DSM-5 AND ICD-11: POSSIBLE IMPLICATIONS FOR INTELLECTUAL DISABILITY AND AUTISM SPECTRUM DISORDER

DSM-5: Diagnostic Criteria for Intellectual Disability

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DSM-5

4 Principles Guided The Draft Revisions:

1) DSM-5 is primarily intended to be a manual to be used by clinicians, and revisions must be feasible for routine clinical practice;
2) Recommendations for revisions should be guided by research evidence;
3) Where possible, continuity should be maintained with previous editions of the DSM; and
4) No a priori constraints should be placed on the degree of change between the DSM-IV and DSM-5.

(Source: DSM-5, page 7)
“The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a classification of disorders with associated criteria designed to facilitate more reliable diagnoses of these disorders.

... DSM-5 is also a tool for collecting public health statistics on mental disorder morbidity and mortality rates.”

(Source: DSM-5, page xii)
DSM-5

Section II (description of mental disorders)

22 mental disorder categories:

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- …
Section II (description of mental disorders)

22 mental disorder categories:

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
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Neurodevelopmental Disorders

- Intellectual Disabilities
- Communication Disorders
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders
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Neurodevelopmental Disorders

- Intellectual Disabilities
  - Intellectual Disability
  - Global Developmental Delay
  - Unspecified Intellectual Disability
- Communication Disorders
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders

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319. Intellectual Disability (Intellectual Developmental Disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.
319. Intellectual Disability (Intellectual Developmental Disorder) …

“Note: The diagnostic term *Intellectual Disability* is the equivalent term for the ICD-11 diagnosis of *Intellectual Developmental Disorders*. Although the term *Intellectual Disability is used* throughout this manual, both terms are used in the title to clarify relationships with other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa’s law) replaces the term mental retardation with intellectual disability, and research journals use the term *Intellectual Disability*. Thus, *Intellectual Disability* is the term in common use by medical, educational, and other professions, and by the lay public and advocacy groups.”

- DSM-5, p. 33
319. Intellectual Disability
(Intellectual Developmental Disorder)

The following three criteria must be met:

A. Deficits in *intellectual functions*, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning and learning from experience, and practical understanding confirmed by both clinical assessment and individualized, standardized intelligence testing.
Intellectual Disability

Diagnostic Features (p. 37)

**Criterion A refers to intellectual functions** … intellectual functioning is typically measured with individually administered and psychometrically valid, comprehensive, culturally appropriate, psychometrically sound tests of intelligence.

… two standard deviations or more below the population mean, including a margin of measurement error (generally +5 points) … a score of 65–75 (70 ± 5).

Factors that may affect test scores include practice effects and the “Flynn effect” (i.e., overly high scores due to out-of-date test norms).
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319. Intellectual Disability
(Intellectual Developmental Disorder)

B. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning *in one or more activities of daily life*, such as communication, social participation, and independent living, and *across multiple environments*, such as home, school, work, and recreation.
Intellectual Disability

Diagnostic Features (p. 37 & 38)

**Criterion B – adaptive functioning** involves adaptive reasoning, in three domains: conceptual, social, and practical. ... criterion B is met when at least ONE domain of adaptive functioning, conceptual, social or practical is sufficiently impaired that ongoing support is needed....

Adaptive functioning is assessed using both clinical evaluation and individualized, culturally appropriate, psychometrically sound measures. Standardized measures are used with knowledgeable informants (e.g., parent or other family member, teacher, counselor, care provider) and the individual to the extent possible.

Adaptive functioning may be difficult to assess in a controlled setting (e.g., prison, detention centers); if possible, corroborative information reflecting functioning outside those settings should be obtained.
DSM-5

319. Intellectual Disability
   (Intellectual Developmental Disorder)

C. Onset of intellectual and adaptive deficits during the developmental period.
**DSM-5**

**SPECIFIERS:** The use of *specifiers* for the neurodevelopmental disorder diagnoses enriches the clinical description of the individual’s clinical course and current symptomatology. In addition to specifiers such as age of onset or severity ratings, the neurodevelopmental disorders may include the specifier “associated with a medical (e.g., seizure disorder) or genetic condition (e.g., trisomy 21) or environmental factor (e.g., low birth weight).”
Intellectual Disability

SPECIFIERS

The various levels of severity are defined on the basis of adaptive functioning, and not IQ scores, because it is adaptive functioning that determines the level of supports required. Moreover, IQ measures are less valid in the lower end of the IQ range.

- DSM-5, p. 33
Intellectual Disability

Severity Levels for Intellectual Disability:

Mild
Moderate
Severe
Profound
# Intellectual Disability

**Severity Levels for Intellectual Disability:**

<table>
<thead>
<tr>
<th>Severity</th>
<th>Conceptual</th>
<th>Social</th>
<th>Practical</th>
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<tbody>
<tr>
<td>Mild</td>
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</tbody>
</table>
Intellectual Disability

DSM-5 and AAIDD (Schalock et al., 2010):

Similarities and Differences.

DSM-5 (p. 40): “the AAIDD also uses the term intellectual disability with a similar meaning to the term used in this manual.”
Intellectual Disability

DSM-5-AAIDD: Similarities and Differences.

Same: Name “intellectual disability”
Same: IQ
Same: AB (I think)
???: Age of onset
Different: Severity levels
Concluding Remarks

Some Worries

• Confusing to have “Intellectual Disability (Intellectual Developmental Disorder)” => ICD-11 may not even retain “Intellectual Developmental Disorder.”

• “To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A.” (DSM-5, p. 38)

• Severity levels:
  – Mild = IQ 55-70; Moderate = IQ 40-55; Severe IQ 25-40; Profound IQ < 25
  – validity of severe-profound distinction? AB scales are not any more reliable 5 SD below the mean. What is the reliability of the AB-based levels of severity?

• What is the “cut-off” for developmental period?
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