

# Diagnostic and Statistical Manual Of Mental Disorders

Changing from  
DSM-IV to DSM-5

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(Thanks to Dr. Donald W. Black  
Author of DSM-5 Guidebook)

MSCSW  
September 7, 2013

# Disclosures

- Steve Franklin received free copy for participating in field trials.

Director of the National Institute of Mental Health (NIMH)

## Thomas Insel

- NIMH Research Domain Criteria (RDoC), a possible future replacement diagnostic tool incorporates genetics, imaging, and other data into a new classification system and as "a first step towards precision medicine."
- "what may be realistically feasible today for practitioners is no longer sufficient for researchers."

Director of the National Institute of Mental Health (NIMH)  
**Thomas Insel**

**BUT**

[DSM & ICD (International Classification of Diseases)]

"remain the contemporary consensus  
standard to how mental disorders are  
diagnosed and treated," ...

"DSM-5 and RDoC represent complementary,  
not competing, frameworks for this goal."

DSM-5  
22 Chapters

DSM-IV  
17 Chapters

# DSM-I (1952)

132 pages

Mental disorders as "reactions"

Definitions were simple,  
brief paragraphs  
with prototypical descriptions

# DSM-II (1968)

134 pages

- "Reaction" terminology dropped
- Users encouraged to record multiple psychiatric diagnoses (in order of importance) and associated physical conditions
- Coincided with ICD-8 (first time ICD included mental disorders)

# DSM-III (1980)

494 pp

- Descriptive and neutral ("atheoretical") regarding etiology.
- Coincided with ICD-9.
- Multiaxial classification system.
- Goal to introduce *reliability*.

# DSM-IV (1994)

886 pp

- Inclusion of a clinical significance criterion
- New disorders introduced  
(e.g., Acute Stress Disorder, PTSD  
Bipolar II Disorder, Asperger's Disorder),
- others deleted  
(e.g., Cluttering,  
Passive-Aggressive Personality Disorder).

# DSM-5 (2013)

947 pp

"5" instead of "V"  
Anticipates change  
e.g. DSM 5.1 ... 5.2 ...

Development started with 1999 meeting  
Task force recruited in 2006

- Work Groups to consider
- dimensional measures.  
e.g. severity scales  
or cross-cutting across disorders
- culture/gender issues.

# Field trials

- Organized to assess reliability
- 2246 patients interviewed (86% twice)
- Based on DSM-5 criteria.
- Interviews were conducted by 279 clinicians in various disciplines

- Scientific reviews written.
- Over 1000 members/consultants involved.
- Aimed (with limited success) to be transformative

- 3 Internet postings of changes for review
- A Scientific Review Committee reviewed evidence for validating revisions.
- Peer Review process with hundreds of experts to consider clinical/public health risks and benefits of proposed changes.

Approved

APA Assembly (November 2012)

Board of Trustees (December 2012)

# CHANGES

Chapters reorganized

reflects developmental lifespan

between and within chapters

# CHANGES

New categories:

Obsessive-Compulsive and Related Disorders

Trauma- and Stressor-Related Disorders

Transformed:

Neurodevelopmental Disorders

(Infancy, adolescence, childhood)

Somatic Symptom and Related Disorders

# Changes

## Discontinued 5-Axis system

- [No more denials for "Axis 2" or GAF?]
- NOS replaced by "Other Specified" or "Unspecified"
- "Another Medical Condition" instead of "General Medical Condition"

# Changes

- Axis 4 gone  
might use V & (Z in ICD 10) codes
- Axis 5 gone;  
might use WHODAS from Section III
- List multiple diagnoses  
in order of attention or concern

# New Disorders

- Social (Pragmatic) Communication Disorder
- Disruptive Mood Dysregulation Disorder
- Premenstrual Dysphoric Disorder
- Hoarding Disorder
- Excoriation (Skin-Picking) Disorder

# New Disorders

- Disinhibited Social Engagement Disorder (split from Reactive Attachment Disorder)
- Binge Eating Disorder
- Central Sleep Apnea
- Sleep-Related Hypoventilation
- Rapid Eye Movement Sleep Behavior Disorder

# New Disorders

- Restless Legs Syndrome
- Caffeine Withdrawal
- Cannabis Withdrawal
- Major Neurocognitive Disorder with Lewy Body Disease  
(Dementia Due to Other Medical Conditions)
- Mild Neurocognitive Disorder

# ELIMINATED

- Sexual Aversion Disorder
- Polysubstance-Related Disorder

# Combined

## Language Disorder

(Expressive Language Disorder  
& Mixed Receptive Expressive Language Disorder)

## Autism Spectrum Disorder

(Autistic Disorder,  
Asperger's Disorder,  
Childhood Disintegrative Disorder,  
Rett's disorder  
Pervasive Developmental Disorder-NOS)

# Combined

- **Specific Learning Disorder**  
(Reading Disorder,  
Math Disorder,  
Disorder of Written Expression)
- **Delusional Disorder**  
(Shared Psychotic Disorder,  
Delusional Disorder)

# Combined

- **Panic Disorder**  
(Panic Disorder Without Agoraphobia  
Panic Disorder With Agoraphobia)
- **Dissociative Amnesia**  
(Dissociative Fugue  
Dissociative Amnesia)

# Combined

- **Somatic Symptom Disorder**  
(Somatization Disorder  
Undifferentiated Somatoform Disorder  
Pain Disorder)
- **Insomnia Disorder**  
(Primary Insomnia  
Insomnia Related to Another Mental Disorder)

# Combined

- **Hypersomnolence Disorder**  
(Primary Hypersomnia  
Hypersomnia Related to Another Mental Disorder)
- **Non-Rapid Eye Movement Sleep Arousal Disorders**  
(Sleepwalking Disorder  
Sleep Terror Disorder)

