committee's findings are available in the DSM-5-TR manual's appendix on culture, ethnicity, race, and related concepts throughout DSM-5-TR to assist practitioners in recognizing or including discriminatory clinical information.
- A Global Culture Review Committee on Language, comprised of 20 U.S. and international board experts in cultural psychiatry, anthropology, and anthropology. These experts reviewed the DSM-5-TR manual and identified the DSM-5-TR content of all manual text provisions, text boxes, tables, and appendices that were affected by the changes to the manual. The committee's findings are available in the DSM-5-TR manual's appendix on culture, ethnicity, race, and related concepts throughout DSM-5-TR to assist practitioners in recognizing or including discriminatory clinical information.

As part of the change implementation in DSM-5-TR, the use of language that challenges the way that race and ethnicity are defined and used is avoided.

- The term “race/ethnicity” is used instead of “race/ethnicity” to highlight the socially constructed nature of race.
- The term “ethnicity” is used to refer to the social groups in U.S. ethnic categories, such as Hispanic, White, or African American, that describe ethnic and racialized identities.
- The terms “race/ethnicity” and “race/ethnicity” are avoided because they describe social groups in relation to racialized “majority” or “minority” terms in generalist social scientific research.
- The average term “Latinx” is used in place of Latino/Latina to provide gender-inclusive terminology.
- The term “Caucasian” is avoided because it is based on obsolete and erroneous views about the phenotypic origin of a population and geographic ethnicity.
- The term “ancestry” is used to refer to the social groups that are used to describe social identity.

In addition, references to genetic or biological information are avoided, particularly for clinical uses in diagnosis, and focus attention on different populations across demographic groups. Cultural context that may affect the social and personal pathways to psychiatric diagnosis is used to describe individuals when evaluating individuals from socially oppressed ethnorracial groups.

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Changes Found in DSM-5-TR

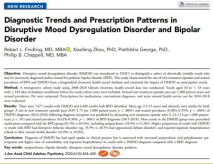
- ▶ Autism
 - Criterion A: Deficits in Social Communication and Social Interaction
 - Clarified that the intended meaning is that deficits in all three of the relevant domains are required, rather than any one of the three domains
 1. Social-emotional reciprocity
 2. Nonverbal communication used for social interaction
 3. Developing, maintaining, and understanding relationships

(APA 2022b; First et al., 2022)

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Changes Found in DSM-5-TR

- ▶ Disruptive Mood Dysregulation Disorder
 - Developmental Course
 - Age range at which DMDD can be diagnosed updated to “6 to 18 years.”
 1. As noted in criterion G

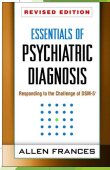


(APA, 2022b; Findling et al., 2022; Hart, 2014)

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Changes Found in DSM-5-TR

- ▶ Disruptive Mood Dysregulation Disorder
 - Problems identified:
 - Impossible to distinguish DMDD from temper tantrums occurring in typically developing children (false-positives)
 - Impossible to distinguish DMDD from temper tantrums occurring in other disorders, therefore distracting attention from appropriate differential diagnosis of irritability in children
 - As with pediatric bipolar cases, may be an effort by pharmaceutical companies to promote use of medications (particularly antipsychotics, which can cause large weight gains increasing risk of obesity, diabetes, and heart disease)



(Frances, 2013)

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Changes Found in DSM-5-TR

- ▶ Posttraumatic Stress Disorder
 - Traumatic Stressor
 - Note removed
 1. “witnessing does not include events that are witnessed only in electronic media, television, movies, or pictures”
 - ▶ Criterion A.2 already indicates that the events occurring to others must be witnessed in person

(APA, 2022b)

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Changes Found in DSM-5-TR


- ▶ Trauma- and Stressor-Related Disorders
 - Prolonged Grief Disorder
 - A. The death of an important person (...for children and adolescents death occurred at least 6 months ago)

(APA, 2022b, pp. 322-323)

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Changes Found in DSM-5-TR

- ▶ Trauma- and Stressor-Related Disorders
 - Prolonged Grief Disorder (Opposition)
 - "...only one significant change... and it is a disaster... Why is this so destructive? There can never be a uniform expiration date on normal grief, and the DSM-5-TR should not feel empowered to impose one. People grieve in their own ways, for periods of time that vary widely depending on the person, the nature of the loss, and relevant cultural practices. Mislabeling grief as mental disorder stigmatizes the grievers, exposes them to unneeded psychiatric medication, and insults the dignity of their loss..."*




(Frances, 2023)

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Changes Found in DSM-5-TR

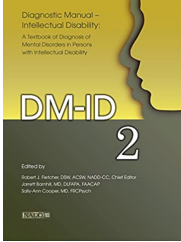
- ▶ Other Conditions that may be a Focus of Clinical Attention
 - ▶ Suicidal Behavior
 - ▶ Nonsuicidal Self-Injury
 - ▶ Child Maltreatment & Neglect Problems



(APA, 2022b, pp. 822-825)

48

Among students, comorbidity of ID with mental disorders is between 30 to 50%



Intellectual Disability & DM-ID-2

Fletcher, R. J., Barnhill, J., & Cooper, S. A. (2016). *Diagnostic manual - Intellectual disability 2: A textbook of diagnosis of mental disorders in persons with intellectual disability* (2nd ed.). R. J. Fletcher (Ed.). National Association for the Dually Diagnosed.

Fletcher, R. J., Barnhill, J., & Cooper, S. A. (2018). *Diagnostic manual - clinical guide: A clinical guide of diagnosis of mental disorders in persons with intellectual disability* (2nd ed.). R. J. Fletcher (Ed.). National Association for the Dually Diagnosed.

Staal, R. (2018). *DM-ID-2 Workbook*. National Association for the Dually Diagnosed.

Einfield et al. (2010) 49

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Wrapping It Up



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Thank you!

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