

Introduction to DSM 5-TR

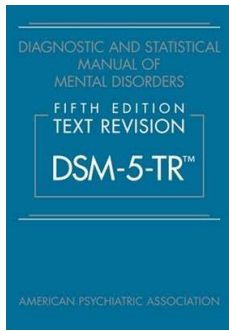
Chemical Dependency Counselor Training

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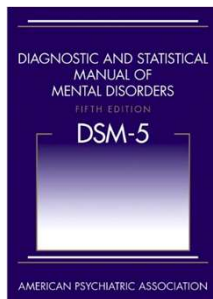
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What is DSM-5-TR?



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DSM-5



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What is ICD?



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What is DSM-5-TR?

- Classification system
- Provides a common language to
 - Diagnose mental disorders
 - Facilitate communication
 - Code and bill insurance
- Published by the American Psychiatric Association, May 2013
- Text Revision published March 2022

<https://www.psychiatry.org/psychiatrists/practice/dsm>

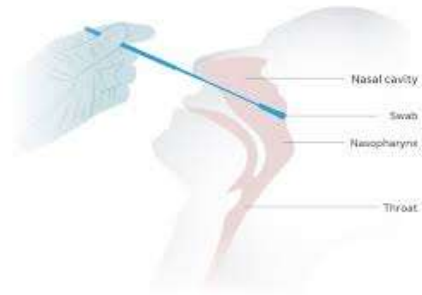
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We Don't Have X-Rays . . .



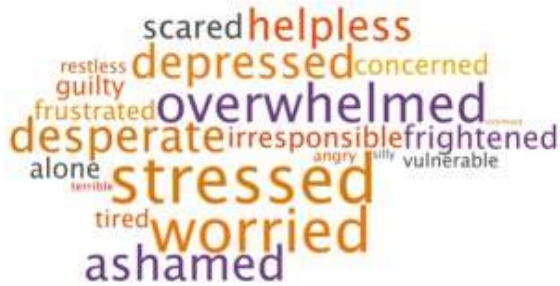
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Or Coronavirus Tests . . .



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We Have the Words of Our Clients . . .



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DSM-5-TR Table of Contents

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulsive Control and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Mental Disorders & Additional Codes
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
- Other Conditions That May be a Focus of clinical Attention

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Other Conditions that May be a Focus of Clinical Attention (pp 821 - 836)

1. Suicidal behavior
2. Abuse and neglect
3. Relational problems
4. Educational problems
5. Occupational Problems
6. Housing problems
7. Economic problems
8. Problems related to the social environment
9. Problems related to interaction with the legal system
10. Problems related to other psychosocial, personal, and environmental circumstances
11. Problems related to access to medical and other health care
12. Circumstances of personal history
13. Other health services encounters for counseling and medical advice
14. Additional conditions or problems that may be a focus of clinical attention

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History of DSM: 1952 DSM

- Alcoholism and Drug Addiction
 - Classified as sociopathic personality disturbances, along with sexual deviations and antisocial behavior
- Addiction viewed as
 - Deviation from accepted order
 - Dangerous to society
 - Symptom of underlying brain disorder or personality disorder

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History of DSM: 1968 DSM-II

- Severe personality disorder causes alcoholism and drug addiction
- Introduced "types" of alcoholism
 - Episodic excessive drinking, habitual excessive drinking, alcohol addiction
- Introduced specific drug classes
- Physiological symptoms of **withdrawal** and **tolerance** identified as signs of dependence

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History of DSM: 1980 DSM-III

- Substance use disorder no longer considered a personality disorder
- “Alcoholism” deleted as diagnostic term
- New categories:
 - Substance Abuse
 - Substance Dependence
- Focus on social and environmental causes of substance use disorders

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History of DSM: 1987 DSM III-R

- Psychoactive substance abuse defined as a pattern of continuing use despite knowledge of adverse consequences or in physically hazardous situations
- Behavioral aspects of substance misuse weighted equally with physiological aspects

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History of DSM: 1994 DSM IV

- Substance Abuse and Substance Dependence
- 100 substance-related disorders and 12 classes of substances
- Substance-related disorders:
 - Intoxication, withdrawal
 - Delirium
 - Dementia and amnesic disorders
 - Psychotic disorders
 - Mood and anxiety disorders
 - Sleep disorders
 - Sexual dysfunction