# Combined

- Genito-Pelvic Pain/Penetration Disorder  
(Vaginismus  
Dyspareunia)
- Alcohol Use Disorder  
(Alcohol Abuse  
Alcohol Dependence)
- Cannabis Use Disorder  
(Cannabis Abuse  
Cannabis Dependence)

# Combined

- Phencyclidine Use Disorder (Phencyclidine Abuse  
Phencyclidine Dependence)
- Other Hallucinogen Use Disorder (Hallucinogen Abuse  
Hallucinogen Dependence)
- Inhalant Use Disorder (Inhalant Abuse  
Inhalant Dependence)

# Combined

- Opioid Use Disorder  
(Opioid Abuse  
Opioid Dependence)
- Sedative, Hypnotic, or Anxiolytic Use Disorder  
(Sedative, Hypnotic Anxiolytic Abuse  
Sedative, Hypnotic, or Anxiolytic Dependence)
- Stimulant Use Disorder  
(Amphetamine Abuse  
Amphetamine Dependence;  
Cocaine Abuse  
Cocaine Dependence)

# Combined

- Stimulant Intoxication  
(Amphetamine Intoxication  
Cocaine Intoxication)
- Stimulant Withdrawal  
(Amphetamine Withdrawal  
Cocaine Withdrawal)
- Substance/Medication-Induced Disorders  
(aggregated categories:  
Mood , Anxiety ,and Neurocognitive )

- NOS DSM IV = 41
- Other/Unspecified DSM-5 = 65  
(To match ICD-10)

# When To Use DSM-5?

- CMS actually uses ICD-9, "crosswalk" now
- DSM5 coding includes ICD-9 and ICD-10
- ICD-10 conversion October 1, 2014)
- Insurance/other will adapt to elimination of 5-Axis system
- (CIGNA: Requires DSM 5 on Jan. 1, 2014)

# Section I

- Orientation
- Historical back ground
- Development of DSM-5
- How to use it

## Section II

- Diagnostic Criteria and codes
- “Medication-induced Movement Disorders”
- “Other Conditions That May be a Focus of Clinical Attention.”

# Section III

- Emerging Measures and Models
- Assessment measures  
<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>
- Cultural formulation
- Alternative DSM-5 model for personality disorders
- "Criteria Sets for Conditions for Further Study"

# Appendix

- Highlights of changes from DSM-IV to DSM-5
- Glossary of technical terms
- Glossary of cultural terms
- Alpha & numeric listings of diagnoses and codes
- List of advisors and contributors

# STRUCTURE FOR EACH DIAGNOSIS

## Diagnostic Criteria

- Subtypes and/or specifiers
- Severity
- Codes and recording procedures
- Explanatory text (new or expanded)

# STRUCTURE FOR EACH DIAGNOSIS

Diagnostic and associated features

- Prevalence
- Development and course
- Risk and prognosis
- Culture- and gender-related factors

# STRUCTURE FOR EACH DIAGNOSIS

Diagnostic and associated features

- Diagnostic markers
- Functional consequences
- Differential diagnosis
- Comorbidity

# SECTION 2: CHAPTERS

- Neurodevelopmental disorders
- Schizophrenia spectrum and other psychotic disorders
- Bipolar and related disorders
- Depressive disorders

# SECTION 2: CHAPTERS

- Anxiety disorders
- Obsessive-compulsive and related disorders
- Trauma- and stressor-related disorders
- Dissociative disorders
- Somatic symptom and related disorders
- Feeding and eating disorders

# SECTION 2: CHAPTERS

- Elimination disorders
- Sleep-wake disorders
- Sexual dysfunctions
- Gender dysphoria
- Disruptive, impulse-control, and conduct disorders
- Substance-related and addictive disorders

# SECTION 2: CHAPTERS

- Neurocognitive disorders
- Personality disorders
- Paraphilic disorders
- Other Mental Disorders
- Medication-induced movement disorders and other adverse effects of medication
- Other conditions that may be a focus of clinical attention (V/Z Codes)

# Neurodevelopmental Disorders

## Autistic Spectrum Disorder

Replaces

Autistic disorder

Asperger's disorder

Childhood disintegrative disorder

Pervasive developmental disorder NOS

Rationale:

Poor reliability in application of DSM criteria

# Neurodevelopmental Disorders

## Autistic Spectrum Disorder

Deficits in social communication/interaction

Restrictive/Repetitive patterns of  
behavior, interests, activities

Table for 3 levels of severity

# Neurodevelopmental Disorders

## Autistic Spectrum Disorder

Specifiers can describe variants

*e.g.*, ASD

Without intellectual impairment  
without structural language  
impairment

(Instead of Asperger's)

# Neurodevelopmental Disorders

## Intellectual Disability

- Term fixed by federal statute (ICD-11: intellectual developmental disorder).
- "Deficits... confirmed by assessment ... testing.." instead of just IQ #.
- Greater emphasis on adaptive functioning deficits
- Same severity specifiers: mild, moderate, severe, or profound
- Descriptive table for specifiers
- Under 5 years: "Global Developmental Delay"

# Neurodevelopmental Disorders

## Intellectual Disability

- Intellectual Disability (Intellectual Developmental Disorder)

### **ERROR**

- 319 (70) Mild
- 319 (71) Moderate
- 319 (72) Severe
- 319 (73) Profound

### **CORRECTION**

- 317 (70) Mild
- 318.0 (71) Moderate
- 318.1 (72) Severe
- 318.2 (73) Profound

# Neurodevelopmental Disorders

## Communication Disorders

- (formerly phonological disorder and stuttering)
- Language Disorder,
- Speech Sound disorder,
- Childhood-Onset Fluency Disorder (stuttering)
- Social (pragmatic) Communication Disorder<sup>-new</sup>
- Impaired Social Nonverbal communication
- "not better explained by ASD, IDD, GDD"

# Neurodevelopmental Disorders Communication Disorders

## Language Disorder

### **ERROR**

- 315.39 (F80.9)

### **CORRECTION**

- 315.32 (F80.2)

# Neurodevelopmental Disorders

## ADHD

- Same criteria checklist, but expanded to include examples
- Age of onset "before 12 years" (was 7)  
(Studies show emergence after greater challenge in school)
- Only 5-Symptom threshold for adults (17+) based on longitudinal studies  
Expect minimal increase in the prevalence of adult ADHD.

