

Highlights: Neurodevelopmental Disorders

Intellectual Disability

(Intellectual Developmental Disorder)

- Diagnostic criteria for intellectual disability (intellectual developmental disorder) emphasize the need for an assessment of both cognitive capacity (IQ) and adaptive functioning. Severity is determined by adaptive functioning rather than IQ score.
- Despite the name change, the deficits in cognitive capacity beginning in the developmental period, with the accompanying diagnostic criteria, are considered to constitute a mental disorder.
- No longer use of term “mental retardation.”

Criteria: Neurodevelopmental Disorders

Intellectual Disability (Intellectual Developmental Disorder)

- A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural 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, across multiple environments, such as home, school, work, and community.
- C. Onset of intellectual and adaptive deficits during the developmental period.

Specify severity (based on adaptive function, not IQ): Mild, Moderate, Severe, Profound

Criteria: Neurodevelopmental Disorders

Global Developmental Delay

Diagnosed reserved for individuals **under 5** when clinical severity level cannot be reliably assessed. Diagnosed when an individual fails to meet expected developmental milestones in several areas of intellectual functioning, and applies to individuals who are unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing. Requires reassessment after a period of time.

Unspecified Intellectual Disability

Diagnosed in individuals **over 5** when assessment of the degree of intellectual disability by means of locally available procedures is difficult or impossible because of associated sensory or physical impairments, as in blindness or prelingual deafness; locomotor disability; or presence of severe problem behaviors or co-occurring mental disorder. Should only be used in exceptional circumstances and requires reassessment after a period of time.

Criteria: Neurodevelopmental Disorders

Communication Disorders

The DSM-5 communication disorders include new and revised conditions:

- Language Disorder (which combines DSM-IV expressive and mixed receptive-expressive language disorders)
- Speech Sound Disorder (a new name for phonological disorder)
- Childhood-Onset Fluency Disorder (a new name for stuttering)
- Social (pragmatic) Communication Disorder, a new condition for persistent difficulties in the social uses of verbal and nonverbal communication (ASD is an obligate rule-out).

Social (Pragmatic) Communication Disorder (315.39) Diagnostic Checklist

Check the box next to the following criteria that are present for this patient:

Yes	No	DSM-5 Diagnostic Criteria
<input type="checkbox"/>	<input type="checkbox"/>	A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following: <input type="checkbox"/> 1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context. <input type="checkbox"/> 2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language. <input type="checkbox"/> 3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction. <input type="checkbox"/> 4. Difficulties understanding what is not explicitly stated (e.g. making inferences) and non literal or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).
<input type="checkbox"/>	<input type="checkbox"/>	B. The deficits result in functional imitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
<input type="checkbox"/>	<input type="checkbox"/>	C. The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
<input type="checkbox"/>	<input type="checkbox"/>	D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.