

DSM-5 CHANGES: IMPLICATIONS FOR CHILD SERIOUS EMOTIONAL DISTURBANCE

DISCLAIMER

SAMHSA provides links to other Internet sites as a service to its users and is not responsible for the availability or content of these external sites. SAMHSA, its employees, and contractors do not endorse, warrant, or guarantee the products, services, or information described or offered at these other Internet sites. Any reference to a commercial product, process, or service is not an endorsement or recommendation by SAMHSA, its employees, or contractors. For documents available from this server, the U.S. Government does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed.

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland 20857

June 2016

This page intentionally left blank

DSM-5 CHANGES: IMPLICATIONS FOR CHILD SERIOUS EMOTIONAL DISTURBANCE

Contract No. HHSS283201000003C
RTI Project No. 0212800.001.108.008.008

RTI Authors:

Heather Ringeisen
Cecilia Casanueva
Leyla Stambaugh

RTI Project Director:

David Hunter

SAMHSA Authors:

Jonaki Bose
Sarrah Hedden

SAMHSA Project Officer:

Peter Tice

For questions about this report, please e-mail Peter.Tice@samhsa.hhs.gov.

Prepared for Substance Abuse and Mental Health Services Administration,
Rockville, Maryland

Prepared by RTI International, Research Triangle Park, North Carolina

June 2016

Recommended Citation: Center for Behavioral Health Statistics and Quality.
(2016). *2014 National Survey on Drug Use and Health: DSM-5 Changes:
Implications for Child Serious Emotional Disturbance* (unpublished internal
documentation). Substance Abuse and Mental Health Services
Administration, Rockville, MD.

Acknowledgments

This publication was developed for the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), by RTI International, a trade name of Research Triangle Institute, Research Triangle Park, North Carolina, under Contract No. HHSS283201000003C. Contributors to this report include Lisa Colpe and Peggy Barker. At RTI, Michelle Back edited and Roxanne Snaauw formatted the report.

Table of Contents

Chapter	Page
1. Introduction.....	1
1.1 Definition of SED.....	1
1.2 Published SED Estimates.....	2
2. DSM-IV to DSM-5 Changes: Overview.....	5
2.1 Elimination of the Multi-Axial System and GAF Score.....	5
2.2 Disorder Reclassification.....	5
3. DSM-5 Child Mental Disorder Classification	9
3.1 New Childhood Mental Disorders Added to the DSM-5.....	9
3.1.1 Social (Pragmatic) Communication Disorder (SCD, under Neurodevelopmental Disorders).....	9
3.1.2 Disruptive Mood Dysregulation Disorder (or DMDD) (under Depressive Disorders).....	11
3.2 Age-Related Diagnostic Criteria Changes to Mental Disorders in the DSM-5	16
3.2.1 Attention-Deficit/Hyperactivity Disorder (ADHD, under Neurodevelopmental Disorders	16
3.2.2 Post-traumatic Stress Disorder (PTSD, under Trauma- and Stressor-Related Disorders)	20
3.3 Changes to Other Mental Disorders with Minor to No Implication for SED Prevalence Estimates	24
3.3.1 Major Depressive Episode/Disorder (under Depressive Disorders).....	24
3.3.2 Persistent Depressive Disorder (formerly Dysthymic Disorder, under Depressive Disorders).....	25
3.3.3 Manic Episode and Bipolar I Disorder (under Bipolar and Related Disorders).....	26
3.3.4 Generalized Anxiety Disorder (under Anxiety Disorders)	34
3.3.5 Panic Disorder and Agoraphobia (under Anxiety Disorders).....	35
3.3.6 Separation Anxiety Disorder (under Anxiety Disorders)	39
3.3.7 Social Anxiety Disorder (formerly Social Phobia [Social Anxiety Disorder], under Anxiety Disorders)	40
3.3.8 Conduct Disorder (under Disruptive, Impulse-Control, and Conduct Disorders)	42
3.3.9 Oppositional Defiant Disorder (under Disruptive, Impulse-Control, and Conduct Disorders)	45
3.3.10 Eating Disorders (under Feeding and Eating Disorders).....	47
3.3.11 Body Dysmorphic Disorder (under Obsessive-compulsive and Related Disorders)	52
4. Instrumentation	55
5. Summary and Conclusions	59
References.....	61