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History of DSM: 2000 DSM IV TR

- **Substance Abuse**
 - Any one of four criteria
- **Substance Dependence**
 - Three or more of seven criteria
- “Diagnostic orphans”
 - None of the abuse criteria and two of the dependence criteria

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History of DSM: 2013 DSM-5

- Substance-Related and Addictive Disorders
 - **No distinction between substance use and dependence**
 - 11 diagnostic criteria
 - Severity determined by counting the number of symptoms (mild, moderate, severe)
- Gambling Disorder introduced
 - 9 criteria and a continuum of severity

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History of DSM: 2022 DSM5-TR

- No changes to diagnostic criteria
- Updated information on associated features, prevalence, development and course, risk and prognostic factors, culture, diagnostic markers, suicide, differential diagnosis, and impact of racism and discrimination
- Updated ICD-10-CM codes including codes for substance intoxication and

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Overlap of Symptoms

- DSM5 Cross-Cutting Symptom Measures (DSM5-TR p. 841)
 - Depression
 - Anger
 - Mania
 - Anxiety
 - Somatic Symptoms
 - Suicidal Ideation
 - Psychosis
 - Sleep Problems
 - Memory
 - Repetitive Thoughts and Behaviors
 - Dissociation
 - Personality Functioning
 - Substance Use
- <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

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Continuum of Symptoms



Government of Canada, Department of Defense

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Substance-Related and Addictive Disorders (pp. 543-666)

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Substance-Related and Addictive Disorders

- Alcohol-Related Disorders
- Caffeine-Related Disorders
 - No use disorder
- Cannabis-Related Disorders
- Hallucinogen-Related Disorders
 - No withdrawal syndrome
- Inhalant-Related Disorders
 - No withdrawal syndrome
- Opioid-Related Disorders
- Sedative, Hypnotic or Anxiolytic-Related Disorders
- Stimulant-Related Disorders
- Tobacco-Related Disorders
 - No intoxication syndrome
- Other (or unknown) Substance-Related Disorders
- Non-Substance-Related Disorders
 - Gambling Disorder

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Substance-Related Disorders

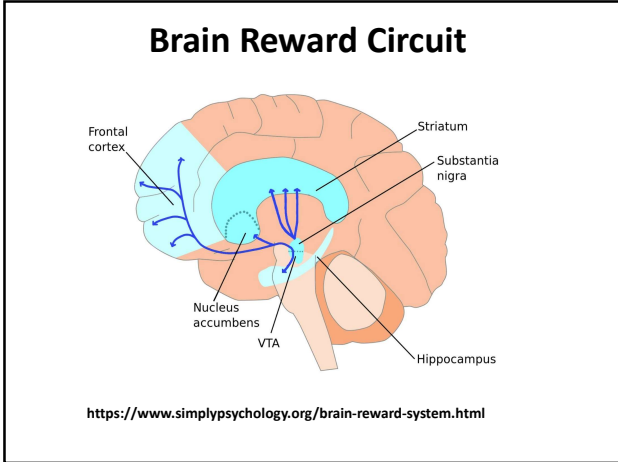
- Central nervous system stimulants
 - Cocaine, amphetamines, caffeine
- Central nervous system depressants
 - Alcohol, sedatives, anxiolytics and hypnotics
- Perception-distorting drugs
 - Inhalants, cannabis, hallucinogens, PCP
- Narcotics
 - Opioids
- Nicotine
- Other
 - Corticosteroids, other medications

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Substance-Related Disorders

- Common mode of action is **direct activation of brain reward system**
 - Reinforcement of behavior
 - Production of memories
- Cluster of cognitive, behavioral and physiological symptoms of **continued substance use despite significant problems**

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Substance-Related Disorders

- Substance **Use** Disorders
 - Individual classes of substances
- Substance-**Induced** Disorders
 - Substance Intoxication
 - Substance Withdrawal
 - Substance/Medication-Induced Disorders
 - Found in chapters for those disorders, e.g., depressive disorders, psychotic disorders

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Substance-Related Disorders

- **Each substance has its own pattern of intoxication and withdrawal**
- **Intoxication**
 - Reversible substance-specific syndrome due to recent ingestion of a substance
- **Withdrawal**
 - Substance-specific
 - Consequence of cessation or reduction in heavy, prolonged substance use