# Neurodevelopmental Disorders

## SPECIFIC LEARNING DISORDER

- Umbrella of criteria
- Specifiers for math, reading, written

# Neurodevelopmental Disorders

## MOTOR DISORDERS

- Developmental Coordination Disorder
- Stereotypic Movement Disorder

# Neurodevelopmental Disorders

## Tic Disorders

- Tourette's,
- Persistent (Chronic) Motor or Vocal TD
- Provisional TD (previously "Transient")
- Other
- Unspecified

# Neurodevelopmental Disorders

## OTHER NEURODEVELOPMENTAL DISORDERS

- Other ND
- Unspecified ND

Shelly

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## Schizophrenia Spectrum and Other Psychotic Disorders:

### Schizophrenia:

- The elimination of bizarre delusions.
- Rationale: Poor reliability in distinguishing bizarre vs. non-bizarre delusions.
- At least 1 of 2 required sx to meet Criterion A must be delusions, hallucinations, or disorganized speech.
- Rationale: Improve reliability and prevent individuals w/ only negative sx and catatonia from being dx w/ Schizophrenia.

# Schizophrenia Spectrum and Other Psychotic Disorders Cont...

## Schizophrenia cont...

- The DSM-IV subtypes of schizophrenia have been eliminated.
- Instead a dimensional approach to rating severity for the core symptoms of schizophrenia is included in DSM-5 Section III.
- Rationale: Limited diagnostic stability, low reliability, and poor validity.

# Schizophrenia Spectrum and Other Psychotic Disorders Cont...

## Schizoaffective Disorder:

- The primary change to schizoaffective disorder is that a major mood episode be present for the majority of the disorders total duration after criterion A has been met.
- Rationale: To improve reliability, diagnostic stability, and validity of this disorder.

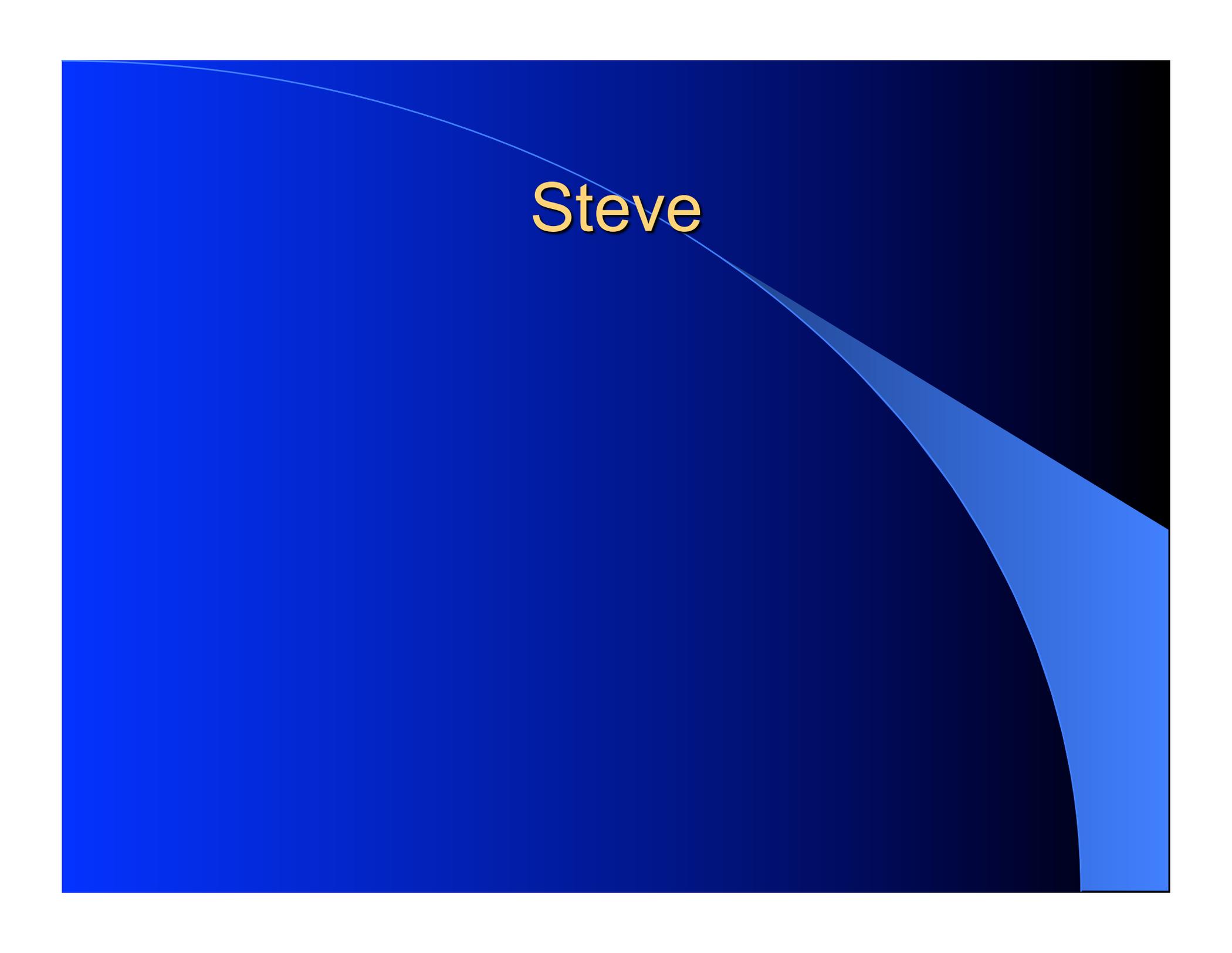
# Schizophrenia Spectrum and Other Psychotic Disorders Cont...