List of Tables

Table	Page
1. DSM-IV Childhood Mental Disorders Assessed in Leading Studies with Published Estimates of SED	3
2. Past 12-month Prevalence of Mental Disorders Based upon the NCS-A, NHANES Special Study, and GSMS, by Functional Impairment and Child Age.....	4
3. Disorder Classes Presented by the DSM-IV and DSM-5, as Ordered in DSM-IV	6
4. Disorder Classification in the DSM-IV and DSM-5 for Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence	7
5. DSM-IV Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) to DSM-5 Social (Pragmatic) Communication Disorder (SCD) Comparison.....	10
6. DSM-IV Bipolar Disorder-Manic Episode and Oppositional Defiant Disorder to DSM-5 Disruptive Mood Dysregulation Disorder (or DMDD) Comparison.....	12
7. DSM-IV to DSM-5 Attention-Deficit/Hyperactivity Disorder Comparison	17
8. DSM-IV to DSM-5 Post-traumatic Stress Disorder Comparison Children 6 Years and Younger.....	21
9. DSM-IV to DSM-5 Major Depressive Episode/Disorder Comparison	25
10. DSM-IV to DSM-5 Dysthymic Disorder/Persistent Depressive Disorder Comparison	26
11. DSM-IV to DSM-5 Manic Episode Criteria Comparison	28
12. DSM-IV to DSM-5 Bipolar I Disorder Comparison	29
13. DSM-IV to DSM-5 Generalized Anxiety Disorder Comparison	34
14. Panic Disorder and Agoraphobia Criteria Changes from DSM-IV to DSM-5	36
15. DSM-IV to DSM-5 Separation Anxiety Disorder Comparison.....	39
16. DSM-IV to DSM-5 Social Phobia/Social Anxiety Disorder Comparison.....	41
17. DSM-IV to DSM-5 Conduct Disorder Comparison	43
18. DSM-IV to DSM-5 Oppositional Defiant Disorder Comparison	46
19. DSM-IV to DSM-5 Anorexia Nervosa Comparison	48
20. DSM-IV to DSM-5 Bulimia Nervosa Comparison	49
21. DSM-IV to DSM-5 Binge Eating Disorder Comparison.....	50
22. DSM-IV to DSM-5 Avoidant/Restrictive Food Intake Disorder Comparison	52
23. DSM-IV to DSM-5 Body Dysmorphic Disorder Comparison	54
24. Summary of Diagnostic Instruments Used to Assess Child Mental Disorders	55

This page intentionally left blank

1. Introduction

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the manual used by clinicians and researchers to diagnose and classify mental disorders (including substance use disorders [SUDs]). The DSM specifically classifies child disorders by symptoms, duration, and functional impact across home, school, and other community settings. The American Psychiatric Association (APA) published the DSM-5 in 2013, culminating a 14-year revision process. This latest revision takes a new approach to defining the criteria for mental disorders—a lifespan perspective. This perspective is very relevant to diagnosing childhood mental disorders. The perspective recognizes the importance of age and development in the onset, manifestation, and treatment of mental disorders. The purpose of this report is to describe the differences between the DSM-IV and DSM-5 diagnostic criteria that could affect national estimates of childhood serious emotional disturbance (SED). The report also provides a description of DSM-5 updates that have been made (or are being made) to existing diagnostic instruments and screeners of childhood emotional and behavioral health.

