

DSM-5: What Counselors Need to Know

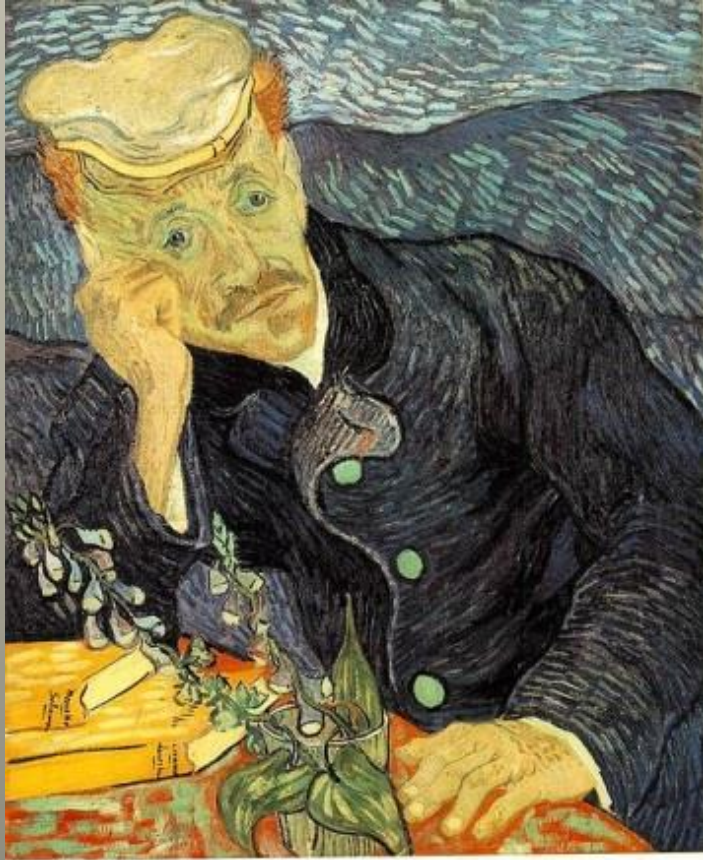
Gary G. Gintner, Ph.D., LPC
Louisiana State University
Baton Rouge, LA
gintner@lsu.edu

Disclosures

Dr. Gintner has never received any funding or consulting fees from the American Psychiatric Association or from any pharmaceutical company.

DSM and DSM-5 are registered trademarks of the American Psychiatric Association. The American Psychiatric Association is not affiliated with nor endorses this seminar.

Introduction



- Why change the DSM?
- The purpose of a diagnosis
 - Common language
 - Inform clinical care
- Overview of today's workshop

Major Innovations of DSM-5



- ICD/DSM harmony
- Discontinuation of multiaxial system
- Spectrum disorders and dimensional ratings
- Greater recognition of the influence of age, gender and culture
- New organization of chapters

DSM-5 Sections

- **Section I: DSM-5 Basics**
 - Introduction
 - Use of Manual
- **Section II: Diagnostic Criteria and Codes**
 - [DSM-5 Organization.docx](#)
- **Section III: Emerging Measures and Models**
- **Appendix**

Organization within Chapters

- Diagnostic Criteria for particular disorder
 - Subtypes and Specifiers
 - Coding and Recording Procedures
- Explanatory text information for that disorder
 - Diagnostic features
 - Associated features
 - Prevalence
 - Development and course
 - Risk and prognostic factors
 - Culture-related diagnostic issues
 - Gender-related diagnostic issues
 - Suicide risk
 - Functional consequences
 - Differential diagnosis
 - Comorbidity

Use of the Manual

- DSM-5 uses a single axis system that combines the former Axes I-III:
 - Mental Disorders
 - Medical Disorders
 - Other Conditions that May be the Focus of Clinical Attention (e.g., V codes)
- Is there a way of noting contextual or situational factors like we did with Axis IV?
 - You can use the expanded V codes and ICD-10 Z codes
 - Consider including to explain:
 - Reason for visit
 - Factors that affect the diagnosis, prognosis or treatment
- Is there a way of noting disability or impairment?
 - World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), Section III
 - Not required for a diagnosis

