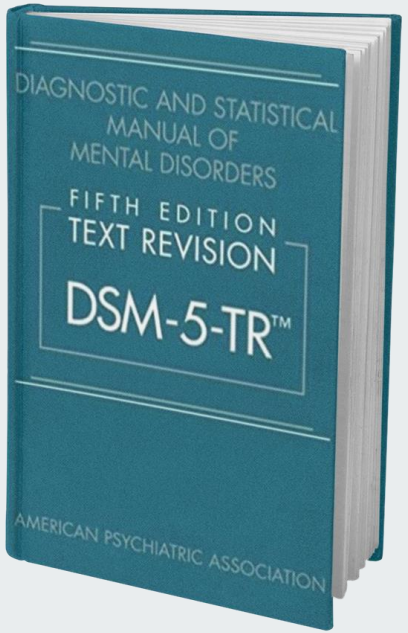
The Changes, Challenges and Triumphs Related to DSM-5



Donald R. Morrison | MSW, LCSW

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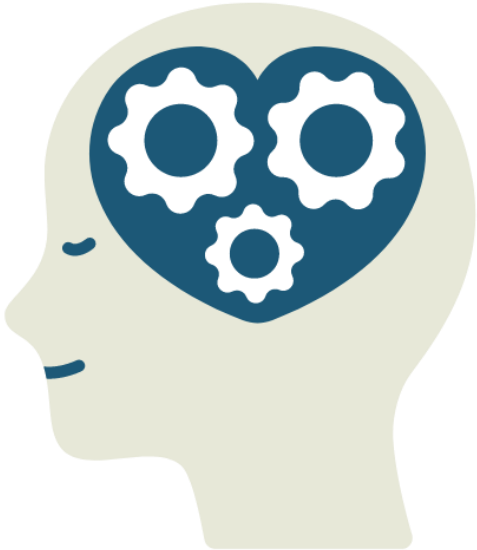
Free Association . . . “What is the first thing you think of when you hear **DSM-5-TR**?”



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DSM History

- **1952:** First DSM published.
- **1968:** DSM-II linked to the International Classification of Diseases (ICD) and changed "reaction" to "disorder."
- **1980:** DSM-III introduced the multi-axial classification system.
- **1987:** DSM-III-R
- **1994:** DSM-IV
- **2000:** DSM-IV-TR
- **2013:** Publication date for DSM-5.

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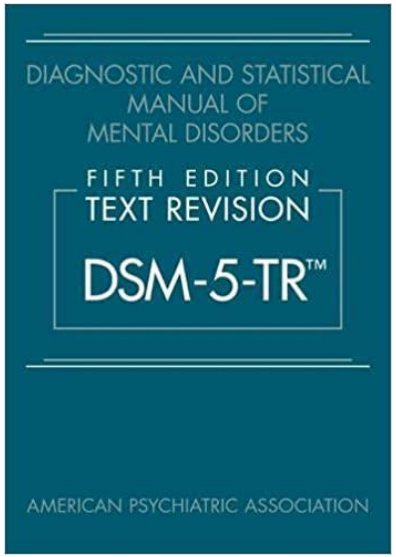
DSM Through the Years

The Latest & Greatest



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Why Use DSM?

The DSM was intended to provide a uniform diagnostic classification system for the following uses:

1. Communication among clinicians
2. Research
3. Insurance reimbursement
4. Medical/pharmacological treatment planning
5. Psychotherapeutic treatment planning

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Why 5 Instead of V?

- The American Psychiatric Association (APA) stopped using the Roman numeral system and switched to Arabic numerals.
- Thus, DSM-V is incorrect.
- This change more easily allows for multiple text revisions in the future, as digital technology will enable us to update publication of a DSM-5.1 and DSM-5.2, etc.
- It also takes into consideration the ever-changing nature of the International Classification of Diseases (ICD).

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Revising the Manual

- DSM-5 cost the APA $24 million.
- It took 14 years to produce, with input from social workers, psychiatrists, psychologists and counselors.
- Over 500 professionals from 39 cultures were involved, which places a greater emphasis on the impact of culture related to mental health.

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Revising the Manual

- The APA worked with the United States National Institute of Health (NIH) and World Health Organization (WHO) to closely coordinate the changes to DSM-5 and the ICD.
- The ICD-10 was implemented in Oct. 2015.
- Implementation of ICD-10 was delayed from its original target date of Oct. 2014 due to bureaucratic complexities, expense and clinic readiness. (ICD-9 contains around 13,000 codes, whereas ICD-10 will present around 68,000.)

