

Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) is the guidebook for the classification and diagnosis of mental disorders used in varying degrees by clinicians and researchers in clinical and community settings in the United States of America and in many countries around the world. Its previous edition was launched in 1994. After a 13-year revision process involving over 1,500 experts from psychiatry, psychology, social work, psychiatric nursing, pediatrics, neurology, speech-language pathology, and other related fields from over 39 countries, the APA Board of Trustees approved the final revision of diagnostic criteria for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) on December 1st, 2012⁽¹⁾. The exact changes will not be known until the final document is published in the 2013 Spring. However, there are several proposed alterations to the DSM that impact on the practice of speech-language pathology⁽²⁾.

Among the more controversial proposed modifications is the re-classification of “Autistic Disorders”. The previously separate diagnostic labels of Autistic, Asperger’s, Childhood Disintegrative, and Pervasive Developmental Disorders (not otherwise specified) – PDD-NOS are replaced by the term “Autism Spectrum Disorder”. Their individual diagnoses will no longer exist.

The proposed revision has changes to the specific criteria needed for diagnosing Autism Spectrum Disorder (ASD). Under the DSM-IV, a person could be qualified for such thing by exhibiting at least 6 of the 12 specified behaviors that included deficits in social interaction, communication, or repetitive behaviors. Not only is the presence of a symptom necessary for a diagnosis, but also the individuals’ overall developmental status in social communication and other relevant cognitive and motor behaviors must be specified. Furthermore, severity levels are described based on the amount of support needed, due to challenges with social communication, restricted interests, and repetitive behaviors. For example, a person might be diagnosed with ASD level 1 (mild), 2 (moderate) or 3 (severe). It is hoped that these new diagnostic criteria result in more accurate examination of people with relevant symptoms and behaviors while recognizing differences between them.

The DSM-V has a section on neurodevelopmental disorders that includes “Communication Disorders”, “Specific Learning Disorders”, “Attention Deficit/Hyperactivity Disorder (ADD/HD)”, and “Chronic Tic Disorder”.

The diagnosis of “Communication Disorders” has been restructured into two diagnostic categories called language and speech disorders, with a new one called social communication disorders (SCD). Therefore, they are more general to capture the various aspects that emphasize their childhood onset and differentiate these communications disorders from those associated with others, like autism.

SCD acknowledges a disability in social communication without the presence of repetitive behavior. It is also described as an impairment of pragmatics and is diagnosed based on difficulty in the social uses of verbal and nonverbal communications in naturalistic contexts, which affects the development of social relationships and discourse comprehension and cannot be explained by low abilities in the domains of word structure and grammar or general cognitive ability. The emphasis is on the communication, particularly conversation skills, thus social difficulties may be a secondary consequence of impaired communication. This effectively separates children with disorder in pragmatics from those diagnosed as autistic⁽³⁾.

“Learning Disorders” has been broadened to “Specific Learning Disorders” to represent distinct disorders that interfere with the acquisition and use of one or more of the following academic skills: oral language, reading, written language, or mathematics. The previous types of learning disorder (dyslexia, dyscalculia, and dysgraphia or disorder of written expression) are no longer included. In the revision, sensory impairments such as blindness and deafness are also presented; however, “sensory processing disorder” will not be shown. It will appear in a section in the revision titled ‘Disorders Needing Further Research’.

During the period, the American Speech Language Hearing Association (ASHA), in collaboration with several other speech-language pathology organizations around

the world, including the Canadian Alliance of Audiology and Speech-Language Pathology Regulators, the Canadian Association for Speech-Language Pathologists and Audiologists, the *Comité Permanent de Liaison des Orthophonistes-Logopèdes de l'Union Européenne* (CPOLOL), and the Speech Pathology Australia, sent a message of concern to the APA⁽⁴⁾. This stated that although psychological responses to communication disorders may indeed occur, communication disorders do not necessarily have a psychological origin and should not be included in a manual on mental disorders. They further recommended that motor speech, voice, and resonance disorders should not be included in DSM-5 because they are physiological in origin rather than mental or developmental ones.

REFERENCES

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