Steps in Writing a Diagnosis

1. **Locate the disorder that meets criteria**
2. **Write out the name of the disorder:**
 - Ex.: Posttraumatic Stress Disorder
3. **Now add any subtype or specifiers that fit the presentation:**
 - Ex.: Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
4. **Add the code number** (located either at the top of the criteria set or within the subtypes or specifiers):
 - Two code numbers are listed, one in **bold** (ICD-9) and one in parentheses (ICD-10), for example, **309.81** (F43.10)
[DSM 5 Criteria Sets\PTSD.docx](#)
 - Before October 1, 2014, use the bolded ICD-9 code:
309.81 Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
 - Starting October 1, 2014 use the ICD-10 code that is in parentheses:
F43.10 Posttraumatic Stress Disorder, with dissociative symptoms, with delayed expression
5. **Order of multiple diagnoses:** The focus of treatment or reason for visit is listed first (principal diagnosis), followed by the other diagnoses in descending order of clinical importance

Sample DSM-5 Diagnoses

Example 1 (Before October 1, 2014)

296.42 Bipolar I Disorder, current episode manic,
moderate severity, with mixed features

301.83 Borderline Personality Disorder

Example 2 (October 1, 2014 and after)

F34.1 Persistent Depressive Disorder, mild
severity, with early onset, with pure
dysthymic syndrome

Z63.5 Disruption of family by separation

Neurodevelopmental Disorders



- Highlights:
 - New chapter
 - Intellectual Disability replaces Mental Retardation
 - Revised Communication Disorders
 - Introduction of Autism Spectrum Disorder
 - ADHD criteria changes

Organization of Chapter

- Intellectual Disability (Intellectual Developmental Disorder)
- Communication Disorders
- Autism Spectrum Disorder
- ADHD
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders
 - Other Specified vs. Unspecified options

Attention-Deficit/Hyperactivity Disorder (ADHD)

- Essential features:
 - *Symptom threshold*: At least 6 symptoms of inattention and/or 6 symptoms of hyperactivity/impulsivity that have lasted at least 6 months (*five or more in either area for those 17 and older*)
 - *Age of onset*: Several symptoms prior to age 12
 - *Impairment*: Several symptoms in two or more settings that interfere with functioning
 - *Common rule-outs*: Mood disorder, anxiety disorder, substance use or psychotic disorder

ADHD Coding

- *Presentations* replace subtypes
- Code by presentation:
 - Combined presentation
 - Predominantly inattentive presentation
 - Predominantly hyperactive/impulsive presentation
- Then add a severity rating: Mild, moderate or severe
- Sample code:
314.00 (F90.0) Attention Deficit/Hyperactivity Disorder,
predominantly inattentive presentation, moderate severity

Schizophrenia Spectrum and Other Psychotic Disorders



- Highlights:
 - Introduces the Schizophrenia Spectrum
 - Order reflects severity
 - Catatonia can be coded as a separate disorder or specifier
 - Schizoaffective Disorder criteria simplified
 - Schizophrenia
 - Drops subtypes
 - Revised active phase criteria
 - Attenuated Psychosis Syndrome not approved

Organization of Chapter

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Psychotic Disorder Associated with Medical Condition, Substance or Catatonia
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Bipolar Disorders and Related Disorders



- Highlights:
 - Bipolar Disorders and Depressive Disorders are separate chapters
 - *Mixed Episode* removed
 - Increased activity/energy added as core feature of mania and hypomania
 - New specifiers:
 - *With mixed features*
 - *With anxious distress*
 - *With peripartum onset*

Organization of Chapter

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication-Induced Bipolar or Related Disorder
- Bipolar or Related Disorder Associated with Another Medical Condition
- Other Specified and Unspecified Bipolar or Related Disorder

