Reference Guide to Diagnoses in Intellectual and Developmental Disabilities and Mental Health

AMSI STANDARD DXG1

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Introduction

This guide, **AMSI DXG1 – Reference Guide to Diagnoses in Intellectual and Developmental Disabilities and Mental Health**, was developed to help support service professionals understand the diagnostic terms and conditions they encounter when working with individuals with disabilities.

Many staff members—including job coaches, intake specialists, care managers, and supervisors—are expected to provide effective services without always having access to clear, centralized definitions of intellectual, developmental, or mental health conditions. This guide fills that gap.

🔷 Purpose of the Guide

This guide brings together:

- A full list of commonly recognized **Intellectual and Developmental Disabilities (IDDs)**
- A categorized summary of **Mental Health Disorders**
- Clear references to **recognized diagnostic systems** (DSM-5-TR, ICD-11, IDEA, AAIDD)

It is intended to:

- Improve clarity and shared understanding across teams
- Help avoid mislabeling or misinterpretation of diagnoses
- Support quality in person-centered planning and eligibility documentation
- Increase awareness of **dual diagnosis** and its implications

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🔷 Who Should Use This Guide

This guide is written for:

- Direct support workers and job coaches
- Intake and eligibility specialists
- Care managers and service coordinators
- Supervisors and administrators

- Quality reviewers and compliance teams

It can also be used in:

- Staff training
- Documentation review
- Program development and planning
- Service coordination across support and mental health teams

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🔷 Diagnostic Sources Referenced

The definitions and categories in this guide come from the following **established sources**:

- **DSM-5-TR** *(Diagnostic and Statistical Manual of Mental Disorders, Text Revision)* – Published by the American Psychiatric Association
- **ICD-11** *(International Classification of Diseases)* – Published by the World Health Organization
- **IDEA** *(Individuals with Disabilities Education Act)* – U.S. Federal Law
- **AAIDD** *(American Association on Intellectual and Developmental Disabilities)* – For defining intellectual disability based on functional and adaptive criteria

Each disorder or category listed in the guide includes a reference to its source system.

🔷 A Note on Dual Diagnosis

Some individuals have both an IDD and a co-occurring mental health disorder. This is known as **dual diagnosis**. These individuals may experience:

- More complex support needs
- Misdiagnosis or “diagnostic overshadowing” (where mental health concerns are mistaken for behaviors related to IDD)
- Barriers to receiving appropriate mental health care

The guide includes a dedicated section to clarify the concept of dual diagnosis and its importance in practice.

1. Intellectual and Developmental Disabilities (IDDs)

1.1 Diagnostic Overview

Intellectual and Developmental Disabilities (IDDs) are a group of conditions that begin during the developmental period (before age 22) and are characterized by limitations in:

- **Intellectual functioning** (e.g., reasoning, learning, problem-solving)
- **Adaptive behavior** (e.g., communication, social skills, and self-care)

These conditions may vary in severity and are typically lifelong. The definitions are drawn from various sources, including:

- **DSM-5-TR** (Neurodevelopmental Disorders chapter)
- **ICD-11**
- **IDEA** (Individuals with Disabilities Education Act)
- **AAIDD** (American Association on Intellectual and Developmental Disabilities)

Professionals working with individuals with IDD must understand not only the diagnosis but also how it impacts daily life, support needs, communication, and employment.

1.2 Commonly Recognized IDDs

No.	Name of Condition	Description	Source
1	**Intellectual Disability**(Mild, Moderate, Severe, Profound)	Characterized by limitations in intellectual functioning and adaptive behavior, diagnosed using clinical assessment and standardized testing.	DSM-5, ICD-11, AAIDD
2	**Autism Spectrum Disorder (ASD)**	A neurodevelopmental disorder with persistent deficits in social communication and restricted, repetitive patterns of behavior. May range from mild to severe.	DSM-5, ICD-11
3	**Down Syndrome (Trisomy 21)**	A genetic condition caused by an extra chromosome 21, leading to developmental delays and varying degrees of intellectual disability.	ICD-11