## Delusional Disorder:

- Criterion A no longer has the requirement that the delusions be non-bizarre. A specifier is now included for bizarre type delusions.
- Delusional disorder is no longer separated from shared delusional disorder.

## Catatonia:

- The criteria for catatonia is now uniform for all contexts and requires 3 sx from a total of 12.

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Steve

# Bipolar and Related Disorders

## Manic/Hypomanic

- Add to Criterion A:  
“and abnormally and persistently increased goal-directed activity or energy.”

# Bipolar and Related Disorders

No more "Mixed Episode"

- (was: full Manic + MDD nearly every day/ 1 week)
- Now a specifier:
- "with mixed features"

Hypomanic Manic + 3/6 MDD symptoms  
or MDD + 3/7 Manic symptoms

# Bipolar and Related Disorders

Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission

**ERROR**

296.45 (F31.73)

**CORRECTION**

296.45 (F31.71)

# Bipolar and Related Disorders

Bipolar I Disorder, Current or most recent episode hypomanic, In full remission

**ERROR**

296.46 (F31.74)

**CORRECTION**

296.46 (F31.72)

# DEPRESSIVE DISORDERS

## DISRUPTIVE MOOD DISREGULATION

- Severe, age inappropriate temper outbursts 3+x weekly
- Daily irritable, angry mood 12 months, not asymptomatic 3 months; 2/3 settings
- Dx between 6-18 years; onset <10 years
- Not meeting criteria for manic/hypomanic for full day or ODD or IED
- (Purpose: Prevent Manic dx & subsequent antipsychotic medication)

# DEPRESSIVE DISORDERS

- MAJOR DEPRESSIVE DISORDER
- "Bereavement exclusion" removed
- Includes "note": significant loss may result in some Criterion A symptoms. MDD may also be considered in context of clinical judgment, history, and cultural norms.

# DEPRESSIVE DISORDERS

## Persistent Depressive Disorder (Dysthymia)

- MDD may be present 2 years (previously excluded)

## Premenstrual Dysphoric Disorder

- 5 of 4+7 symptoms appear in final week before onset of most menses, then improve (lability, irritability, anxiety, depressive, etc.)

# DEPRESSIVE DISORDERS

## SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER

- Removed Criterion A2: elevated, expansive or irritable mood

## OTHER SPECIFIED DEPRESSIVE DISORDER

- Lists a few examples

## UNSPECIFIED DEPRESSIVE DISORDER

- e.g. insufficient information

## SPECIFIERS

- With Anxious distress
- PostPartum onset now peripartum onset (includes during/following pregnancy)

Kathleen

# Anxiety Disorders

“The anxiety must be out of proportion to the actual danger or threat in the situation”

This chapter no longer includes OCD and PTSD  
DSM 5 creates new chapters for OCD and PTSD

Chapter is arranged developmentally.

Sequenced by age of onset

Now includes Separation Anxiety and  
Selective Mutism

Selective Mutism

**ERROR**

312.23 (F94.0)

**CORRECTION**

313.23 (F94.0)

# Anxiety Disorders

Agoraphobia ,  
Specific Phobia, and  
Social Anxiety Disorder

Changes in criteria :

Clients over 18 do not have to recognize that their anxiety is excessive or unreasonable

Duration of 6 months or longer is required for all ages

# Anxiety Disorders

Panic Attacks and Agoraphobia are “unlinked” in DSM- 5

DSM- IV terminology describing different types of Panic Attacks replaced in DSM-5 with the terms “expected” or “unexpected” panic attack

Social Anxiety Disorder :

“Generalized” specifier in DSM-IV has been deleted

Replaced with “performance only” specifier

# Obsessive Compulsive and Related Disorders

New chapter created for DSM 5

Rationale for this chapter grouping:

Increasing evidence that these disorders are related to each other

## OCD and Related Disorder Chapter

New disorders in chapter :

Hoarding disorder

Excoriation (skin picking) disorder

Substance /Medication–induced OCD

OCD due to another medical condition

Trichotillomania, now termed trichotillomania disorder (hair pulling), moved to OCD chapter;  
No longer classified as an impulse control disorder.

- Trichotillomania (Hair-Pulling Disorder)

## **ERROR**

- 312.39 (F63.2)

## **CORRECTION**

- 312.39 (F63.3)

# OCD and Related Disorders

Specifiers listed for each OCD disorder

- Specifier “with poor insight” in DSM- IV has been expanded in DSM- 5

- New Specifiers are

- “with good or fair insight”
- “with poor insight”
- “with absent insight/delusional beliefs”

Intent of these specifiers is to improve differential diagnoses

# OCD and Related Disorders

## **Body Dysmorphic Disorder**

A criterion added: “Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others”

## **Hoarding Disorder added to DSM-5**

Due to evidence that it is not a variant of OCD;

Evidence that it is a separate diagnosis

## **Excoriation Disorder added to DSM-5**

Based on strong evidence of diagnostic validity and clinical utility

# Other Specified and Unspecified Obsessive-Compulsive and Related Disorders

DSM-5 includes conditions in this chapter such as

**Body-focused repetitive behavior disorder**

- other than excoriation and trichotillomania  
i.e. nail biting, lip chewing

**Obsessional jealousy**

# Trauma- and Stressor-Related Disorders

New chapter in DSM-5 brings together anxiety disorders that are preceded by a distressing or traumatic event

Reactive Attachment Disorder

Disinhibited Social Engagement Disorder  
(new)

PTSD (includes PTSD for children  
6 years and younger)

Acute Stress Disorder

Adjustment Disorders

# Trauma- and Stressor-Related Disorders

## **Disinhibited Social Engagement Disorder**

“The essential feature of disorder is a pattern of behavior that involves culturally inappropriate, overly familiar behavior with relative strangers. This behavior violates the social boundaries of the culture.” DSM-5, p. 269

# Trauma- and Stressor-Related Disorders

## Acute Stress Disorder

- Stressor criterion in DSM -5 is changed
- Criterion requires being explicit whether qualifying traumatic events were experienced directly, witnessed, or experienced indirectly.
- DSM-IV Criterion A2 regarding reaction to the event- “the person’s response involved intense fear, helplessness, or horror” –  
has been eliminated

# Trauma- and Stressor-Related Disorders

## Adjustment Disorders -DSM-5

Adjustment Disorders are redefined as an array of stress-response syndromes occurring after exposure to a distressing event.