Bipolar I Disorder

- *Essential Feature:* History of a manic episode which is usually accompanied by other types of mood episodes
- *Common rule outs:* Disorders in the schizophrenia spectrum, substance use (stimulants especially), medication or medical condition

Coding Bipolar I

1. Start with noting the most recent mood episode from these options:
 - Bipolar I, current or most recent episode manic
 - Bipolar I, current or most recent episode hypomanic
 - Bipolar I, current or most recent episode depressed
 - Bipolar I, current or most recent episode unspecified
2. Refer to the tables on pages 126-127 which list code numbers based upon the current type of mood episode (columns) and episode's severity, presence of psychotic symptoms and remission status (rows).
3. Next, state the severity term right after current episode term.
4. Review the list of specifiers and add those that apply: *With anxious distress, with mixed features, with rapid cycling, with melancholic features (D), with atypical features (D), with mood-congruent psychotic features, with mood-incongruent psychotic features, with catatonia (code separately), with peripartum onset, with seasonal pattern*

SAMPLE CODE:

296.43 (F31.13) Bipolar I Disorder, current episode manic, severe severity, with mixed features

[DSM 5 Criteria Sets\Bipolar 1 with episode descriptions.docx](#)

Bipolar II Disorder

- *Essential Feature*: History of a major depressive episode and a hypomanic episode but never has had a manic episode
- *Common rule outs*: Schizophrenia spectrum disorders, substance use, medication or medical condition
- *Coding*: There is only one code. Note by current mood:
 - Bipolar II Disorder, current episode depressed
 - Bipolar II Disorder, current episode hypomanic
- Add specifiers

Sample Code:

296.89 (F31.81) Bipolar II, current episode depressed, moderate severity, with anxious distress, mild severity

Case Example

Carol is a 21 year-old junior in college who lives alone and is self-referred. For the past four months she reports being “really depressed and hopeless.” She feels tired throughout the day but has trouble falling asleep at night. In session, she speaks very slowly, responds with brief answers and has poor eye contact. Her socializing is limited to talking with friends after class. She is having a hard time attending class and worries that she could flunk out.

Her history indicates that this is her first depressive episode. However, last semester she had a period of about two months in which she felt unusually “energized.” She would work tirelessly all day and then only need a few hours of sleep. She remembers thinking that for the first time she was getting all of her assignments done. A close friend commented that she seemed very “up” and “positive.” At times her friends got annoyed with her because she would call and text at all hours of the night. Then after a long night of partying, she woke up feeling quite different. The energy was gone and her mood began to darken. She described it like “a fog that I just can’t shake.”

Depressive Disorders



- Highlights:
 - Chronic depressive spectrum introduced
 - Changes to Major Depression
 - Elimination of bereavement exclusion
 - New specifiers
 - New disorders added

Organization of Chapter

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified and Unspecified Depressive Disorders

Disruptive Mood Dysregulation Disorder (DMDD)

- Rationale for adding new disorder
- *Essential feature*: Severe temper outbursts with underlying persistent angry or irritable mood
 - *Temper outburst frequency*: Three or more time a week
 - *Duration*: Temper outbursts and the persistently irritable mood between outbursts lasts at least 12 months
 - *Severity*: Present in two settings and severe in at least one
 - *Onset*: Before age 10 but do not diagnose before age 6. Can not diagnose for the first time after age 18.
 - *Common rule-outs*:
 - Bipolar disorder, intermittent explosive disorder, depressive disorder, ADHD, autism spectrum disorder, separation anxiety disorder,
 - Substance, medication or medical condition
 - If ODD present, do not also diagnose it

Major Depressive Episode

- *Essential features:* Either depressed mood *or* loss of interest or pleasure plus four other depressive symptoms
- *Duration:* At least two weeks
- *Common rule outs:* Medical condition, medications, substance use, bipolar disorder, or a psychotic disorder
- **Note:** Be careful about diagnosing major depression following a significant loss because normal grief “may resemble a depressive episode.”

