DSM-5 Brief Overview

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Section 1. Introduction

Course Contributors

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About This Course

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has been one of the most anticipated events in the mental health field. Although many elements from the DSM-IV-TR have remained intact, others have been modified, taking into account decades of scientific and clinical findings.

Designed for entry to advanced level mental health care staff and professionals, the goal of this course is to provide you with a brief overview of the changes to the DSM-5. You will learn about the modifications to the multi-axial system, new dimensional assessments, new terminology used throughout the DSM-5, some cultural considerations, along with some of the major criticisms of the new guide. This course also lists the specific diagnostic changes from the DSM-IV-TR to the DSM-5.

With the aid of interactive exercises, you will have the tools you need to begin using the DSM-5.

Please note that the function of this course is only to serve as a brief introduction to the DSM-5, whereas the DSM-5 Overview course will cover a more comprehensive overview of the specific changes and nuances from the DSM-IV-TR to the DSM-5.

Learning Objectives

After taking this course, you should be able to:

1. Summarize three of the organizational changes made to the DSM-5.
2. Describe the modifications made to the multi-axial system in the DSM-5.
3. Cite two new diagnoses, as well as two revised diagnoses, presented in the DSM-5.
Meet Sam

Sam is a clinical psychologist with a private practice. Sam has been accustomed to using the DSM-IV for providing mental health diagnoses to his clients. Although he knows that the DSM-5 was just released, he does not yet have a copy of the new manual. He is growing increasingly anxious and confused about how he is going to know when and how to correctly diagnose his clients given the changes to the new guide.

One Friday afternoon, Sam had a new patient, Tom, come to see him. Tom’s primary complaint was his inability to discard almost any of his possessions, regardless of their actual value. Tom’s life was spiraling out of control because of this and he needed Sam’s help. However, because he could not afford to pay Sam out of pocket, Tom could only see Sam for therapy if his health insurance would cover the sessions.

Later that afternoon, when it came time to bill for Tom’s therapy session, Sam did not exactly know what to code for Tom. He knew that some diagnoses had been changed in the DSM-5, but he didn’t exactly know if Tom’s diagnosis was one of them. He decided to do what he knew and code Tom as suffering from Obsessive-Compulsive Disorder with hoarding subtype. After Sam submitted the claim, the insurance company denied it because he had used an outdated code.

What went wrong?

Had Sam taken this course, he would have been provided with a quick summary of changes to the DSM-5 that he desperately needed. In addition, rather than inaccurately coding Tom as suffering from Obsessive-Compulsive Disorder with hoarding subtype, Sam would have known to code Tom as distinctly suffering from Hoarding Disorder, one of the new DSM-5 diagnoses. As you will learn in this course, there have been several changes to the DSM-5, some minor and some significant, all of which deserve close attention to ensure those who treat individuals with mental illness can effectively diagnose their clients.

Why Did the DSM Change?

The central goal of revising the DSM-5 was to account for the last two decades of scientific and clinical advancement. The focus of the changes was to make sure the manual is useful to those who diagnose and treat individuals with mental illness, and to the individuals being treated.

(APA, 2013)

Chapter Re-Ordering of DSM-5

While the manual will include approximately the same number of disorders that were included in DSM-IV, DSM-5 has re-ordered DSM-IV’s sixteen chapters based on scientific and clinical advances over the last two decades.

Rather than grouping disorders categorically as previous versions of the DSM had done, related disorders and chapters are now grouped together based on underlying vulnerabilities and
symptom characteristics. Ultimately, the purpose is to improve diagnostic and treatment approaches, and signal shared commonalities in etiology within larger disorder groups.

The changes also align the DSM-5 with the World Health Organization’s (WHO) International Classification of Diseases, eleventh edition (ICD-11). These changes are expected to help improve communication and the common use of diagnoses across disorders within chapters.

