**DSM-5 Diagnostic Criteria for Communication and Other Neurodevelopmental Disorders**

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The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* was released by the American Psychiatric Association (APA) in May 2013. The DSM provides diagnostic criteria for mental disorders and is widely used by different professionals in clinical and community settings in the United States and other countries. DSM-5 includes diagnostic criteria for communication and related disorders that are relevant for special educators (including speech-language pathologists, teachers, and school psychologists), other professionals, and consumers.

DSM-5 marks the culmination of more than 10 years of research and study devoted to revising the 2000 DSM-IV manual. Professionals who diagnose and treat particular conditions were involved in the revision process. In addition, the APA had three public comment periods. Speech-language pathologists were directly involved in developing the criteria for communication disorders, autism spectrum disorder, and other neurodevelopmental disorders.

Major changes were made in the criteria for communication disorders and autism. A summary of the differences between DSM-IV and DSM-5 is available at [www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf](http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf).

The practice, research, and training implications of these changes will become apparent in the near future. Parents and clinicians may have concerns about what the new diagnostic criteria will mean in their day-to-day experience and practice.

Here are some of the major changes in the category of Neurodevelopmental Disorders and possible implications. The disorders below are particularly relevant to speech-language pathologists and other professionals who work with students with communication disorders.

**Autism Spectrum Disorder**

- DSM-5 no longer uses Pervasive Developmental Disorder and its subcategories (Autistic Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, Pervasive Developmental Disorder-Not Otherwise Specified) due to a lack of evidence for discrete categories. Instead, children meeting the criteria will be given a diagnosis of autism spectrum disorder with varying degrees of severity. The change means, for example, that a child who has symptoms of Asperger’s syndrome will be given a diagnosis of autism spectrum disorder, as will a child meeting the criteria for PDD-NOS or autistic disorder.

- Some parents have expressed concern that children—particularly those who are high functioning—may not receive the diagnosis and, consequently, won’t qualify for treatment for the social and
communication deficits that are the hallmarks of autism spectrum disorder. However, services should be based on a child's individual strengths and needs and not on a diagnostic label.

- If a child has difficulties with social skills, but does not show restricted or repetitive patterns of behavior, the new diagnosis of social (pragmatic) communication disorder may apply. Distinguishing between autism spectrum disorder and social communication disorder will be critical to ensuring that individuals receive the services they need.

- Speech-language pathologists will need to ensure that language is included in the intervention plan for those children with autism spectrum disorder who have spoken and written language problems.

Communication Disorders

Diagnostic categories for communication disorders include Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), Social (Pragmatic) Communication Disorder, and Unspecified Communication Disorder. These categories represent a change from the DSM-IV categories of Expressive Language Disorder and Mixed Receptive-Expressive Language Disorder.

- **Language Disorder**
  The diagnostic criteria for language disorder include “persistent difficulties in the acquisition and use of language across modalities (i.e., spoken, written, sign language, or other) due to deficits in comprehension or production” and language abilities that are “substantially and quantifiably” below age expectations.

- **Social (Pragmatic) Communication Disorder**
  The diagnostic criteria for social (pragmatic) communication disorder, a new diagnosis for DSM, are “persistent difficulties in the social use of verbal and nonverbal communication,” which include deficits in “using communication for social purposes ...,” “impairment in the ability to change communication to match context or the needs of the listener ...,” “difficulties following rules for conversation and storytelling ...,” and “difficulties understanding what is not explicitly stated ... and nonliteral or ambiguous meaning of language ....” Children who meet the criteria for autism spectrum disorder are not diagnosed with this communication disorder.

- **Speech Sound Disorder**
  The key diagnostic criterion for speech sound disorder includes “persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages.”

- **Childhood-Onset Fluency Disorder (Stuttering)**
  The diagnostic criteria for childhood-onset fluency disorder (stuttering) are “disturbances in the normal fluency and time patterning of speech ...” and the disturbance causes “anxiety about speaking ....”

Intellectual Disabilities (Intellectual Developmental Disorder)

- DSM-5 uses the more contemporary and commonly accepted term *intellectual disabilities* rather than *mental retardation*, a departure from DSM-IV. The term *intellectual disability* has been adopted already in many state and federal laws.
In addition to using the term *intellectual disability*, the DSM-5 changes the diagnostic criteria to rely less on a person’s specific IQ score and more on clinical assessment.

**Specific Learning Disorder**

- DSM-5 characterizes a Specific Learning Disorder as “difficulties learning and using academic skills.” Diagnostic criteria include difficulty with word reading, understanding the meaning of what is read, word meaning, spelling, written expression, number use and calculation, and mathematical reasoning. DSM-5 combines the diagnoses, which were separate in DSM-IV, of reading disorder, disorder of written expression, mathematics disorder, and learning disorder not otherwise specified.

- The diagnosis is determined by academic performance through standardized achievement measures and comprehensive clinical assessment. DSM-5 notes that “clinical synthesis” should occur based on the individual’s history, school reports, and psycho-educational assessment.

- Severity levels are specified separately for impairments in reading, written expression, and mathematics.

- A learning disorder, according to DSM-5, does not include disorders of spoken language (speaking and understanding) as diagnostic criteria. Therefore, it is critical that speech-language pathologists and other diagnosticians make a dual diagnosis with language disorders when appropriate.

More information about DSM-5 changes and potential implications is available from the following organizations:

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<td><a href="http://www.policyinsider.org/2013/05/new-dsm-5-officially-released.html">www.policyinsider.org/2013/05/new-dsm-5-officially-released.html</a></td>
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