Diagnosing Major Depressive Disorder

Essential Diagnostic Criteria:

- Meets criteria for a Major Depressive Episode
- No history of a Manic or Hypomanic Episode

Coding Steps:

1. Start with noting whether it is a single episode or recurrent (see columns in table on page 162)
 - Major Depressive Disorder, single episode
 - Major Depressive Disorder, recurrent episode
2. Find the correct code number by dropping down your selected episode column to locate the correct severity/course specifier: mild, moderate , severe; presence of psychotic symptoms and remission status (if applicable).
3. State the severity/course specifier term after single or recurrent episode
4. Now add any of the following specifiers that apply: *With anxious distress, with mixed features, with melancholic features, with atypical features, with mood-congruent psychotic features, with mood-incongruent psychotic features, with catatonia, with peripartum onset, with seasonal pattern* [DSM5 Criteria Sets\Major Depressive Disorder.docx](#)

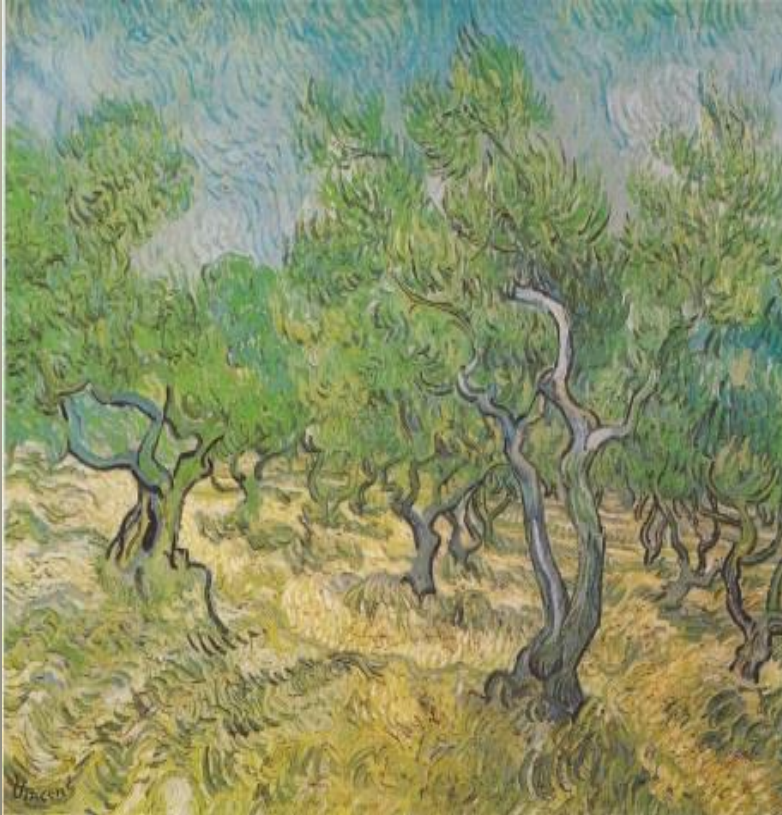
SAMPLE CODE:

296.32 (F33.1) Major Depressive Disorder, recurrent, moderate severity, with peripartum onset

Other Depressive Disorders

- Persistent Depressive Disorder (Dysthymia)
 - *Essential feature*: Depression that persists for two years or longer (one year or longer in children and adolescents)
 - May include major depressive episodes
 - Course specifiers
 - With pure dysthymic syndrome
 - With persistent major depressive episode
 - With intermittent major depressive episodes, with current episode
 - With intermittent major depressive episodes, without current episode
- Premenstrual Dysphoric Disorder
 - *Essential feature*: Five or more affective symptoms that emerge in the week prior to menses which quickly dissipate with the onset of menses
 - *Duration*: Present in all menstrual cycles in the past year and documented prospectively for two menstrual cycles

Anxiety Disorders



- Highlights:
 - New organization of former Anxiety Disorders chapter
 - Panic Disorder and Agoraphobia become separate disorders
 - Panic attacks can be applied to any disorder
 - Generalized Anxiety Disorder is unchanged