(APA, 2013)

**The New Sections of DSM-5**

DSM-5 is now comprised of only three sections:

1. Section 1: An introduction to DSM-5 with information on how to use the updated manual
2. Section 2: An outline of the categorical diagnoses according to a revised chapter organization
3. Section 3:
   - Conditions that require further research before their consideration as formal disorders
   - Cultural formulations
   - Glossary
   - Names of individuals involved in DSM-5’s development
   - Other information

(APA, 2013)

**Dimensional Assessments**

In the DSM-IV, a person either had or did not have a particular symptom. Having a certain number of symptoms was required to receive a diagnosis. In the DSM-5, dimensional assessments are provided to clinicians as an aid to capture the full range of symptoms, as well as the severity of a particular diagnosis, along with the ability to track treatment progress.

The severity ratings are as follows:

- Very severe
- Severe
- Moderate
- Mild

(APA, 2013)

**Changes to the Multi-Axial System**

In prior versions of the DSM, the age-old system of five "Axes" or dimensions was used for diagnostic and treatment purposes. They were:

1) Clinical Syndromes/Disorders
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II) Personality Disorders / Mental Retardation
III) Medical Conditions
IV) Psychosocial and Environmental Stressors
V) Global Assessment of Functioning

DSM-5 takes a non-axial documentation approach, combining the first three DSM-IV-TR Axes into one list, while separate notations for Axes IV and V also have been made, covering psychosocial and environmental factors, as well as disability.

(APA, 2013)

New Terminology

The changes to the DSM-5 were done with careful consideration of gender, race, and ethnicity.

In addition to other terms that have been modified, the phrase “general medical condition” has been replaced in DSM-5 with “another medical condition” where relevant across all disorders.

(APA, 2013)

Let’s Practice!

Choose the best answer.

1. The DSM-5 is now comprised of _______ sections.

A. Three
   (That’s right! The DSM-5 is now comprised of only three sections: an introduction on how to use the updated manual, the categorical diagnoses according to a revised chapter organization, and conditions that require further research.)

B. Four
   (Not quite. The DSM-5 is now comprised of only three sections: an introduction on how to use the updated manual, the categorical diagnoses according to a revised chapter organization, and conditions that require further research.)

C. Five
   (Not quite. The DSM-5 is now comprised of only three sections: an introduction on how to use the updated manual, the categorical diagnoses according to a revised chapter organization, and conditions that require further research.)

2. True/False: One of the most dramatic ways that the DSM-5 has been revised is by the combining of the first three Axes into one.

A. True
   (That’s correct. DSM-5 takes a non-axial documentation approach, combining the first three DSM-IV-TR Axes into one list that contains all mental disorders, personality disorders and intellectual disability, as well as other medical diagnoses.)
B. False

Incorrect. DSM-5 takes a non-axial documentation approach, combining the first three DSM-IV-TR Axes into one list that contains all mental disorders, personality disorders and intellectual disability, as well as other medical diagnoses.

Section Summary

Now that you have completed this section, you know that several things have been revised in the new version of the DSM to take into account the last two decades of research. These include the following:

- Changes to the Multi-axial system
- Re-ordering of the chapters and grouping of categories
- Added dimensional assessments

In the next section you will learn about which particular diagnostic criteria changed in the DSM-5.

Section 3: Diagnostic Changes from DSM-IV-TR to DSM-5

Is Anything the Same?

Yes! While some of the changes to the DSM-5 may seem expansive, many diagnostic criteria and other elements from the DSM-IV-TR are staying fairly intact! The following list contains diagnoses that are remaining largely the same. Note that the specifics of all these changes will be detailed in DSM-5 Overview course.

Pedophilic Disorder
Pedophilic disorder criteria will remain unchanged from DSM-IV, but the disorder name will be revised from pedophilia to pedophilic disorder.

Personality Disorders
DSM-5 will maintain the categorical model and criteria for the 10 personality disorders included in DSM-IV. It also will include the new trait-specific methodology in a separate area of Section 3 to encourage further study of how this could be used to diagnose personality disorders in clinical practice.