DSM-5 Definition of a Mental Disorder

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

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DSM-5 Changes

As opposed to DSM-IV, there are three major sections of the DSM-5 (in addition to the appendices):

- **Section I:** DSM-5 Basics gives a history of the manual and provides a comprehensive definition of a mental disorder.
- **Section II:** Diagnostic Criteria and Codes includes 20 "chapters" that describe the recognized mental disorders.
- **Section III:** Emerging assessment measures like the Cultural Formation Interview, an alternative DSM-5 model for personality disorders and conditions for further study.

DSM-5 Changes

- Elimination of the multi-axial classification system in an effort to streamline the diagnostic process for maximum efficiency and clinical utility.
- Use of alpha-numeric codes that include letters and numbers. Example: F20.9 Schizophrenia.
- Increased focus on evidence-based recommendations and dimensional assessment (mild, moderate, severe).
- Usage of Z-codes rather than V-codes, which address psychosocial stressors.

DSM-5 Changes

ICD-9 Diagnosis/Diagnoses (Until Oct. 2015):

1. 313.81 Oppositional Defiant Disorder
2. 278.00 Obesity
3. V60.1 Inadequate housing
4. V60.2 Extreme poverty

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DSM-5 Changes

Diagnosis/Diagnoses ICD-10:

1. F91.3 Oppositional Defiant Disorder
1. E66.9 Obesity
1. Z 59.1 Inadequate housing
1. Z 59.5 Extreme poverty

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DSM-5 Changes

In comparison with DSM-IV, the DSM-5 has 15 fewer diagnoses (Regier & Kupfer, 2013):

DSM-IV: 172 disorders
DSM-5: 157 disorders

DSM-5 presents a total of 15 new disorders, some of which include: Hoarding Disorder, Excoriation (Skin-Picking Disorder), Binge Eating Disorder (formerly in DSM-IV-TR appendix), Pre-Menstrual Dysphoric Disorder (formerly in DSM-IV-TR appendix), Disruptive Mood Dysregulation Disorder and Caffeine Withdrawal.

DSM-5 Changes

Reorganizes chapters to better reflect etiologies of disorders and considers developmental life spans. For example, DSM-5 integrates the "Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence" across the manual

There are now 20 sections ("chapters") that include:

1. Neurodevelopmental Disorders include: Intellectual Disability (ID), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
2. Schizophrenia Spectrum and Other Psychotic Disorders include: Schizophrenia, Schizoaffective Disorder and Delusional Disorder.

DSM-5 Changes

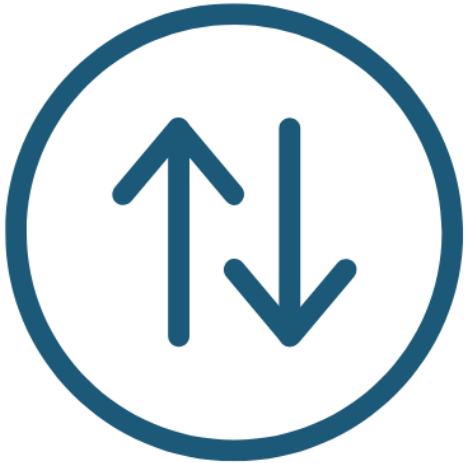
3. Bipolar and Related Disorders
4. Depressive Disorders include: Disruptive Mood Dysregulation Disorder and Premenstrual Dysphoric Disorder (PMDD).
5. Anxiety Disorders include: Panic Disorder, Agoraphobia, Specific and Social Phobia, Separation Anxiety Disorder and Selective Mutism.
6. Obsessive-Compulsive and Related Disorders include: OCD, Body Dysmorphic Disorder, Hoarding Disorder, Trichotillomania (Hair-Pulling Disorder), Excoriation (Skin-Picking) Disorder.
7. Trauma- and Stressor-Related Disorders include: Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder and Reactive Attachment Disorder.

