Overview of DSM 5 Neurodevelopmental Disorders

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Diagnostic and Statistical Manual of Mental Disorders
FIFTH EDITION | DSM-5
The most comprehensive, current, and critical resource for clinical practice available to today's mental health clinicians and researchers of all orientations. DSM-5 is used by health professionals, social workers, and forensic and legal specialists to diagnose and classify mental disorders, and is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health. The criteria are concise and explicit, intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings - inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care.
Developmental and Lifespan Considerations

• To improve clinical utility, DSM-5 is organized on developmental and lifespan considerations.

• It begins with diagnoses thought to reflect developmental processes that manifest early in life (e.g., neurodevelopmental and schizophrenia spectrum and other psychotic disorders), followed by diagnoses that more commonly manifest in adolescence and young adulthood (e.g., bipolar, depressive, and anxiety disorders), and ends with diagnoses relevant to adulthood and later life (e.g., neurocognitive disorders).

• A similar approach has been taken, where possible, within each chapter. This organizational structure facilitates the comprehensive use of lifespan information as a way to assist in diagnostic decision making.
• The **neurodevelopmental disorders** are a group of conditions with onset in the developmental period.

• The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.

• The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence.
• **Intellectual disability (intellectual developmental disorder) [formerly “mental retardation”]** is characterized by deficits in general mental abilities, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience. The deficits result in impairments of adaptive functioning, such that the individual fails to meet standards of personal independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning, and personal independence at home or in community settings.
• **Global developmental delay**, as its name implies, is diagnosed when an individual fails to meet expected developmental milestones in several areas of intellectual functioning.

• The diagnosis is used for individuals who are unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing.
The communication disorders include language disorder, speech sound disorder, social (pragmatic) communication disorder, and childhood-onset fluency disorder (stuttering).

The first three disorders are characterized by deficits in the development and use of language, speech, and social communication, respectively.

Childhood-onset fluency disorder is characterized by disturbances of the normal fluency and motor production of speech, including repetitive sounds or syllables, prolongation of consonants or vowel sounds, broken words, blocking, or words produced with an excess of physical tension.

Like other neurodevelopmental disorders, communication disorders begin early in life and may produce lifelong functional impairments.
• **Autism spectrum disorder** is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships.

• In addition to the social communication deficits, the diagnosis of autism spectrum disorder requires the presence of restricted, repetitive patterns of behavior, interests, or activities.
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• **Attention Deficit/Hyperactivity Disorder (ADHD)** is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity.

• Inattention and disorganization entail inability to stay on task, seeming not to listen, and losing materials, at levels that are inconsistent with age or developmental level.

• Hyperactivity-impulsivity entails overactivity, fidgeting, inability to stay seated, intruding into other people’s activities, and inability to wait—symptoms that are excessive for age or developmental level.
• The **neurodevelopmental motor disorders** include **developmental coordination disorder, stereotypic movement disorder, and tic disorders**.

• Developmental coordination disorder is characterized by deficits in the acquisition and execution of coordinated motor skills and is manifested by clumsiness and slowness or inaccuracy of performance of motor skills that cause interference with activities of daily living.

• Stereotypic movement disorder is diagnosed when an individual has repetitive, seemingly driven, and apparently purposeless motor behaviors, such as hand flapping, body rocking, head banging, self-biting, or hitting. The movements interfere with social, academic, or other activities. If the behaviors cause self-injury, this should be specified as part of the diagnostic description.

• Tic disorders are characterized by the presence of motor or vocal tics, which are sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations.
Specific learning disorder, as the name implies, is diagnosed when there are specific deficits in an individual’s ability to perceive or process information efficiently and accurately.

This neurodevelopmental disorder first manifests during the years of formal schooling and is characterized by persistent and impairing difficulties with learning foundational academic skills in reading, writing, and/or math.

The individual’s performance of the affected academic skills is well below average for age, or acceptable performance levels are achieved only with extraordinary effort.