Attention-Deficit/Hyperactivity Disorder
The diagnostic criteria for ADHD in DSM-5 are similar to those in DSM-IV; however, several related changes have been made in DSM-5 that will be discussed in DSM-5 Overview course.

Major Depressive Disorder
Neither the core criterion symptoms applied to the diagnosis of major depressive episode nor the requisite duration has changed from DSM-IV. However, several related changes (e.g.,
criteria placement, as well as mania and suicidality specifiers) have been made in DSM-5 that will be discussed in DSM-5 Overview course.

**Specific Phobia**
The core features of specific phobia have stayed the same, but there is no longer a requirement that individuals over the age of 18 must recognize that their fear and anxiety are excessive or unreasonable. Also, the duration of 6 months or more is now applicable to all ages. In addition, some terminology around types has been modified to be called specifiers.

**Social Anxiety Disorder (Social Phobia)**
The essential features of social anxiety disorder (social phobia) (formerly called social phobia) remain the same; however, a number of other changes have been made that will be discussed in DSM-5 Overview course.

**Trichotillomania (Hair-Pulling Disorder)**
Trichotillomania was included in DSM-IV, although “hair-pulling disorder” has been added parenthetically to the disorder’s name in DSM-5.

**Anorexia Nervosa**
Besides some clinical characteristics that will be discussed in DSM-5 Overview course, the core diagnostic criteria for anorexia nervosa are conceptually unchanged from DSM-IV with one exception: the requirement for amenorrhea has been eliminated.

**Bulimia Nervosa**
The only change to the DSM-IV criteria for bulimia nervosa is a reduction in the required minimum average frequency of binge eating and inappropriate compensatory behavior frequency from twice to once weekly. The clinical characteristics and outcome of individuals meeting this slightly lower threshold are similar to those meeting the DSM-IV criterion.

**Elimination Disorders**
No significant changes have been made to the elimination disorders diagnostic class from DSM-IV to DSM-5. The disorders in this chapter were previously classified under disorders usually first diagnosed in infancy, childhood, or adolescence in DSM-IV and exist now as an independent classification in DSM-5.

**Conduct Disorder**
The criteria for conduct disorder are largely unchanged from DSM-IV. A descriptive features specifier has been added for individuals who meet full criteria for the disorder but also present with limited prosocial emotions.

(APA, 2013)

**Revised Diagnoses**
The following diagnoses listed below received some diagnostic modifications and/or other changes. Note that the specifics of all these changes will be detailed in DSM-5 Overview course.
Anxiety Disorders
- Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia)
- Panic Disorder and Agoraphobia

Bipolar and Related Disorders
- Bipolar Disorders
- Other Specified Bipolar and Related Disorder
- Anxious Distress Specifier

Disruptive, Impulse-Control, and Conduct Disorders
- Oppositional Defiant Disorder
- Intermittent Explosive Disorder

Dissociative Disorders
- Dissociative Identity Disorder

Feeding and Eating Disorders
- Pica and Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder

Neurocognitive Disorders
Changes here include diagnostic criteria now added for each of the following subtypes of Major and Mild Neurocognitive Disorder. Other specific changes were also made.

Neurodevelopmental Disorders
- Intellectual Disability (Intellectual Developmental Disorder)
- Communication Disorders
- Specific Learning Disorder
- Autism Spectrum Disorder
  - This is likely one of the most significant (and controversial) diagnostic changes in the DSM-5. The criteria will incorporate several diagnoses from DSM-IV including Autistic Disorder, Asperger’s Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder (not otherwise specified), into the diagnosis of Autism Spectrum Disorder to help more accurately and consistently diagnose children with autism.