DSM-5 Changes

8. Dissociative Disorders include Dissociative Identity Disorder.
9. Somatic Symptom Disorders include: Somatic Symptom Disorder (formerly Somatization Disorder) and Illness Anxiety disorder (formerly Hypochondriasis).
10. Feeding and Eating Disorders include: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder
11. Elimination Disorders
12. Sleep-Wake Disorders
13. Sexual Dysfunctions
14. Gender Dysphoria

DSM-5 Changes

15. Disruptive, Impulse-Control and Conduct Disorders: Oppositional Defiant Disorder (ODD), Intermittent Explosive Disorder and Conduct Disorder
16. Substance-Related and Addictive Disorders
17. Neurocognitive Disorders: Delirium, Neurocognitive Disorder (Major and Mild)
18. Personality Disorders
19. Paraphilic Disorders
20. Other Conditions that May be the Focus of Clinical Attention



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DSM-5 Changes

Combined Disorders Include:

- Autistic Disorder (Autism), Asperger's Disorder and Pervasive Developmental Disorder were consolidated into a single disorder known as autism spectrum disorder (ASD) and vary in degrees of severity.

- Substance use disorders were integrated into a single disorder. Example: Alcohol Use Disorder combines Alcohol Abuse and Alcohol Dependence. These disorders also vary in degrees of severity.

DSM-5 Changes

- The five former schizophrenia subtypes (paranoid, disorganized, catatonic, undifferentiated and residual) were removed due to low reliability and similar clinical presentation.

- Mental retardation (MR) was replaced with Intellectual Disability (ID). Diagnosis requires assessment of both IQ and adaptive functioning and is rated as mild, moderate, severe and profound.

DSM-5 Changes

- Major and Mild Neurocognitive Disorder (NCD) replaces amnestic disorder and dementia. Use specifiers for etiology such as traumatic brain injury (TBI), Parkinson's, Alzheimer's Disease etc.

- Disruptive Mood Dysregulation Disorder is a diagnosis meant only for children under 18 years old who present with persistent irritable mood and frequent extreme behavioral concerns. DSM-5 includes this diagnosis to address concerns of over-diagnosis of bipolar disorder in children and adolescents.

DSM-5 Changes

- The bereavement exclusion from DSM-IV-TR was removed because research shows bereavement can trigger a depressive episode in the first two months and includes a risk for exacerbated suicidal ideation.

- The DSM-IV-TR exclusion implied that bereavement lasts only two months, whereas duration is usually 1–2 years.

DSM-5-TR Changes

- The American Psychiatric Association (APA) releases a text revision of DSM when changes occur to the description of disorders and their criteria.
- A text revision is especially necessary when including any new diagnoses.
- New empirical evidence also required improved clarity with DSM diagnostic criteria.
- This is the first text revision based on the clinical literature in the 10-year period since DSM-5's development.

DSM-5-TR Changes

- New DSM-5– TR changes include updated diagnostic sections on the associated features, development and course, prevalence, risk and prognostic factors, culture, diagnostic markers, suicide and differential diagnosis throughout the text.
- There are fully updated “Introduction” and “Use of the Manual” sections to guide usage of the text and to provide contexts for important terminology.
- There are also updated ICD-10 codes that provide over 50 coding updates for substance intoxication and withdrawal, among other diagnoses.
- DSM codes have been dropped from DSM-5-TR and only ICD10-CM codes are used. This is the current version that is in effect in the United States, so we no longer use outdated DSM-IV-TR codes.

DSM-5-TR Changes

NEW ADDITIONS OF DISORDERS INCLUDE:

1. **Prolonged Grief Disorder (PGD)**

- PGD (otherwise known as complicated grief) applies to children, adolescents and adults. It is generally defined as an intense yearning, longing and preoccupation with thoughts or memories of the deceased.
- It is a persistent grief response for duration of longer than 12 months for adults and six months for a child.
- Other diagnostic criteria include: intense emotional pain related to the death, a marked sense of disbelief about the death, emotional numbness, struggling to find meaning in life, intense feelings of loneliness or detachment from others and identity disruption.

DSM-5-TR Changes

Prolonged Grief Disorder (cont.)

- Children and adults may experience grief quite differently.
- Kids and adolescents may experience separation anxiety, exacerbated mood changes, concern about losing others and sadness and fear.
- Adults may experience their grief through social and interpersonal issues such as drug or alcohol abuse, feeling unable to accept the loss or even suicidal ideation.
- We often conceptualize grief and loss by connecting it with death and dying. However, clients can experience grief through other events including: loss of a job, physical illness, losing sense of independence or mobility, accidents, loss of a job and natural disasters.