4	**Cerebral Palsy (CP)**	A group of motor disorders caused by non-progressive disturbances in the developing brain, often accompanied by intellectual or communication challenges.	ICD-11
5	**Fetal Alcohol Spectrum Disorders (FASD)**	A range of effects from prenatal alcohol exposure, including physical, behavioral, and cognitive impairments.	CDC, ICD-11
6	**Fragile X Syndrome**	A genetic condition causing intellectual disability, especially in males, and often associated with anxiety and autistic behaviors.	CDC, ICD-11
7	**Rett Syndrome**	A rare genetic neurological disorder affecting mostly females, marked by slowed growth, loss of purposeful hand use, and intellectual disability.	ICD-11
8	**Prader-Willi Syndrome**	A genetic disorder characterized by low muscle tone, short stature, chronic hunger, and mild to moderate intellectual disability.	ICD-11
9	**Williams Syndrome**	A rare genetic disorder that affects many parts of the body and often includes mild to moderate intellectual disability and highly social personality.	ICD-11
10	**Angelman Syndrome**	A genetic condition marked by delayed development, speech impairment, movement and balance disorders, and often intellectual disability.	ICD-11

1.3 Developmental Conditions Typically Diagnosed in Childhood

Some conditions are diagnosed before age 9 and may or may not result in permanent disability:

No.	Name of Condition	Description	Source
11	**Global Developmental Delay (GDD)**	Diagnosed in children under 5 who show significant delays in two or more developmental domains (motor, speech, cognitive, etc.). Often a placeholder before formal ID diagnosis.	DSM-5
12	**Speech and Language Disorders**	Includes expressive and receptive language disorders, often co-occurring with IDD.	DSM-5
13	**Learning Disabilities**(Specific Learning Disorders)	Disorders in reading, writing, or math that impact academic functioning, not necessarily involving intellectual disability.	DSM-5
14	**Attention-Deficit/Hyperactivity Disorder (ADHD)**	Sometimes co-occurs with IDD but not itself an IDD. Included here due to common overlap in support settings.	

1.4 Service Implications for IDDs

Understanding the specific diagnosis of an IDD helps support professionals tailor services to individual needs. While diagnoses should not define a person, they often provide useful insight into areas where:

- **Communication support** may be needed (e.g., nonverbal communication for ASD, speech delay in Down Syndrome)
- **Job coaching** must be adapted to learning pace and style
- **Behavioral supports** may be necessary due to sensory or cognitive processing differences
- **Environmental adjustments** may improve participation and safety

Many individuals with IDDs are eligible for services through Medicaid Waivers, IDEA (for school-aged individuals), or state developmental disability systems like **OPWDD** and vocational rehabilitation programs like **ACCESS-VR** in New

York. Accurate recognition of diagnoses is critical to access, planning, documentation, and advocacy.

2. Mental Health Disorders

2.1 Diagnostic Overview

Mental health disorders are defined as clinically significant disturbances in a person's thoughts, emotions, or behavior, often associated with distress or impaired functioning. These are typically diagnosed using:

- **DSM-5-TR** (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision)
- **ICD-11** (International Classification of Diseases, 11th Revision)

People with IDD may also experience one or more mental health disorders. However, symptoms are often missed or misunderstood because they are attributed to the IDD—this is known as **diagnostic overshadowing**.

Correct identification of mental health conditions is critical to providing **trauma-informed**, **person-centered care** and ensuring emotional well-being.

2.2 Mood Disorders

Name	Description	Notes for IDD Professionals
Major Depressive Disorder	Persistent feelings of sadness, emptiness, or hopelessness, often with changes in sleep, appetite, or energy.	May present as withdrawal, irritability, or loss of interest in usual activities.
Persistent Depressive Disorder (Dysthymia)	Long-term, less severe form of depression lasting two years or more.	Often underrecognized; behavioral changes may be subtle.
Bipolar I and II Disorders	Alternating periods of depression and mania (elevated mood, impulsivity, high energy). Bipolar II includes hypomania.	Mood swings may be mistaken for behavior issues unless assessed carefully.

2.3 Anxiety Disorders

Name	Description	Notes for IDD Professionals
Generalized Anxiety Disorder (GAD)	Excessive worry about everyday matters, often accompanied by restlessness, muscle tension, or sleep problems.	May lead to refusal behaviors, somatic complaints, or ritualistic behaviors.
Social Anxiety Disorder	Fear of social situations and being judged or embarrassed.	May be misinterpreted as shyness or noncompliance.
Panic Disorder	Recurrent panic attacks with intense fear, racing heart, shortness of breath.	Physical symptoms can be confused with medical issues.
Phobias	Strong, irrational fear of specific objects or situations.	May interfere with daily routines, work settings, or travel.