Obsessive-Compulsive and Related Disorders
- Specifiers for Obsessive-Compulsive and Related Disorders
- Body Dysmorphic Disorder
- Substance/Medication-Induced Obsessive-Compulsive and Related Disorder and Obsessive-Compulsive and Related Disorder Due to Another Medical Condition
- Other Specified and Unspecified Obsessive-Compulsive and Related Disorders

Paraphilic Disorders
All Paraphilic Disorders now include two new specifiers: In a Controlled Environment and In Remission. Other specific changes were also made.

Schizophrenia Spectrum and Other Psychotic Disorders
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- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Catatonia

Sexual Dysfunctions
- Subtypes

Sleep-Wake Disorders
- Breathing-Related Sleep Disorders
- Circadian Rhythm Sleep-Wake Disorders
- Rapid Eye Movement Sleep Behavior Disorder and Restless Legs Syndrome

Somatic Symptom and Related Disorders
- Somatic Symptom Disorder
- Medically Unexplained Symptoms
- Hypochondriasis and Illness Anxiety Disorder
- Pain Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)

Specific Learning Disorder
This will replace Learning Disorders and will include learning problems in mathematics, oral language, written language, and reading. A specifier will be used to denote the specific area of learning difficulties.

Substance Use Disorders
Changes here include chapter re-ordering and re-numbering according to substance rather than diagnosis. Other specific changes were also made, including specifiers, minor wording changes to most of the criteria, as well as addition and deletion of certain criteria.

Suicidal Behavior Disorder
Addition of criteria for this disorder was given.

Trauma- and Stressor-Related Disorders
- Posttraumatic Stress Disorder
  - PTSD will be included in a new chapter in DSM-5 on Trauma- and Stressor-Related Disorders. DSM-5 pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters instead of three. PTSD will also be more developmentally sensitive for children and adolescents.
  - Acute Stress Disorder
  - Adjustment Disorders
  - Reactive Attachment Disorder

(APA, 2013)

New Diagnoses
The following diagnoses are new in the DSM-5. Note that the specifics of all these changes will be detailed in DSM-5 Overview course.

**Disruptive Mood Dysregulation Disorder**
Prominent symptoms of DMDD include a persistent, irritable mood and frequent, major anger outbursts or tantrums three or more times a week for more than a year. The goal of this diagnosis is to lessen the number of children misdiagnosed with Bipolar Disorder, who are then typically prescribed heavy duty medication treatment.

**Hoarding Disorder**
Serious hoarding behavior affects a significant percentage of the population. Previously regarded as a symptom or subtype of Obsessive-Compulsive Disorder, it will now be listed as a separate, distinct disorder. The primary symptom is the inability (or persistent difficulty) to discard or give up possessions, regardless of their actual value.

**Excoriation Disorder**
Individuals who compulsively pick their skin for no apparent reason, such as the presence of an underlying medical condition, may be given this new diagnosis. This disorder, sometimes called dermatillomania, will be included in the “Obsessive-Compulsive and Related Disorders” chapter in DSM-5.

**Psychological Factors Affecting Other Medical Conditions and Factitious Disorder**
Psychological factors affecting other medical conditions is a new mental disorder in DSM-5. In the DSM-IV, it was contained in the chapter, “Other Conditions That May Be a Focus of Clinical Attention.” This disorder and factitious disorder are placed among the somatic symptom and related disorders.

**Genito-Pelvic Pain/Penetration Disorder**
Genito-pelvic pain/penetration disorder is new in DSM-5 and represents a merging of the DSM-IV categories of vaginismus and dyspareunia, which were highly comorbid and difficult to distinguish. The diagnosis of sexual aversion disorder has been removed due to rare use and lack of supporting research.

**Gender Dysphoria**
Gender dysphoria is a new diagnostic class in DSM-5 and reflects a change in conceptualization of the disorder’s defining features. It emphasizes the phenomenon of “gender incongruence” rather than “cross-gender identification” per se, as was the case in DSM-IV “gender identity disorder.”

(APA, 2013)

**Where Did It Go?**
Some diagnoses have been moved to other locations of the manual, or have completely been removed. Note that the specifics of all these changes will be detailed in DSM-5 Overview course.