Organization

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication Induced Anxiety Disorder
- Anxiety Disorder Due to a Medical Condition
- Other Specified and Unspecified Anxiety Disorders

Obsessive-Compulsive and Related Disorders



- OCD
- Body Dysmorphic Disorder
- Hoarding Disorder
 - [DSM 5 Criteria Sets\ Hoarding Disorder.docx](#)
- Trichotillomania (hair-pulling)
- Excoriation (Skin-Picking) Disorder
- Substance/medication induced OCD
- OCD due to a medical condition
- Other Specified OCD

Trauma- and Stressor- Related Disorders



- Highlights
 - New chapter for disorders related to exposure to stress
 - PTSD has modified criteria and new subtypes
 - Acute Stress Disorder criteria modified

Organization of Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Other Specified Trauma- and Stressor-Related Disorder
- Specified and Unspecified Trauma- and Stressor-Related Disorder

Posttraumatic Stress Disorder

- *Essential feature*: Significant reaction to serious traumatic event that involves actual or threatened death, serious injury or sexual violation
- DSM-5 specifies how event has to be experienced:
 1. Directly experiencing
 2. Witnessing in person
 3. Learning the event happened to a close family member or friend
 4. Repeated exposure to aversive details of event (e.g., first responders)
- *Symptoms* are now from four general groups:
 - Intrusive symptom (e.g., intrusive memories, dreams, flashbacks)
 - Avoidance of reminders (e.g., avoiding people, places, activities)
 - Negative alterations in cognition and mood (e.g., self-blame, hopelessness, dissociative symptoms, negative emotional states)
 - Alterations of arousal and reactivity (e.g., hypervigilance, sleep problems, self-destructive behaviors)
- *Duration*: Symptoms persist for at least a month
- Specifiers that can be used
 - *With Dissociative Symptoms*
 - *With Delayed Expression*
- DSM-5 provides an alternative criteria set for children 6 years and younger

Posttraumatic Stress Disorder for Children 6 Years and Younger

- Separate criteria set which mirrors PTSD criteria
- Major difference is that criteria C and D are combined and only require one symptom
- Same specifiers are used

Feeding and Eating Disorders



- Highlights
 - New title and organization
 - Avoidant/Restrictive Food Intake Disorder added
 - Modifications to Anorexia and Bulimia
 - Binge-Eating Disorder added
 - Changes try to address overuse of NOS

Organization of Chapter

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder (New)
- Other Specified and Unspecified Feeding or Eating Disorder

DSM-5 Changes

Anorexia Nervosa

- *Significantly low body weight* replaces below 85% of expected
- Dropped amenorrhea
- Restricting and binge-eating/purging subtypes refer to past three months
- Added severity specifier based upon body mass index

Bulimia Nervosa

- Reduced the threshold for bingeing and compensatory behaviors from three times a week to one time a week
- Dropped purging and non-purging subtypes
- New severity specifier based upon frequency of compensatory behaviors per week

Disruptive, Impulse-Control and Conduct Disorders



- Highlights
 - Reorganization of externalizing problems
 - ODD criteria are further refined
 - New specifier for CD

Organization of Chapter

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Antisocial Personality Disorder
- Pyromania
- Kleptomania
- Other Specified and Unspecified Disruptive, Impulse-Control, and Conduct Disorder

Substance-Related and Addictive Disorders



- Highlights
 - New chapter title
 - Types of disorders:
 - Substance *use*
 - Substance *induced*
 - *Non-substance* related disorders (gambling)
 - Dependence and abuse combined into spectrum
 - Changing face of “dependence”

Substance Categories in DSM-5

- Alcohol
- Caffeine
- Cannabis
- Hallucinogen
- Inhalants
- Opioids
- Sedative/Hypnotics/Anxiolytics
- Stimulants
- Tobacco-Related
- Other (or unknown) Substance
- Non-Substance-Related Disorders (Gambling)