Adjustment Disorder subtypes are unchanged

- with depressed mood
- with anxiety
- with disturbance of conduct

# Trauma- and Stressor-Related Disorders

## Changes in PTSD Criteria

Four symptom clusters, rather than three

- Re-experiencing
- Avoidance
- Persistent negative alterations in mood and cognition
- Arousal: describes behavioral symptoms

# Trauma- and Stressor-Related Disorders

## Changes in PTSD Criteria

DSM-5 more clearly defines what constitutes a traumatic event

Sexual assault is specifically included

Recurring exposure, that could apply to first responders

# Trauma- and Stressor-Related Disorders

## Changes in PTSD Criteria

Recognition of PTSD in Young children

Developmentally sensitive:

Criteria have been modified for children age 6 and younger

Thresholds – number of symptoms in each cluster - have been lowered

# Dissociative Disorders

Derealization has been added to the name and symptom structure of depersonalization disorder

Depersonalization/Derealization Disorder

Criteria A. The presence of persistent experiences of either depersonalization or derealization or both

# Dissociative Disorders

Depersonalization: Experiences of unreality, detachment, or being an outside observer with respect to one's thoughts, feelings, body

Derealization: Experiences of unreality or detachment with respect to one's surroundings

Dissociative fugue is now a specifier of Dissociative Amnesia and not a separate disorder

# Dissociative Identity Disorder

## Changes in Criterion A

Expanded - includes certain possession-form phenomena and neurological symptoms

specifically states that transitions in identity may be observable by others or self-reported

## Changes in Criterion B

Persons with DID may have recurrent gaps in recall for everyday events, not just for traumatic experiences.

Shelly

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## Somatic Symptom and Related Disorders:

- Somatoform disorders are now referred to as somatic symptoms & related disorders in the DSM-5 and are reduced in number and subcategories to avoid problematic overlap.
- Somatization disorder, hypochondrias, pain disorder, and undifferentiated somatoform disorder have been removed.

## Somatic Symptom and Related Disorders: Cont...

### Somatic Symptom Disorder:

- Individuals previously dx w/ somatization disorder will usually have sx that meet DSM-5 criteria for somatic sx disorder **but** only if they have **maladaptive thoughts, feelings, and behaviors** in addition to their somatic sx.
- Somatization disorder and undifferentiated somatoform disorder have been merged in DSM-5 under somatic sx disorder.

## **Somatic Symptom and Related Disorders: Cont...**

### **Illness Anxiety Disorder:**

- Individuals previously dx w/ hypochondriasis who have high health anxiety but no somatic sx would receive this DSM-5 dx.

### **Conversion Disorder:**

- Modified to emphasize the importance of the neurological exam and recognizes that relevant psychological factors may not be present at the time of dx.

## Somatic Symptom and Related Disorders: Cont...

### Psychological Factors Affecting Other Medical Conditions

#### D.O.

- New mental disorder in DSM-5 (formerly in DSM-IV “other conditions that may be a focus of clinical attention”).

## Feeding and Eating Disorders:

- DSM IV-TR chapter “Disorder Usually First Diagnosed in Infancy Childhood, or Adolescence” has been eliminated.
- Therefore this chapter includes several disorders from DSM-IV “Feeding and Eating Disorders of Infancy or Early Childhood”.

## Feeding and Eating Disorders: Cont...

### Pica and Rumination Disorder:

- Criteria has been revised to allow diagnosis for individuals of all ages.

### Avoidant/Restrictive Food Intake Disorder:

- Previously feeding disorders of infancy or early childhood.
- Criteria is significantly expanded making it a broader category to capture a wider range of clinical presentations.

## Feeding and Eating Disorders: Cont...

### Anorexia Nervosa:

- The requirement for amenorrhea has been eliminated.
- Clarity and guidance re: how to judge if an individual is at “significantly low weight” has been added.
- Criterion B has been expanded to include not only “overtly expressed fear of weight gain” but also “persistent behavior that interferes w/ weight gain”.

## Feeding and Eating Disorders: Cont...

### Bulimia Nervosa :

- The only change is the reduction in the required minimum average frequency of binge eating & inappropriate compensatory behavior frequency from twice to once weekly for 3 months.

## Feeding and Eating Disorders: Cont...

### Binge Eating Disorder:

- Elevated to main body of manual from appendix B in DSM-IV.
- The only change is the minimum average frequency of binge eating required for diagnosis is once weekly over the last 3 months (identical to frequency criterion for bulimia nervosa).

## Elimination Disorders:

- No significant changes have been made to elimination disorders.
- The disorders in this chapter (enuresis & encopresis) were previously under “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence” in DSM-IV and are now independent classifications in DSM-5.

## Sleep-Wake Disorders:

- Sleep disorder related to another mental disorder and sleep disorder related to a general medical condition have been removed.

### Insomnia Disorder:

- Previously named primary insomnia.
- Rationale: to avoid the differentiation between primary & secondary insomnia.

# Insomnia Disorder

**ERROR**

780.52 (G47.00)

**CORRECTION**

307.42 (F51.01)

## Sleep-Wake Disorders: Cont...

### Narcolepsy:

- Is now distinguished from other forms of hypersomnolence.