**Binge Eating Disorder**
This will be moved from DSM-IV’s Appendix B: Criteria Sets and Axes Provided for Further Study to DSM-5 Section 2. The change is intended to better represent the symptoms and behaviors of people with this condition. The only significant difference from the preliminary DSM-IV criteria is that the minimum average frequency of binge eating required for diagnosis has been changed from at least twice weekly for 6 months to at least once weekly over the last 3 months, which is identical to the DSM-5 frequency criterion for bulimia nervosa. Prior to the DSM-5, individuals with this binge-eating pattern have been diagnosed with Eating Disorder NOS (not otherwise specified).

**Removal of Bereavement Exclusion**
This change takes into account that bereavement and Major Depression are not always two separate entities. Grief after a loss is a significant psychological stressor; in fact, it may activate a major depressive episode in some people. The exclusion criterion in DSM-IV applied to people experiencing depressive symptoms for less than two months following the death of a loved one. This has been removed and replaced by several notes.

**Separation Anxiety Disorder**
Although in DSM-IV, separation anxiety disorder was classified in the section “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence,” it is now categorized as an anxiety disorder. The core features remain mostly unchanged, although some additional changes have been made that will be discussed in DSM-5 Overview course.

**Selective Mutism**
In DSM-IV, selective mutism was classified in the section “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence.” It is now considered an anxiety disorder, given that a large majority of children with selective mutism are anxious. The diagnostic criteria are largely unchanged from DSM-IV.

**Motor Disorders**
The following motor disorders are included in the DSM-5 neurodevelopmental disorders chapter: developmental coordination disorder, stereotypic movement disorder, Tourette’s disorder, persistent (chronic) motor or vocal tic disorder, provisional tic disorder, other specified tic disorder, and unspecified tic disorder.

**Schizophrenia Subtypes**
Due to their limited diagnostic stability, low reliability, and poor validity, the DSM-IV subtypes of schizophrenia (i.e., paranoid, disorganized, catatonic, undifferentiated, and residual types) have been removed. Instead, a dimensional method of rating severity for the core symptoms of schizophrenia is included in Section III.

**Hypochondriasis**
This has been removed as a disorder, in part because the name was seen as derogatory and not conducive to an effective therapeutic relationship. Most people who would have been diagnosed with hypochondriasis typically have significant somatic symptoms along with their high health anxiety. These folks will now receive a DSM-5 diagnosis of somatic symptom disorder.

(APA, 2013)
Let’s Practice!

Choose the best answer.

__________________ is likely one of the most significant and controversial diagnostic changes in the DSM-5.

A. Autism Spectrum Disorder  
(That’s right! The criteria for ASD now incorporates several diagnoses from DSM-IV into one disorder to help more accurately and consistently diagnose children with autism; however, this has been one of the most significant and controversial diagnostic changes in the DSM-5.)

B. Depression  
(Not quite. ASD is likely one of the most significant and controversial diagnostic changes in the DSM-5.)

C. Pedophilic Disorder  
(Not quite. Pedophilic disorder criteria will remain unchanged from DSM-IV, whereas ASD is likely one of the most significant and controversial diagnostic changes.)

Section Summary

Now that you have completed this section, you know that several diagnostic elements from the DSM-IV have remained intact, while others have been added, revised, or removed. You learned specifically which ones fell into each category. You also know that the specifics for each of these will be outlined in the DSM-5 Overview course.

Section Four: Conclusion

Summary

Now that you have finished reviewing the course content, you should have learned how to:

1. Summarize three of the organizational changes made to the DSM-5.
2. Describe the modifications made to the multi-axial system in the DSM-5.
3. Cite two new diagnoses, as well as two revised diagnoses, presented in the DSM-5.
References and Resources

DSM-5 Home Page: www.DSM5.org

APA: www.psychiatry.org

Congratulations!

You have finished reviewing the course content.