1.1 Definition of SED

The DSM has never offered a definition of SED. This term has been defined historically by the Substance Abuse and Mental Health Services Administration (SAMHSA) and released as a *Federal Register* notice. The SAMHSA definition was crafted in order to inform state block grant allocations for community mental health services provided to children with an SED and adults with a serious mental illness (SMI). The *Federal Register* definition is intended to identify and estimate the size of the group of children with SED within the general population of each state. An accurate and up-to-date estimate of childhood SED is critical for SAMHSA to plan future block grant allocations and financial supports to states serving children with SED.

The *Federal Register* notice defines the terms "children with a serious emotional disturbance" and "adults with a serious mental illness" (SAMHSA, 1993, p. 29422). Pub. L. 102-321 defines children with an SED to be people "from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities" (SAMHSA, 1993, p. 29425).

The 1992 and 1993 *Federal Register* notices also offer several notes that are helpful in considering the age, symptom duration, and diagnostic exclusions related to the definition of childhood SED:

- Age: "Although the definition of SED in children is restricted to persons up to age 18, it is recognized that some states extend this age range to persons less than age 22. To accommodate this variability, states using an extended age range for children's services should provide separate estimates for persons below age 18 and persons aged 18 to 22 within block grant applications" (SAMHSA, 1993, p. 29425).

- Duration: "The reference year...refers to a continuous 12-month period because this is a frequently used interval in epidemiological research and because it relates to commonly used [state] planning cycles" (SAMHSA, 1993, p. 29425).
- Diagnostic exclusions: "These disorders include any mental disorders listed in the DSM-III-R...with the exception of DSM-III-R "V" codes, substance use and developmental disorders, which are excluded unless they co-occur with another diagnosable serious emotional disturbance" (SAMHSA, 1993, p. 29425).

A November 6, 1992, *Federal Register* notice requests public comments to a preliminary definition of childhood SED (SAMHSA, 1992). The May 20, 1993, *Federal Register* describes responses to public comments received in response to the 1992 notice. Public comments to the proposed SED definition primarily focused on the impairment criteria, with support for considering a broad definition of impairment and also concerns that including less impairing disorders would dilute resources for those with the most severely debilitating conditions. A smaller set of comments focused on the inclusion or exclusion of certain disorders such as substance abuse, developmental disorders, and attention deficit disorder.

The 1993 *Federal Register* offers clarification on final decisions about disorders to be included and excluded in the SED definition. Public comments included concerns about whether attention-deficit disorder (ADD) should be included for two main reasons: (1) parental concerns about the negative stigma associated with labelling ADD as a "serious emotional disturbance" and (2) treatment providers/educators noting difficulties making definitive ADD diagnoses. Ultimately, ADD was included in the definition of SED because "a significant group of children with functional impairments associated with this disorder might otherwise be excluded from service" (p. 29423). SUDs were excluded based upon the rationale that the federal government administered a separate state block grant intended to fund substance abuse treatment and prevention services. Developmental disorders (mental retardation, autism, pervasive developmental disorders) were also excluded. The rationale described for this decision was as follows: "while comments received cited the frequent involvement of mental health practitioners in treatment planning and service delivery for these individuals (particularly autistic children), separate Federal block grant funds and processes for needs assessment cover these population groups" (SAMHSA, 1993, p. 29424). Finally, DSM-III "V" codes were excluded because "they represent conditions that may be a focus of treatment but are not attributed to a mental disorder" (p. 29424).

In summary, DSM mental disorder classifications are relevant to SED as they form the basis for an essential part of the SED criteria—the presence of a DSM-based mental disorder. Changes in the number of mental disorders (as defined by the DSM) that fall under the operationalized definition of SED, and breadth of the diagnostic criteria for existing DSM-based mental disorders might impact the prevalence rates of SED. The current operationalized definition of SED may need to be updated to ensure consistent and precise measurement of the prevalence of SED within epidemiological studies at the national level.

1.2 Published SED Estimates

Three large-scale epidemiological studies have provided estimates of SED based upon the administration of child and adolescent diagnostic interviews. These studies include a