2.4 Obsessive-Compulsive and Related Disorders

Name	Description	Notes for IDD Professionals
Obsessive-Compulsive Disorder (OCD)	Presence of obsessions (intrusive thoughts) and/or compulsions (repetitive behaviors).	Repetitive routines or rituals may be mistaken for IDD-related behaviors.
Hoarding Disorder	Persistent difficulty discarding possessions.	May be overlooked in individuals with poor self-care or cluttered living conditions.

2.5 Trauma and Stressor-Related Disorders

Name	Description	Notes for IDD Professionals
Post-Traumatic Stress Disorder (PTSD)	Intrusive memories, avoidance, mood changes, or arousal symptoms following trauma.	Many individuals with IDD have trauma histories but may lack verbal ability to describe them.
Adjustment Disorders	Emotional or behavioral symptoms in response to a stressor, such as life transitions.	May appear as regression or increased agitation.

2.6 Psychotic Disorders

Name	Description	Notes for IDD Professionals
Schizophrenia	Disturbances in thought, perception, and behavior, including hallucinations or delusions.	Often co-occurs with social withdrawal; diagnosis in people with IDD requires careful psychiatric evaluation.
Schizoaffective Disorder	Symptoms of schizophrenia combined with mood disorder features.	Must distinguish between hallucinations and imaginative play or communication difficulties.

2.7 Personality Disorders

Note: Often diagnosed in adulthood and require a long history of behavior.

Name	Description	Notes for IDD Professionals
Borderline Personality Disorder (BPD)	Instability in relationships, mood, and self-image.	May overlap with emotional dysregulation seen in some IDD conditions.

Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders	Patterns of social withdrawal, dependency, or rigidity in behavior.	Can coexist with IDD; diagnosis should be made cautiously.

2.8 Other Common Co-occurring Conditions

Name	Description	Notes
Attention-Deficit/Hyperactivity Disorder (ADHD)	Inattention, hyperactivity, impulsivity.	Common in IDD but not itself a mental health disorder. Included here due to treatment overlap.
Substance Use Disorders	Dependence on or misuse of substances.	May affect people with mild ID or undiagnosed mental illness.
Sleep-Wake Disorders	Insomnia, sleep apnea, or circadian rhythm issues.	Sleep issues are frequent and may worsen emotional regulation.

2.9 Service Implications for Mental Health Disorders

Understanding mental health conditions is essential for designing appropriate, person-centered supports—especially when these conditions co-occur with intellectual and developmental disabilities (IDDs). Accurate recognition and respectful response to mental health symptoms lead to better outcomes in well-being, employment, and community integration.

The following considerations apply to professionals working in support, employment, intake, and coordination roles:

🔷 Key Service Planning Considerations

1. **Behavior May Be a Signal, Not a Diagnosis**
   Emotional distress is often expressed through behavior, especially for individuals

with communication barriers. Sudden withdrawal, aggression, refusal to work, or sleep disruption may be symptoms of anxiety, depression, or trauma.

2. **Stigma and Access Barriers**
   People with IDD and mental health conditions often face double stigma. Staff should normalize emotional support and advocate for integrated services, avoiding language that implies weakness, instability, or blame.
3. **Trauma-Informed Practices Are Essential**
   Many individuals with mental health diagnoses—especially those with PTSD or adjustment disorders—have histories of trauma. Staff should:
   - Provide choices
   - Avoid power struggles
   - Use calm and predictable routines
   - Avoid punitive language or consequences
4. **Monitor for Medication Effects**
   Psychiatric medications are often used in treatment but may have side effects that impact behavior, alertness, or motivation. Support staff should be alert to changes and collaborate with clinical teams.
5. **Workplace Success Requires Emotional Support**
   Supported employees with mental health diagnoses may benefit from:
   - Break strategies for anxiety or overstimulation
   - Flexible scheduling or reduced hours during medication transitions
   - Quiet work environments or alternate communication methods
6. **Documentation Should Acknowledge Emotional Health**
   Daily notes, progress updates, and Life Plan reviews should:
   - Use respectful, non-clinical terms when referring to emotional states
   - Focus on observable behavior and support strategies
   - Avoid implying that mental illness defines the person

🔷 Collaboration and Referral

- Job coaches, intake staff, and support professionals are not expected to diagnose mental health conditions.
- However, they **must be trained to recognize signs** and **know when to refer** to clinical professionals.
- Building relationships with mental health providers (including those with experience in IDD) is essential for coordinated care.