### Breathing-Related Sleep Disorders:

- Now divided into 3 distinct disorders: obstructive sleep apnea hypopnea; central sleep apnea; and sleep related hypoventilation.
- Rationale: reflects the growing understanding of pathophysiology in these disorders.

Hypersomnolence Disorder

**ERROR**

780.54 (G47.10)

**CORRECTION**

307.44 (F51.11)

## **Sleep-Wake Disorders: Cont...**

### **Circadian Rhythm Sleep-Wake Disorders:**

- Subtypes expanded to include: advanced sleep phase syndrome; irregular sleep-wake type; and non-24 hr sleep wake type.
- \* Jet lag has been removed.

### **Rapid Eye Movement Sleep Behavior Disorder**

### **Restless Legs Syndrome**

- Both are now independent disorders.

Kathleen

# Sexual Dysfunctions

“a group of disorders that are characterized by clinically significant disturbance in a person’s ability to respond sexually”

In DSM -5 gender-specific sexual dysfunctions have been added

For purpose of diagnostic precision

- Criteria require a minimum duration of six months
- Criteria for severity are more precisely defined as mild, moderate, or severe.

# Gender Dysphoria

New diagnostic class in DSM-5

Reflects change in definition, emphasizes “gender incongruence” rather than cross-gender identification.

In DSM-IV, three disparate diagnostic classes grouped in one chapter, “Sexual and Gender Identity Disorders”

Gender Identity Disorder is neither a sexual dysfunction nor a paraphilia.

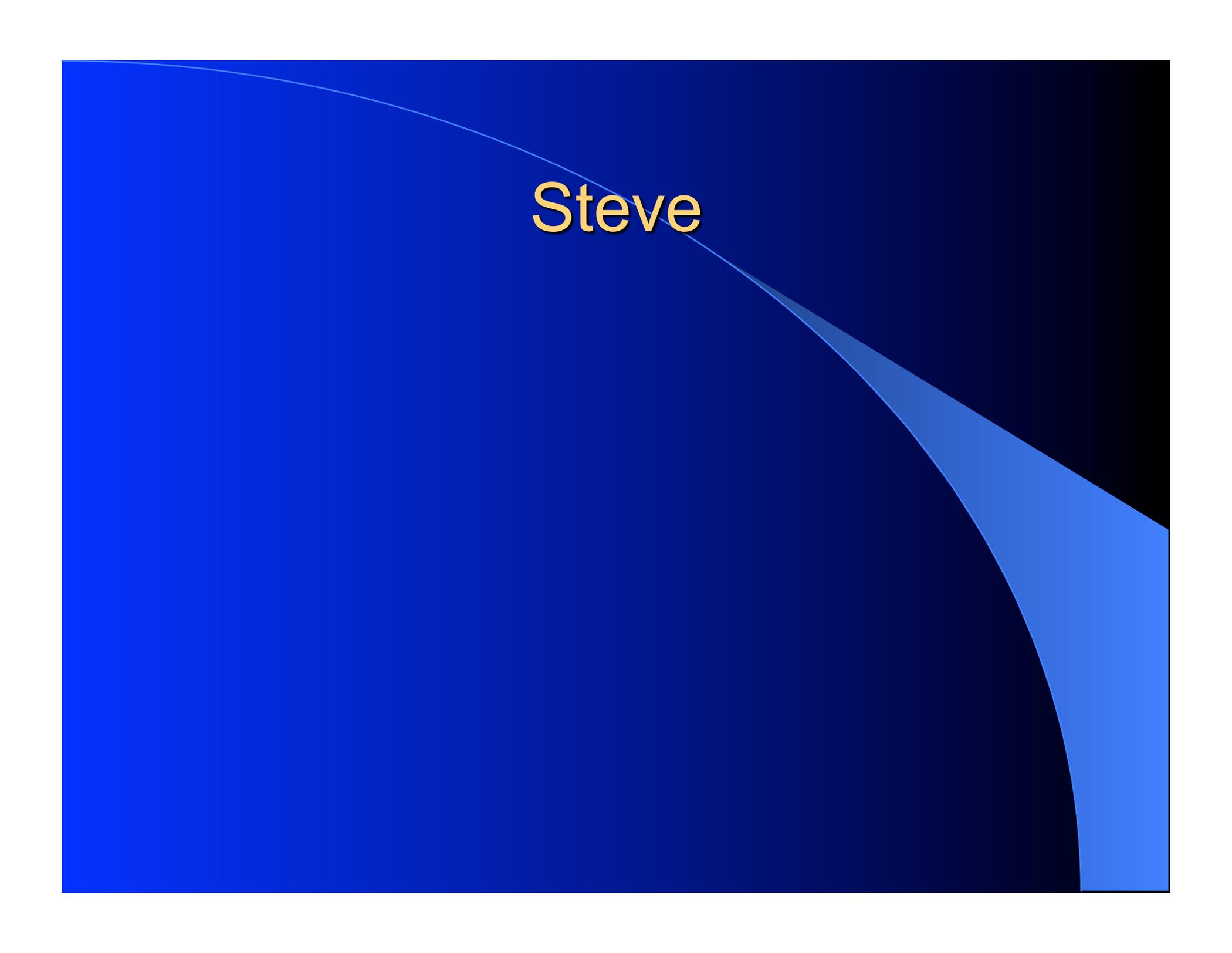
## Gender Dysphoria

Is considered a multi-category concept, not a dichotomy

Separate criteria sets are provided for gender dysphoria in children, and in adolescents and adults

Terminology changes include:

- “the other sex” is replaced by “some alternative gender”
- “gender” is used instead of “sex”