Alcohol Use Disorder

- *Essential feature:* Problematic pattern of alcohol use leads to clinically significant distress or impairment
- *Symptom threshold:* At least two of the following in a 12-month period:
 1. Taken in larger amounts or over longer period of time than intended
 2. Persistent desire or efforts to cut down or control use
 3. Much time taken obtaining, using or recovering from substance
 4. Cravings or a strong desire or urge to use a substance (new criteria)
 5. Recurrent use resulting in failure to fulfill role obligations (work, school, or home)
 6. Continued use despite social and interpersonal problems
 7. Social, occupational, or recreational activities reduced due to alcohol
 8. Recurrent use in hazardous situations
 9. Continued use despite physical or psychological problems due to substance
 10. Tolerance
 11. Withdrawal
- *Specifiers:* Early remission, Sustained remission and In controlled environment
- *Specify Severity:*
 - Mild (2-3 symptoms)
 - Moderate (4-5 symptoms)
 - Severe (6 or more)

SAMPLE CODE: 303.90 (F10.20) Moderate Alcohol Use Disorder

Personality Disorders (PD)



- The PD Work Group proposed sweeping changes:
 - New conceptualization of PD
 - Fewer types of PD's
 - Trait rating scales
- Changes were not approved
- DSM-5 retains DSM-IV-TR disorders
 - General criteria for a PD
 - Organization
 - But...updated text

Three Major Clusters

- Odd/Eccentric Cluster
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder
- Emotional/Erratic Cluster
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
- Anxious/Fearful Cluster
 - Avoidant Personality Disorder
 - Dependent Personality Disorder
 - Obsessive-Compulsive Personality Disorder
- Diagnostic tip: First try to locate the appropriate cluster, then narrow to the specific disorder within that cluster.

Other Conditions That May Be the Focus of Clinical Attention

- These are ICD-9 V codes and ICD-10 Z and other codes
- Categories:
 - Relational problems
 - Abuse and neglect
 - Educational or occupational problems
 - Housing and economic problems
 - Other problems related to the social environment
 - Problems related to crime or legal system
 - Problems related to other psychosocial or personal and environmental circumstances
 - Other health service encounters for counseling and medical advice
 - Other circumstances of personal history
- **SAMPLE CODES:**
 - V62.83 (Z69.021) Encounter for mental health services for perpetrator of nonparental child sexual abuse
 - V62.4 (Z60.4) Social exclusion or rejection

Section III: Assessment Measures and the Cultural Interview

- Rationale for including these measures
- Types assessment measures
 - *Cross-Cutting Symptom Measures*
 - Level 1 (see p. 738) [DSM-5 level1 assessment.pdf](#)
 - Level 2 (available online, site listed below)
 - *Clinician-Rated Dimensions of Psychosis Symptom Severity* (p. 743)
 - *World Health Organization Disability Assessment Schedule 2.0* (p. 747) [DSM-5 whodas2selfadministered.pdf](#)
 - Online assessment measures for above plus disorder-specific severity measures downloadable at:
 - <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>
- *Cultural Formulation Interview* (p. 752) [culturalformulationinterview.pdf](#)

Diagnostic Exercise

Mr. Lee comes to you because he feels “unbelievably blue.” For the past four weeks he has felt tired all the time and cries periodically throughout the day. He reports that he does not feel like doing anything and spends most of his time at home. He has taken an unplanned leave of absence from his job, and it is unclear whether he will be accepted back. Mr. Lee believes that he has been a failure as a father because his teenage son was arrested for selling drugs. He admits that he has not gotten a good night’s sleep in weeks. He typically awakens at 4 a.m. and cannot return to sleep. He particularly dislikes this because, “Mornings are the worst.” He had a similar episode about three years ago that lasted for three or four months.

Final Thoughts



- Diagnosis at a crossroad
- Keep up with the changes (DSM 5.1)
- Remember: To understand the disorder, you need to understand the person (Hippocrates)