3. Dual Diagnosis (IDD + Mental Health Disorders)

3.1 What Is Dual Diagnosis?

Dual diagnosis refers to the co-occurrence of an **Intellectual and/or Developmental Disability (IDD)** and one or more **mental health disorders** in the same person. These are **two distinct types of conditions**:

- **IDDs are not mental illnesses.**
  They are lifelong developmental conditions that affect cognitive and adaptive functioning, with onset before age 22. IDDs include conditions such as Autism Spectrum Disorder, Down Syndrome, and Intellectual Disability.
- **Mental health disorders** may emerge at any age and involve disturbances in mood, thinking, or behavior, such as depression, anxiety, or schizophrenia.

The distinction is important because treatment approaches, funding systems, and professional expertise often differ between the two. However, people with IDD can and often do experience mental health disorders, which can complicate their daily lives and support needs.

Dual diagnosis is **common**—estimates suggest that up to **35–40%** of people with IDD also experience a diagnosable mental health disorder. Yet it is often **underrecognized or misdiagnosed** due to overlapping symptoms and systemic barriers.

3.2 Common Examples of Dual Diagnosis

IDD Diagnosis	Possible Co-occurring Mental Health Disorder
Autism Spectrum Disorder	Anxiety, OCD, Depression, PTSD
Intellectual Disability (Mild to Moderate)	Depression, Schizophrenia, Bipolar Disorder
Down Syndrome	Depression (often underdiagnosed), Anxiety
Fragile X Syndrome	Social Anxiety, ADHD
Fetal Alcohol Spectrum Disorders	Impulse control disorders, Mood disorders

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3.3 Diagnostic Challenges

1. **Diagnostic Overshadowing**
   Symptoms like withdrawal, aggression, or changes in routine may be attributed to the IDD, when they may actually signal depression, anxiety, or trauma.
2. **Communication Barriers**
   Individuals with limited verbal skills may express mental health symptoms through behavior, which can be misunderstood or ignored.
3. **Lack of Dual-Trained Providers**
   Mental health clinicians may lack experience working with IDD, while IDD providers may not be trained in psychiatric assessment.
4. **Service System Fragmentation**
   IDD and mental health services are often delivered through separate systems with different eligibility rules and funding streams.

3.4 Implications for Service Planning

To support individuals with dual diagnoses effectively, service providers should:

- **Ensure cross-training** of IDD and mental health staff
- Include **behavioral health screenings** in intake and annual reviews
- Use **trauma-informed approaches**
- Document mental health needs clearly in **Life Plans**, **service notes**, and **accommodation plans**
- Collaborate with clinicians for accurate diagnosis and treatment
- Adjust job coaching and support strategies to address both cognitive and emotional needs

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3.5 Key Terms for Staff

Term	Meaning
Diagnostic Overshadowing	Attributing psychiatric symptoms to IDD instead of recognizing a co-occurring mental illness
Behavioral Equivalents	Emotional distress shown through behaviors (e.g., self-injury as an expression of anxiety)
Trauma-Informed Care	Providing services in a way that recognizes and responds to trauma history and its effects

Annex A – Glossary of Diagnostic Terms

This annex provides brief, plain-language definitions of key diagnostic terms used throughout this guide. It is intended for non-clinical support professionals to enhance shared understanding and promote consistent documentation and communication.

🔷 A – C

- **Adaptive Behavior**: The collection of conceptual, social, and practical skills that people learn and use in daily life. Limitations in adaptive behavior are part of the diagnosis of Intellectual Disability.
- **ADHD (Attention-Deficit/Hyperactivity Disorder)**: A neurodevelopmental condition involving difficulty with attention, hyperactivity, and impulsivity.
- **Anxiety Disorder**: A group of mental health conditions involving excessive fear, worry, or avoidance. Includes generalized anxiety, social anxiety, and specific phobias.
- **Autism Spectrum Disorder (ASD)**: A developmental condition affecting social interaction, communication, and behavior, with a wide range of abilities and challenges.
- **Bipolar Disorder**: A mood disorder characterized by episodes of depression and mania or hypomania (high energy, impulsivity, or irritability).
- **Borderline Personality Disorder**: A mental health condition marked by unstable moods, behavior, and relationships.