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Steve

# Disruptive, Impulse-Control, and Conduct Disorders

More detailed

## Disruptive, Impulse-Control, and Conduct Disorders

### Oppositional Defiant Disorder

- Criteria exhibited "with at least one individual who is not a sibling"
- "Spiteful or vindictive twice in 6 months"
- Severity: Mild, moderate, severe
- <5 years most days for 6 months;  
>5 years, weekly

# Disruptive, Impulse-Control, and Conduct Disorders

## Conduct Disorder

- Adds specifier "With limited prosocial emotions"
- Persistently in 12 months (2 of 4)
  - Lack of Remorse/ guilt
  - Callous—lack of empathy
  - Unconcerned about performance
  - Shallow or deficient affect

# Conduct Disorder, Adolescent Onset Type

**ERROR**

312.32 (F91.2)

**CORRECTION**

312.82 (F91.2)

# Disruptive, Impulse-Control, and Conduct Disorders

## Intermittent Explosive Disorder

- Verbal aggression 2x weekly for 3 months
- Destruction or assault: 3x in 12 months
- 6 years +
- Not premeditated

## Disruptive, Impulse-Control, and Conduct Disorders

- AntiSocial Personality Disorder  
(criteria in PD chapter) "Dual coded"
- Pyromania
- Kleptomania
- Other DICCD
- Unspecified DICCD

Kleptomania

**ERROR**

312.32 (F63.3)

**CORRECTION**

312.32 (F63.2)

Shelly

A decorative graphic consisting of a curved line that starts at the top left and curves towards the bottom right. The area below the curve is filled with a gradient from dark blue to black. A lighter blue, semi-transparent shape is overlaid on the right side of the graphic, resembling a stylized 'S' or a curved arrow pointing downwards.

## Substance-Related and Addictive Disorders:

- DSM-5 consolidates substance abuse and dependence into one disorder:  
**substance use disorder** accompanied by criteria for: intoxication, withdrawal, substance-induced disorders, and unspecified related disorders.
- Criteria are nearly identical to DSM-IV w/ exception of:
  - Recurrent substance-related legal problems criterion has been deleted from DSM-5.
  - And new criterion: craving, or a strong desire or urge to use a substance added.
- The threshold is set at 2 or more criteria vs. 1 or more for abuse and 3 or more for dependence in the DSM-IV.

## **Substance-Related and Addictive Disorders: Cont...**

### **New disorders in substance-related & addictive disorders chapter of DSM-5:**

- **Gambling Disorder** (non-substance related disorder)
- **Cannabis Withdrawal**
- **Caffeine Withdrawal**
- \* The dx of polysubstance dependence has been eliminated.

## Substance-Related and Addictive Disorders: Cont...

### Specifiers:

- In DSM-5 severity for substance use disorders is based on the number of criteria endorsed:
  - mild= 2-3 criteria
  - moderate = 4-5 criteria
  - Severe= 6 or more criteria
- The DSM-IV specifier for psychological subtype has been eliminated.

## Substance-Related and Addictive Disorders: Cont...

- In DSM-5 **early remission** is defined as at least 3 but less than 12 months without substance use disorder criteria (except craving).
- **Sustained remission** is defined as at least 12 months without criteria (except craving).
- New specifiers include:
  - in a controlled environment
  - on maintenance therapy

## Neurocognitive Disorders:

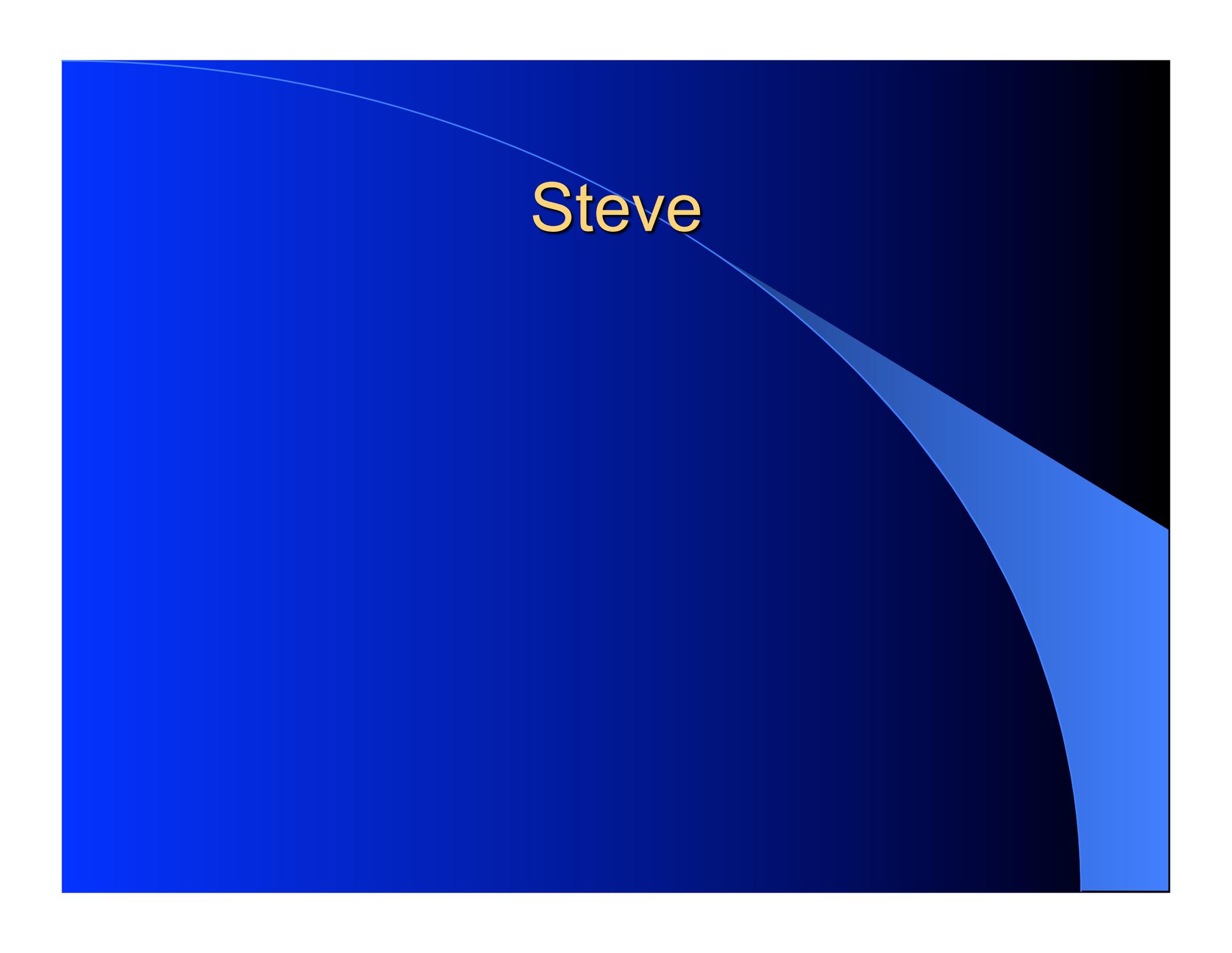
- Dementia and amnesic disorder are now included under neurocognitive disorder (NCD).
- Rationale: dementia has been associated w/ the older population whereas NCD will capture etiologies occurring in younger adults as well.
- The term dementia is not excluded from use in etiological subtypes.

