

Book Review

Diagnostic Manual-Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons With Intellectual Disability

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INTRODUCTION

Individuals with developmental delays due to their intellectual disability (ID) frequently experience limitations in comprehending various aspects of the world around them, as well as difficulties in expressing their opinions and feelings. These limitations could be in areas such as expressive and receptive language, cognitive functioning, social knowledge, sensory processing abilities, and behavioral manifestations. Adding a psychiatric disorder to the mix makes these situations even more complex. That is, people with a dual diagnosis (i.e., intellectual and other developmental disabilities and psychiatric disorders) “present special challenges for the professionals associated with them, due to the complexity and severity of their condition” (Baum, 1999, pp. 129–130). These professionals include not only staff who work on a daily basis with the people they serve, but also diagnosing clinicians who will meet an individual for the sole purpose of diagnosis. For many years, diagnosing clinicians struggled with difficulties when trying to accurately diagnose people with dual diagnosis. Chapter 2 of the Diagnostic Manual (DM)-ID gives a good description of how people with ID present symptoms within the ID framework. For example, the authors refer to the cognitive disintegration people with ID experience due to a lack of “cognitive reserve” available to them when they need to cope with mental illness. The authors emphasize the problem clinicians face in their attempts to diagnose individuals with ID due to the insufficient information they can provide during the evaluation process. Such difficulties often result in possible interpretation of various behavioral manifestations and thought patterns as signs of mental illness, while in reality they are often aspects and manifestation of the intellectual disability. In contrast to that interpretation, the chapter also refers to the concept of “overshadowing,” coined and described in 1982 by Reiss, Levitan, and Szyzsko (1982), which poses the opposite problem in diagnosing individuals with ID. Overshadowing refers to the interpretation of psychiatric symptoms presented by people with ID to be behaviors associated with their developmental disability rather than symptoms of mental illness. Such overdiagnosis and underdiagnosis exemplify some of the challenges encountered in trying to diagnose mental illness in individuals with intellectual disability.

Sturmey (1999, as cited in Fletcher, Loschen, Stavrakaki, & First, 2007) adds to the above issues by contending that one of the key problems in diagnosing individuals with ID is the lack of a diagnostic system for this population. This, according to him, affects the ability of clinicians to provide people with ID with proper psychiatric diagnosis even when the existence of mental disorders is apparent and agreed upon. Such systemic challenge could result in an inaccurate diagnosis the outcome of which is most often the provision of an inappropriate treatment plan to individuals with ID. To amend such situations and to provide diagnosing clinicians and other professionals with a resource that will enable a more accurate diagnosis of individuals with ID, the National Association for the Dually Diagnosed, in association with the American Psychiatric Association, published the DM-ID manual (2007). One of the goals of the book, as explained in the cautionary statement, was to create diagnostic criteria in order to “improve treatment through accurate diagnosis and to support further research” (p. xxix). The intention in creating the DM-ID was not to replace the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text

revision). Rather, it was compiled to be a companion to it “to be used to facilitate a more accurate DSM-IV diagnosis for people with ID” (p. 5). It is “a diagnostic manual designed to be an adaptation of the DSM-IV-TR” (p. 1).

The introductory chapter of the manual provides the rationale and the process of structuring the DM-ID. This is followed by the Assessment and Diagnostic Procedure chapter, in which guidance for how to use the book is provided, as well as an explanation of what some of the problems in diagnosing this population are. The premise of the book states that “[i]ndividuals with ID must be evaluated within the context of their developmental delay and intellectual impairment . . . [which cause] significant limitations that restrict participation in mental health evaluation sessions” (p. 11). The chapter provides a general guide to the “how” to relate to diagnosing mental illness in people with ID and the difficulties and challenges the clinician needs to be aware of and consider when going through such a process. A good example to the above is the three challenges mentioned in the chapter. They are: (1) using adaptations in the diagnosis process require longer time, which might present problems due to time restrictions allotted for diagnosis in various organizations; (2) people with ID are often very concrete, and, as a result, “cannot be expected to understand contextual implications” (p. 13); and (3) the tendency of individuals with ID to respond with what they think the interviewer—that is, an authority figure—expects them to say when answering questions presented to them.

Therefore, all major disorders covered in the DSM-IV-TR were referenced to in the DM-ID. To successfully achieve this goal, much thought was given to the construct of the manual. Each of the chapters was created and written by experts in the field of the specific disorder described in the chapter. Final material and information for each chapter/disorder was achieved by the use of an expert consensus model. This ensured not only an accurate presentation of the material of the DSM-IV-TR, but also depth of research that verified the challenge of diagnosing people with ID, and the development of adaptations to each one of the DSM-IV-TR diagnostic criteria dealt with in the DM-ID. In the final stage of this process, clinicians from 11 different countries field tested the suggested adaptations, thus providing a “reality check” to the adaptations. Finally, the strength for each conclusion in each chapter in the DM-ID was supported by the use of the Cochrane library’s five levels of evidence. The thoroughness of this process and the resulting material included in the manual support the claim that “[a] major potential advantage of the DM-ID is that it may enhance the reliability of psychiatric diagnoses in persons with ID which would ultimately improve treatment outcomes” (p. 2). The DM-ID, in addition to enhancing accurate diagnosis, will also provide an explanation to the meaning of disturbed behaviors, and thus become a resource for the development of interventions that might help in alleviating the behavior.

