

Diagnosing Disorder: The *DSM*

Psychologists have developed criteria that help them determine whether behaviour should be considered a psychological disorder and which of the many disorders particular behaviours indicate. These criteria are laid out in a 1,000-page manual known as the **Diagnostic and Statistical Manual of Mental Disorders (DSM)**, *a document that provides a common language and standard criteria for the classification of mental disorders* (American Psychiatric Association, 2013). The *DSM* is used by therapists, researchers, drug companies, health insurance companies, and policymakers in Canada and the United States to determine what services are appropriately provided for treating patients with given symptoms.

The first edition of the *DSM* was published in 1952 on the basis of census data and psychiatric hospital statistics. Since then, the *DSM* has been revised five times. The last major revision was the fourth edition (*DSM-IV*), published in 1994, and an update of that document was produced in 2000 (*DSM-IV-TR*). The fifth edition (*DSM-5*) is the most recent edition and was published in 2013. The Medical Council of Canada transitioned to the *DSM-5* recently (MCC, 2013). The *DSM-IV-TR* was designed in conjunction with the World Health Organization's 10th version of the *International Classification of Diseases (ICD-10)*, which is used as a guide for mental disorders in Europe and other parts of the world.

The *DSM* does not attempt to specify the exact symptoms that are required for a diagnosis. Rather, the *DSM* uses categories, and patients whose symptoms are similar to the description of the category are said to have that disorder. The *DSM* frequently uses qualifiers to indicate different levels of severity within a category. For instance, the disorder of mental retardation can be classified as mild, moderate, or severe.

Each revision of the *DSM* takes into consideration new knowledge as well as changes in cultural norms about disorder. Homosexuality, for example, was listed as a mental disorder in the *DSM* until 1973, when it was removed in response to advocacy by politically active gay rights groups and changing social norms. The current version of the *DSM* lists about 400 disorders.

Although the *DSM* has been criticized regarding the nature of its categorization system (and it is frequently revised to attempt to address these criticisms), for the fact that it tends to classify more behaviours as disorders with every revision (even “academic problems” are now listed as a potential psychological disorder), and for the fact that it is primarily focused on Western illness, it is nevertheless a comprehensive, practical, and necessary tool that provides a common language to describe disorder. Most insurance companies will not pay for therapy unless the patient has a *DSM* diagnosis. The *DSM* approach allows a systematic assessment of the patient, taking into account the mental disorder in question, the patient's medical condition, psychological and cultural factors, and the way the patient functions in everyday life.

Diagnosis or Overdiagnosis? ADHD, Autistic Disorder, and Asperger's Disorder

Two common critiques of the *DSM* are that the categorization system leaves quite a bit of ambiguity in diagnosis and that it covers such a wide variety of behaviours. Let's take a closer look at three common disorders — *attention-deficit/hyperactivity disorder (ADHD)*, *autistic disorder*, and *Asperger's disorder* — that have recently raised controversy because they are being diagnosed significantly more frequently than they were in the past.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Zack, aged seven years, has always had trouble settling down. He is easily bored and distracted. In school, he cannot stay in his seat for very long and he frequently does not follow instructions. He is constantly fidgeting or staring into space. Zack has poor social skills and may overreact when someone accidentally bumps into him or uses one of his toys. At home, he chatters constantly and rarely settles down to do a quiet activity, such as reading a book.

Symptoms such as Zack's are common among seven-year-olds, and particularly among boys. But what do the symptoms mean? Does Zack simply have a lot of energy and a short attention span? Boys mature more slowly than girls at this age, and perhaps Zack will catch up in the next few years. One possibility is for the parents and teachers to work with Zack to help him be more attentive, to put up with the behaviour, and to wait it out.

But many parents, often on the advice of the child's teacher, take their children to a psychologist for diagnosis. If Zack were taken for testing today, it is very likely that he would be diagnosed with a psychological disorder known as **attention-deficit/hyperactivity disorder (ADHD)**. **ADHD** is a developmental behaviour disorder characterized by problems with focus, difficulty maintaining attention, and inability to concentrate, in which symptoms start before seven years of age (Canadian Mental Health Association, 2014). Although it is usually first diagnosed in childhood, ADHD can remain problematic in adults, and up to 7% of university students are diagnosed with it (Weyandt & DuPaul, 2006). In adults the symptoms of ADHD include forgetfulness, difficulty paying attention to details, procrastination, disorganized work habits, and not listening to others. ADHD is about 70% more likely to occur in males than in females (Kessler, Chiu, Demler, & Walters, 2005), and is often comorbid with other behavioural and conduct disorders.

The diagnosis of ADHD has quadrupled over the past 20 years, and it is now diagnosed in about one out of every 37 Canadian children. It is the most common psychological disorder among children in the world (Olfson, Gomeroff, Marcus, & Jensen, 2003). ADHD is also being diagnosed much more frequently in adolescents and adults (Barkley, 1998). You might wonder what this all means. Are the increases in the diagnosis of ADHD because today's children and adolescents are actually more distracted and hyperactive than their parents were, due to a greater awareness of ADHD among teachers and parents, or due to psychologists and psychiatrists' tendency to overdiagnose the problem? Perhaps drug companies are also involved, because ADHD is often treated with prescription medications, including stimulants such as Ritalin.