🔷 D – F

- **Depression (Major Depressive Disorder)**: A mood disorder involving persistent sadness, loss of interest, or changes in sleep, energy, or appetite.
- **Developmental Delay**: Slower-than-expected development in areas like speech, movement, or learning. Often diagnosed in children under age 5.
- **Diagnostic Overshadowing**: The mistaken assumption that all behavior or emotional challenges are due to a person's disability, leading to missed mental health diagnoses.
- **Down Syndrome**: A genetic disorder caused by an extra chromosome 21, often associated with intellectual disability and specific physical features.
- **Dual Diagnosis**: The presence of both an intellectual/developmental disability and a mental health disorder in the same individual.

🔷 G – L

- **Global Developmental Delay (GDD)**: A diagnosis in young children who show delays in multiple developmental areas, often a precursor to a later diagnosis of Intellectual Disability.
- **ICD-11**: The International Classification of Diseases, 11th edition, published by the World Health Organization. Used internationally for health diagnoses.
- **IDEA**: Individuals with Disabilities Education Act — U.S. law defining eligibility and supports for students with disabilities, including IDD.
- **Intellectual Disability (ID)**: A disability characterized by significant limitations in intellectual functioning and adaptive behavior, originating before age 22.

🔷 M – R

- **Mental Health Disorder**: A diagnosable condition affecting a person's mood, thinking, or behavior, such as anxiety, depression, or schizophrenia.
- **Mood Disorder**: A group of diagnoses involving disturbances in emotional state, including depression and bipolar disorder.
- **Obsessive-Compulsive Disorder (OCD)**: A condition marked by intrusive thoughts (obsessions) and/or repetitive behaviors (compulsions).
- **Personality Disorder**: A group of mental health disorders involving long-term patterns of behavior and thinking that differ from social expectations and cause distress or problems.
- **Post-Traumatic Stress Disorder (PTSD)**: A trauma-related condition involving flashbacks, avoidance, or mood changes following a traumatic event.

🔷 S – Z

- **Schizophrenia**: A serious mental illness involving disruptions in thinking, perception, emotions, and behavior, including hallucinations or delusions.
- **Trauma-Informed Care**: An approach to service delivery that acknowledges the impact of trauma and seeks to provide safety, choice, and empowerment.

Annex B – Common Diagnostic Tools

This annex provides a list of commonly used clinical tools and assessments for diagnosing **Intellectual and Developmental Disabilities (IDDs)** and **Mental Health Disorders**. While these tools are typically used by licensed professionals, support staff benefit from understanding what they measure and how results may influence eligibility or service planning.

B1. Tools Used to Diagnose IDD

Tool	Purpose	Notes
Wechsler Intelligence Scale for Children (WISC-V)	Measures intellectual functioning in children (ages 6–16)	Used to determine IQ score for school and clinical evaluation
Wechsler Adult Intelligence Scale (WAIS-IV)	Measures intellectual functioning in adults	Commonly used in adult disability evaluations
Stanford-Binet Intelligence Scales	Assesses IQ and cognitive ability	Sometimes preferred for individuals with high or low extremes of functioning
Vineland Adaptive Behavior Scales (Vineland-3)	Measures adaptive skills (communication, socialization, daily living)	Often required for IDD diagnosis, eligibility, and planning
ABAS-3 (Adaptive Behavior Assessment System)	Assesses daily functioning and adaptive behavior	Can be completed by caregivers, educators, or providers
Bayley Scales of Infant and Toddler Development (Bayley-4)	Measures developmental delays in infants and toddlers	Used for early intervention and diagnosis of developmental delay

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B2. Tools Used to Diagnose Autism Spectrum Disorder (ASD)

Tool	Purpose	Notes
Autism Diagnostic Observation Schedule (ADOS-2)	Structured, standardized observation of social interaction and communication	Considered a gold standard for autism diagnosis
Autism Diagnostic Interview – Revised (ADI-R)	Parent/caregiver interview assessing developmental history and behaviors	Often used with ADOS-2 for full diagnostic picture
Childhood Autism Rating Scale (CARS-2)	Rating scale to identify and classify ASD	Often used in school and early childhood settings

B3. Tools Used to Diagnose Mental Health Disorders

Tool	Purpose	Notes
Structured Clinical Interview for DSM-5 (SCID-5)	Standardized interview used to diagnose psychiatric conditions	Used by clinicians in mental health or research settings
Beck Depression Inventory (BDI-II)	Self-report questionnaire for symptoms of depression	May not be suitable for individuals with IDD without adaptations
Generalized Anxiety Disorder 7 (GAD-7)	Self-report screener for anxiety symptoms	Often used in primary care; may need support to complete
Patient Health Questionnaire (PHQ-9)	Depression screener	Common in community health and mental health intake processes
Mini International Neuropsychiatric Interview (MINI)	Short structured diagnostic interview	Used by clinicians to screen for multiple disorders quickly