STRUCTURE

A consistency of structure throughout all chapters in the book exists regardless of their size or the number of disorders described in them. This makes navigation in the manual easy. What is more, despite size, each chapter and the disorders included in it gives clinicians a clear path to find the guidance they need when considering possible adaptations for properly and accurately diagnosing people with ID. While the writing styles of the chapters and the number of disorders

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included in them might differ, the inner structure and organization of all chapters and of all the disorders described in them is similar and consistent. The DM-ID gives an introduction to and an elaborated review and examination of the disorders covered in the DSM-IV-TR. This is followed by an in-depth review of research and the strength of evidence previous studies presented regarding their conclusions. Additional issues related to diagnosing persons with ID and possible research challenges as posed by factors, such as different age, gender, and level of ID, are explored. Psychological factors and risk factors of application of diagnostic criteria are also discussed as well. This is followed by methodology, etiology, and pathogenesis of the disorder and the adaptations to the DSM-IV-TR diagnostic criteria that are required in the case of individuals with ID. The section of each disorder concludes with a comparative chart as exemplified in the Other Disorders in Infancy, Childhood, or Adolescence chapter authored by Barnhill, Koning, and Poindexter (pp. 183–201). Each of the conditions described in the chapter follows the structure described above, including different comparative charts for each disorder, which gives the reader a clear and concise review of the adaptations needed for diagnosing the specific disorder.

This structure is consistent throughout the book. The comparative charts provide information at a glance and are helpful as a conclusion to the extensive discussion and the in-depth explanation of the material. Furthermore, all charts include notes that guide clinicians to pay attention to specific situations even when no adaptations are needed in diagnosing the specific disorder. Being integral to the text, the charts are consistent with the material covered in the analysis and elaboration of the disorders and accurately summarize and reflect the material.

RELEVANCY

Being clear and informative, the book is relevant to scientists who study the field of ID and other developmental disabilities and mental illness. It is also important for practitioners who need a tool for diagnosing people with such disabilities. However, due to its structure and clarity of explanations, the book is also relevant to other professionals, caregivers, and parents who wish/ need to gain a better understanding and knowledge of how psychiatric disorders are manifested in ID population.

In addition to the use of the DM-ID for diagnosis purposes, the book can also serve as a source of information and a good resource for developing staff training programs. Such training would enable staff to expand their knowledge and to acquire additional skills, thus enabling them to create and implement appropriate treatment programs and to provide diagnosing clinicians with crucial informative data necessary for making accurate diagnoses.

REFERENCES

References are extensive and thorough, and provide good information about the sources researched for the substantiation of the material. While most references in the various articles are recent, some references were published more than 30 years ago, reaching back to the early 1980s. Frequently, the use of such references is being criticized for not providing the most recent information and latest research findings. However, in many cases, as practiced in this book, there is great importance in the use of less recent literature. This is true specifically in the case of publications that lay the foundation for much of what is currently known about specific conditions, their diagnosis, and the way they manifest in intellectual disabilities.

CARERS' ROLE IN DIAGNOSIS

Some chapters in the manual deliberate and consider the role of carers during the diagnostic process and the information they can provide. Naturally, this is

specifically emphasized in the case of severe and profound ID. A good example to the important role carers may have in diagnosis can be found in the Schizophrenia and Other Psychotic Disorders chapter. The authors propose that use of carers as observers of behaviors suggestive of hallucinations, delusions, and thought blocking can be very effective due to their skills and familiarity with the people they serve. This is particularly true in the case of individuals with severe or profound ID. Such progressive perception of carers' role in the diagnosis process suggests valuing each professional for the knowledge and skills they have and the contributions they can make.

CONCLUSION

As a companion to the DSM-IV-TR, the MD-ID manual is an important resource in the field of ID and mental illness. Dual diagnosis, being such a complex disability, requires a thorough approach as the DM-ID took. It provides an excellent description of the reasons for its publication and the goals it strives to accomplish. Research and analysis of the DSM-IV-TR criteria is executed and conducted in a very thorough, deep, and elaborated fashion. The consistency of structure enables easy navigation of the manual, and its clear language ensures proper understanding of what the disorders are, what processes need to be employed in the enhancement of proper and accurate diagnosis, and what knowledge needs to be included in the development of proper interventions.

While the DM-ID was created for the use of diagnosing clinicians, it can also be useful to other demographics. While diagnosing clinicians make use of the DM-ID for the purpose of arriving at an accurate diagnosis, others can use the book as a resource for gaining valuable information about the various conditions and the manner by which they manifest in individuals with ID. The clarity in which the DM-ID is written, the use of clear language without a lot of professional lingo, the vastness of information, and the thorough explanations, enable even nonprofessionals in the field to gain the knowledge and understanding of the disorders. Parents can gain understanding of their children's behaviors and the explanation of the reasons for the behaviors as related to their disability. Carers and staff can learn why the person behaves in certain ways, thus assisting them to change their attitude and approach to the people they serve, and as a result, create better programs and new ways of implementation. Students will be able to gain knowledge and to develop their understanding and professional/clinical skills, which they will require for potential future clinical/ professional involvement with people with such complex disabilities.

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