Although skeptics argue that ADHD is overdiagnosed and is a handy excuse for behavioural problems, most psychologists believe that ADHD is a real disorder that is caused by a combination of genetic and environmental factors. Twin studies have found that ADHD is

heritable (National Institute of Mental Health, 2010), and neuroimaging studies have found that people with ADHD may have structural differences in areas of the brain that influence self-control and attention (Seidman, Valera, & Makris, 2005). Other studies have also pointed to environmental factors, such as a mother's smoking and drinking alcohol during pregnancy and the consumption of lead and food additives by those who are affected (Braun, Kahn, Froehlich, Auinger, & Lanphear, 2006; Linnet et al., 2003; McCann et al., 2007). Social factors, such as family stress and poverty, also contribute to ADHD (Burt, Krueger, McGue, & Iacono, 2001).

Autistic Disorder and Asperger's Disorder

Jared's kindergarten teacher has voiced her concern to Jared's parents about his difficulties with interacting with other children and his delay in developing normal language. Jared is able to maintain eye contact and enjoys mixing with other children, but he cannot communicate with them very well. He often responds to questions or comments with long-winded speeches about trucks or some other topic that interests him, and he seems to lack awareness of other children's wishes and needs.

Jared's concerned parents took him to a multidisciplinary child development centre for consultation. Here he was tested by a pediatric neurologist, a psychologist, and a child psychiatrist.

The pediatric neurologist found that Jared's hearing was normal, and there were no signs of any neurological disorder. He diagnosed Jared with a *pervasive developmental disorder*, because while his comprehension and expressive language was poor, he was still able to carry out nonverbal tasks, such as drawing a picture or doing a puzzle.

Based on her observation of Jared's difficulty interacting with his peers, and the fact that he did not respond warmly to his parents, the psychologist diagnosed Jared with **autistic disorder (autism)**, *a disorder of neural development characterized by impaired social interaction and communication and by restricted and repetitive behaviour, and in which symptoms begin before seven years of age*. The psychologist believed that the autism diagnosis was correct because, like other children with autism, Jared, has a poorly developed ability to see the world from the perspective of others, engages in unusual behaviours such as talking about trucks for hours, and responds to stimuli, such as the sound of a car or an airplane, in unusual ways.

The child psychiatrist believed that Jared's language problems and social skills were not severe enough to warrant a diagnosis of autistic disorder and instead proposed a diagnosis of **Asperger's disorder**, *a developmental disorder that affects a child's ability to socialize and communicate effectively with others and in which symptoms begin before seven years of age*. The symptoms of Asperger's are almost identical to that of autism (with the exception of a delay in language development), and the child psychiatrist simply saw these problems as less extreme.

Imagine how Jared's parents must have felt at this point. Clearly there is something wrong with their child, but even the experts cannot agree on exactly what the problem is. Diagnosing problems such as Jared's is difficult, yet the number of children like him is increasing dramatically. Disorders related to autism and Asperger's disorder now affect 0.68% of Canadian

children (Statistics Canada, 2003). The milder forms of autism, and particularly Asperger's, have accounted for most of this increase in diagnosis.

Although for many years autism was thought to be primarily a socially determined disorder, in which parents who were cold, distant, and rejecting created the problem, current research suggests that biological factors are most important. The heritability of autism has been estimated to be as high as 90% (Freitag, 2007). Scientists speculate that autism is caused by an unknown genetically determined brain abnormality that occurs early in development. It is likely that several different brain sites are affected (Moldin, 2003), and the search for these areas is being conducted in many scientific laboratories.

But does Jared have autism or Asperger's? The problem is that diagnosis is not exact (remember the idea of categories), and the experts themselves are often unsure how to classify behaviour. Furthermore, the appropriate classifications change with time and new knowledge. Under the *DSM-5*, released on May 18, 2013, Asperger's Syndrome is now subsumed under the category of Autism Spectrum Disorder (ASD).

Key Takeaways

- More psychologists are involved in the diagnosis and treatment of psychological disorder than in any other endeavour, and those tasks are probably the most important psychologists face.
- The impact on people with a psychological disorder comes both from the disease itself and from the stigma associated with disorder.
- A psychological disorder is an ongoing dysfunctional pattern of thought, emotion, and behaviour that causes significant distress and that is considered deviant in that person's culture or society.
- According to the bio-psycho-social model, psychological disorders have biological, psychological, and social causes.
- It is difficult to diagnose psychological disorders, although the *DSM* provides guidelines that are based on a category system. The *DSM* is frequently revised, taking into consideration new knowledge as well as changes in cultural norms about disorder.
- There is controversy about the diagnosis of disorders such as ADHD, autistic disorder, and Asperger's disorder.