B4. Other Screening and Functional Tools

Tool	Purpose	Notes
Columbia-Suicide Severity Rating Scale (C-SSRS)	Screens for suicide risk	May be used in crisis assessments or mental health intake
Child and Adolescent Needs and Strengths (CANS)	Assesses strengths and needs across multiple life areas	Used in some states to support care coordination
Supports Intensity Scale (SIS-A)	Evaluates support needs for adults with IDD	Often used for service eligibility and funding levels

Annex C – Crosswalk Table: DSM-5 vs. ICD-11 Categories

This table offers a simplified cross-reference between categories in the **DSM-5-TR** and the **ICD-11**, showing how common developmental and mental health disorders are classified across both systems. This helps service providers interpret documentation from diverse clinical sources.

Note: While both systems share similar clinical criteria for many conditions, they differ in structure, terminology, and coding formats. This table provides general equivalencies and should not replace clinical manuals.

C1. Neurodevelopmental Disorders (Including IDDs)

Condition	DSM-5 Category	ICD-11 Category
Intellectual Disability (Intellectual Developmental Disorder)	Neurodevelopmental Disorders	Developmental Intellectual Disability (6A00)
Autism Spectrum Disorder	Neurodevelopmental Disorders	Autism Spectrum Disorder (6A02)

ADHD (Attention-Deficit/Hyperactivity Disorder)	Neurodevelopmental Disorders	Attention Deficit Hyperactivity Disorder (6A05)
Global Developmental Delay	Neurodevelopmental Disorders (for children under 5)	Disorders of Intellectual Development, Unspecified (6A00.5)

C2. Mood Disorders

Condition	DSM-5 Category	ICD-11 Category
Major Depressive Disorder	Depressive Disorders	Single Episode Depressive Disorder (6A70), Recurrent Depressive Disorder (6A71)
Bipolar I & II Disorders	Bipolar and Related Disorders	Bipolar Type I (6A60), Bipolar Type II (6A61)
Persistent Depressive Disorder (Dysthymia)	Depressive Disorders	Dysthymic Disorder (6A73)

C3. Anxiety and Related Disorders

Condition	DSM-5 Category	ICD-11 Category
Generalized Anxiety Disorder	Anxiety Disorders	Generalized Anxiety Disorder (6B00)
Social Anxiety Disorder	Anxiety Disorders	Social Anxiety Disorder (6B03)
Panic Disorder	Anxiety Disorders	Panic Disorder (6B01)
Specific Phobias	Anxiety Disorders	Specific Phobia (6B02)

Separation Anxiety Disorder	Anxiety Disorders	Separation Anxiety Disorder (6B04)

C4. Obsessive-Compulsive and Related Disorders

Condition	DSM-5 Category	ICD-11 Category
Obsessive-Compulsive Disorder (OCD)	Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive Disorder (6B20)
Hoarding Disorder	Obsessive-Compulsive and Related Disorders	Hoarding Disorder (6B24)

C5. Trauma and Stressor-Related Disorders

Condition	DSM-5 Category	ICD-11 Category
Post-Traumatic Stress Disorder (PTSD)	Trauma- and Stressor-Related Disorders	Post-Traumatic Stress Disorder (6B40)
Adjustment Disorders	Trauma- and Stressor-Related Disorders	Adjustment Disorder (6B43)

C6. Schizophrenia and Psychotic Disorders

Condition	DSM-5 Category	ICD-11 Category
Schizophrenia	Schizophrenia Spectrum and Other Psychotic Disorders	Schizophrenia (6A20)
Schizoaffective Disorder	Schizophrenia Spectrum and Other Psychotic Disorders	Schizoaffective Disorder (6A21)
Delusional Disorder	Schizophrenia Spectrum and Other Psychotic Disorders	Delusional Disorder (6A22)

Annex D – Guidelines for Inclusive and Respectful Terminology

Language shapes how we perceive individuals and deliver services. Using inclusive, person-centered terminology helps affirm dignity, reduce stigma, and support meaningful inclusion. This annex provides general principles and specific examples for support professionals to follow.