DSM-5-TR Changes

Prolonged Grief Disorder (cont.)

- The APA insists that it is not trying to pathologize the normal grief/loss process by formulating this new diagnosis.
- The symptoms are severe enough to impair day–to–day functioning, and the duration and severity of the bereavement clearly exceeds what is typically expected of an individual related to their social, cultural or religious background.
- The grief is disabling in a way that typical grieving is not.
- Clients in the midst of this type of grief response may also experience: disturbances in their sleeping and eating habits; lack of energy; crying; feeling withdrawn or isolated and difficulty with concentration.

DSM-5-TR Changes

2. Unspecified Mood Disorder (F39):

- DSM-5 had originally removed “unspecified mood disorder“ as a diagnosis in its 2013 update. This resulted in clinicians having to diagnose their clients with a specific mood disorder instead.
- However, DSM-5-TR has reinstated the original “unspecified mood disorder“ to include a range of possible mood disorders, as not all clients neatly fit under bipolar or depressive disorder diagnoses.
- Distinguishing between depressive disorders and bipolar disorder takes some time for clinicians. If a patient is misdiagnosed with depression instead of bipolar disorder, and they are prescribed an SSRI antidepressant, this could potentially trigger a manic episode in this client.

DSM-5-TR Changes

Suicidal Behavior and Non-Suicidal Self-Injury

- Suicidal behavior is quite necessary for clinicians to track, and it is quite important in clinical care for our clients related to safety and treatment planning.
- DSM-5-TR now includes ICD-10-CM codes that can be used for individuals who have engaged in potentially self injurious behaviors with at least some intent to die as a result of the act. (A suicide attempt may or may not result in self -injury.)
- DSM-5-TR also includes ICD-10-CM codes that can be used for clients engaging in intentional self–inflicted damage to their body that is likely to induce bruising, bleeding or pain. These behaviors include cutting, burning, stabbing, hitting, or excessive rubbing with the absence of suicidal intent.

DSM-5-TR Changes

Gender Dysphoria

- DSM-5-TR updated the terminology used to describe gender dysphoria.
- These updates are based on more culturally sensitive language.
- The term “desired gender “is now “experienced gender.”
- “Cross–sex medical procedure “is now “gender-affirming medical procedure.”
- “Natal male/natal female” is now “individual assigned male/female at birth.”

DSM-5-TR Changes

The Impact of Race, Culture and Social Determinants

- DSM developed two specific task forces to focus on the impact of racism and cultural factors on diagnosis.
- DSM-5-TR pays special attention to the impact of differing rates of mental health disorders attributed to specific communities and how these diagnoses were based on reliable studies with sufficient sample sizes.
- More attention is paid to the biopsychosocial perspective, where a client‘s mental health is determined through biology, psychology and social factors. (In this regard, a client‘s cultural background is a significant factor!)
- Racism and societal structures that perpetuate racial discrimination influence the increased risk of trauma and adverse experiences.

Assessment: The Cultural Formulation Interview for DSM-5

The CFI is a 16-question clinical interview that emphasizes the impact of culture on the individual. (This is optional is the DSM-5 assessment process, but it is quite helpful and necessary!)

Questions Include:

- "People often understand their problems in their own way, which may be similar or different from the way doctors explain the problem. How would you describe your problem to someone else?"
- "Is there anything about your background---for example your culture, race, ethnicity, religion, or geographical origin---that is causing problems for you in your current life situation?"

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World Health Organization Disability Assessment Schedule 2.0 (WHODAS)

- Most similar to Axis V from DSM-IV-TR.
- This measure is a 36-item, self-administered test for adults ages 18 and older. Assesses disability across six domains of functioning (during the past 30 days): communication, getting around, self-care, getting along with people, life activities, and participation in society.
- Score ranges from 0 to 100, with 100 being full disability.

What's Next?

- Buy the DSM-5. Read and study it. Don't be afraid of it!
- Acclimate yourself with the organization of the manual and incorporate the diagnoses and diagnostic codes into your clinical practice.
- Collaborate with peers and colleagues.
- Involve your client in the diagnostic process.
- Be aware of pending dates and deadlines that could affect your clinical practice. For example, the North Carolina Department of Health and Human Services (DHHS) will implement DSM-5 coding requirements effective August 1, 2014. The Association of Social Work Boards (ASWB) will not contain any DSM-5 information on licensure exams until July 2015.

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Questions?

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