## Neurocognitive Disorders: Cont...

- DSM-5 now recognizes a less severe level of cognitive impairment, **mild NCD**, allowing a dx of a less disabling syndrome that may be a focus of concern and treatment.
- Diagnostic criteria are provided for both mild NCD and major NCD, followed by diagnostic criteria for the different etiological subtypes.

## Neurocognitive Disorders: Cont...

- The DSM-5 also provides an updated listing of neurocognitive domains to establish presence of NCD, level of impairment (mild or major), and etiological subtypes.
- **Delirium:** Criteria for delirium has been updated and clarified to reflect currently available evidence.

The image features a blue gradient background that transitions from a bright blue on the left to a dark blue on the right. A thin, light blue curved line starts at the top left and arcs towards the center. On the right side, there is a wedge-shaped cutout that reveals a black background underneath. The word "Steve" is written in a yellow, sans-serif font, positioned in the upper-middle part of the image, overlapping the blue gradient and the curved line.

Steve

# Personality Disorders

Initially proposed

- Retain 6 personality disorder diagnoses of 10
- Move from a categorical to a trait-based, dimensional classification system.
- measuring a variety of traits on a continuum.

# Personality Disorders

- Voted down: Not adequately validated
- Included in a separate chapter in Section 3 of DSM-5 to stimulate further research
- In the field trials, only borderline personality disorder had good interrater reliability
- obsessive-compulsive personality disorder and antisocial personality disorder were in the questionable reliability range

# Personality Disorders

10 PD's retained; Add

Personality Change Due to Another Medical Condition

Other Specified Personality Disorder

Unspecified Personality Disorder

# Paraphilic Disorders

- Distinguishes between paraphilic behaviors (paraphilias), and paraphilic disorders.
- A Paraphilic Disorder :  
"paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others."
- Demedicalizes and destigmatizes unusual sexual preferences and behaviors

# Paraphilic Disorders

## Voyeuristic Disorder

- nonconsenting person, or distress/ impairment
- >18
- Specifier: controlled environment or in remission

## Exhibitionistic Disorder

- nonconsenting person, or distress/ impairment
- Specifiers: children, adults, or both; controlled environment or in remission

# Paraphilic Disorders

## Frotteuristic disorder

- Nonconsenting person, or distress/impairment
- Specifier: controlled environment or in remission

## Sexual Masochism disorder

- Specifier: with asphyxiophilia;  
controlled environment or in remission

## Sexual Sadism disorder

- Nonconsenting person, or distress/impairment
- Specifier: with asphyxiophilia;  
controlled environment or in remission

# Paraphilic Disorders

## Pedophilic Disorder

- Acted on urges, or distress/impairment, or interpersonal difficulty

## Fetishistic Disorder

- (Add to "nonliving objects"):  
"highly specific focus on nongenital body parts"
- Specifiers:  
Body part(s), nonliving object(s)  
Other  
controlled environment or in remission

# Paraphilic Disorders

## Transvestic Disorder

- No longer specifies "In a heterosexual male"
- Specifiers:
  - (Gender Dysphoria now separate section)
  - With fetishism
  - With autogynephilia
  - controlled environment or in remission

Kathleen

# Other Mental Disorders

## Four disorders in this chapter

“This residual category applies to presentation of symptoms characteristic of mental disorders, which cause clinically significant distress or impairment, but do not meet the full criteria for any other mental disorder”

## Other Specified Mental Disorder Due to Another Medical Condition

- Unspecified Mental Disorder Due to Another Medical Condition

- Other Specified Mental Disorder

- Unspecified Mental Disorder

# Medication-Induced Movement Disorders and the Adverse Effects of Medication

These disorders are included in Section II of DSM-5 “because of the importance of

1. The management by medication of mental disorders or other medical conditions
2. The differential diagnosis of mental disorders”

## Other Conditions that may be a Focus of Clinical Attention

“The conditions and problems listed in this chapter are not mental disorders.”

“They may be included in the medical record as useful information that may affect client’s care. “

Inclusion in the DSM-5 draws attention to the scope of issues encountered in clinical practice

# Other Conditions that may be a Focus of Clinical Attention

Commonly referred to as “the V codes”

Child Maltreatment and Neglect

Adult Maltreatment and Neglect

Relational Problems

Educational Problems

Occupational Problems

Housing Problems

Economic Problems

Steve Franklin  
Shelly Justison  
Kathleen McMullan

Questions

Discussion

(PowerPoint at:)

<http://stevefranklinmsw.com/Handouts.htm> )