D1. Principles of Inclusive Language

1. **Person-First Language**
   Emphasizes the individual before their diagnosis.
   - ✅ "Person with autism"
   - 🚫 "Autistic person" *(except when individual prefers identity-first language)*
2. **Avoid Deficit-Based Labels**
   Focus on strengths and needs, not limitations.
   - ✅ "Uses a wheelchair"
   - 🚫 "Wheelchair-bound"
3. **Use Precise, Modern Terms**
   Avoid outdated or offensive terms.
   - ✅ "Developmental disability"
   - 🚫 "Mental retardation" (no longer used in clinical or legal settings)
4. **Ask and Respect Preferences**
   When in doubt, ask the person how they prefer to be referred to (e.g., identity-first vs person-first).
5. **Be Mindful in Written Documentation**
   Avoid labeling individuals by their diagnosis in reports or plans. Use person-centered phrasing.

D2. Examples: Preferred vs. Avoided Language

Context	Preferred Language	Avoided Language
General	Person with a disability	Disabled person *(unless preferred)*
Autism	Individual on the autism spectrum	Autistic *(unless preferred)*
Intellectual Disability	Person with an intellectual disability	Retarded, mentally challenged

Mental Health	Person experiencing depression	Depressed person
Mobility	Uses a wheelchair	Confined to a wheelchair
Behavior	Has a behavior support plan	Problem behavior, aggressive client
Learning	Person with a learning disability	Slow learner, low-functioning
Service Role	Supported employee	Sheltered worker
Caregivers	Support staff, direct support worker	Aide, sitter
Programs	Competitive integrated employment	Special jobs, low-stress placement

D3. Special Note on Legal and Legacy Terms

Some terms (e.g., **"custodian of people with special needs"**) are still used in legal or regulatory contexts, such as:

- The **Justice Center Code of Conduct** in New York
- Older federal documents or state legislation

When quoting these sources, it is acceptable to use the original term **only in reference to the official document**, and clarify that more modern, respectful terminology is used in daily practice.

Annex E – Service Eligibility References

This annex provides a reference overview of major federal and state systems that determine **eligibility for services** based on intellectual, developmental, or mental health diagnoses. It helps support professionals understand how clinical diagnoses connect to access to services and supports.

E1. Key U.S. Eligibility Frameworks

System	Target Population	Basis for Eligibility
IDEA (Individuals with Disabilities Education Act)	Children ages 3–21	Specific disability categories, including ID, autism, emotional disturbance
Section 504 of the Rehabilitation Act	All ages	Any disability that limits a major life activity
ADA (Americans with Disabilities Act)	All ages	Legal protections against discrimination due to disability
Medicaid HCBS Waivers	Children and adults with IDD	Functional and clinical assessment; state-specific eligibility rules
Social Security (SSI/SSDI)	Adults and children with qualifying disabilities	Clinical diagnosis and documented limitations in functioning
OPWDD (New York State)	Individuals with IDD	Diagnosis before age 22 and significant limitations in adaptive functioning
ACCESS-VR (New York State)	Individuals with disabilities seeking employment	Any documented disability that presents a barrier to employment and can be addressed with services

E2. Common Eligibility Determination Tools

Tool	System or Purpose
Psychological Evaluation (IQ and adaptive scores)	OPWDD, school districts, Social Security
Vineland-3 or ABAS-3	Medicaid Waiver, OPWDD eligibility
SIS-A (Supports Intensity Scale)	Used by OPWDD to determine service levels

Clinical Diagnosis using DSM or ICD	Required across all systems, with varying standards
Educational Evaluations (IEPs, MDT reports)	IDEA, school-based services

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E3. Coordinating Between Systems

Professionals may need to support individuals through multiple systems with different definitions and paperwork. Always verify:

- Whether a diagnosis is accepted **under that system's criteria**
- If an **official diagnostic report** (not just a service plan) is required
- What **functional assessments or forms** are needed in addition to diagnosis

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Final Summary Statement

This guide, **AMSI DXG1 – Reference Guide to Diagnoses in Intellectual and Developmental Disabilities and Mental Health**, is a tool for promoting accuracy, respect, and consistency in how support professionals understand and document diagnoses. It is not a diagnostic manual, but a bridge between clinical knowledge and daily support practices.

By understanding the intersection of IDD and mental health, and by using clear, inclusive language, we can better serve individuals in person-centered, informed, and empowering ways.

Special Note

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