

Speedy Study Guides

DSM-5 POCKET GUIDE

DIGITAL STUDY GUIDE

(Intellectual Developmental Disorder)

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

- 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.
- 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.
- Onset of intellectual and adaptive deficits during the developmental period.

Language Disorder

A. 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 that include the following:

- Reduced vocabulary (word knowledge and use).
- Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology).
- Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).

B. Language abilities are substantially and quantitatively below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement, or occupational performance, individually or in any combination.

C. Onset of symptoms is in the early developmental period.

D. The difficulties are not attributable to hearing or other sensory impairment, motor dysfunction, or another medical or neurological condition and are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Speech Sound Disorder

A. Persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages.

B. The disturbance causes limitations in effective communication that interfere with social participation, academic achievement, or occupational performance, individually or in any combination.

C. Onset of symptoms is in the early developmental period.

D. The difficulties are not attributable to congenital or acquired conditions, such as cerebral palsy, cleft palate, deafness or hearing loss, traumatic brain injury, or other medical or neurological conditions.

Social (Pragmatic) Communication Disorder

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

- Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
- 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.
- 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.
- Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.

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).

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The Pocket Guide to the DSM-5 Diagnostic Exam is a pragmatic and concise resource for diagnosing a person in mental distress while establishing a therapeutic relationship. Want more? Check out my new guide to diagnosing and treating children and adolescents using DSM-5 criteria, the DSM-5 Pocket Guide for Child and Adolescent Mental Health , written with pediatrician and psychiatrist Robert J. Hilt.

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Le Mini DSM-5 est la version poche du DSM-5 Manuel diagnostique et statistique des troubles mentaux la référence incontournable en psychiatrie. Il reprend l'intégralité de la classification des troubles mentaux du DSM-5 en se concentrant sur les critères diagnostiques (liste et définitions des troubles sous-types spécifications et codes diagnostiques).

Mini DSM-5 Critères Diagnostiques Critères diagnostiques ...

Dsm V Pocket Edition Designed for interviewers at all levels of experience, The Pocket Guide to the DSM-5 (R) Diagnostic Exam is the clinician's companion for using DSM-5 (R) in diagnostic interviews.

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Le DSM-5 est, en février 2015, la dernière et cinquième édition du Manuel diagnostique et statistique des troubles mentaux de l'Association Américaine de Psychiatrie. Publié aux États-Unis, le 18 mai 2013, il remplace l'édition précédente, datant de 2000, après consultation, révision et préparation,.. La version française est sortie le 17 juin 2015.. Cette nouvelle version du manuel a fait l'objet de critiques quant à sa scientificité et aux intérêts ...

DSM-5 — Wikipédia

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