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Substance-Related Disorders

- **Criterion A**
 - **Problematic pattern of substance use leading to clinically significant impairment or distress in a 12-month period**
- **Symptom Groupings**
 - Impaired Control
 - Social Impairment
 - Risky Use
 - Pharmacological Effects
- **Severity**
- **Course Specifiers**
- Use code for class of substances but also give name of specific substance

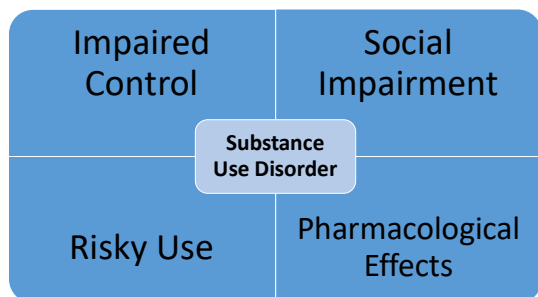
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Alcohol-Related Disorders

- **Alcohol Use Disorder (p. 553)**
 - Problematic pattern of alcohol use leading to clinically significant impairment or distress, with at least 2 symptoms within a 12-month period
- **Alcohol Intoxication (p. 561)**
- **Alcohol Withdrawal (p. 564)**
- **Alcohol-Induced Mental Disorders* (p. 567)**
- **Unspecified Alcohol-Related Disorder (p. 568)**

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DSM 5-TR Substance Use Disorder



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Impaired Control

- 1. Taken in larger amounts or over longer period **than intended**
- 2. **Persistent desire or unsuccessful efforts** to cut down or control use
- 3. **Great deal of time** spent in activities necessary to obtain, use, or recover from effects of use
- 4. **Craving** or strong desire or urge to use

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Social Impairment

- 5. Recurrent use results in **failure to fulfill major role obligations** at work, school, or home
- 6. Continued use despite persistent or recurrent **social or interpersonal problems** caused or exacerbated by effects of use
- 7. Important social, occupational, or recreational **activities given up or reduced** because of use

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Risky Use

- 8. Recurrent use in situations where it is **physically hazardous**
- 9. **Continued use despite** knowledge of a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by use

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Pharmacological Effects

10. Tolerance

- Need for markedly **increased amounts** to achieve desired effect
- Markedly **diminished effect** with continued use of same amount

11. Withdrawal

- Characteristic **withdrawal syndrome**
- The same or closely-related substance taken to **relieve or avoid withdrawal** symptoms

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Course Specifier (p. 554)

•In Early Remission

- None of criteria for disorder met for at least 3 months but less than 12 months (**except for craving**)

•In Sustained Remission

- None of criteria for disorder met at any time during period of 12 months or longer (**except for craving**)

•In Controlled Environment

- Access to substances restricted

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Severity (p. 554)

• Mild

- 2 – 3 symptoms

• Moderate

- 4 – 5 symptoms

• Severe

- 6 or more symptoms

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Withdrawal (Alcohol, p. 564)

- A. Cessation or reduction in heavy and prolonged use
- B. 2 or more symptoms developing within several hours to a few days after cessation or reduction
 - Autonomic hyperactivity
 - Increased hand tremor
 - Insomnia
 - Nausea or vomiting
 - Transient visual, tactile, or auditory hallucinations or illusions
 - Psychomotor agitation
 - Anxiety
 - Generalized tonic-clonic seizures

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Withdrawal (Alcohol)

- C. Signs or symptoms cause clinically significant distress or impairment in social, occupational, or other areas of functioning
- D. Signs and symptoms not attributable to another medical condition or mental disorder, including intoxication or withdrawal from another substance

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Unspecified Alcohol-Related Disorder (p. 568)

- Symptom presentations
 - Characteristic of alcohol-related disorder
 - Cause clinically significant impairment in social, occupational, or other areas of functioning
 - Do not meet full criteria for specific alcohol-related disorder or any other substance-related or addictive disorders

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Opioid Related Disorders (pp 608 - 619)

- Opioid Use Disorder (pp 608 – 615)
- Opioid Intoxication (pp 615 – 617)
- Opioid Withdrawal (pp 617 – 619)
- Opioid-Induced Mental Disorders (p 619)
- Unspecified Opioid-Related Disorder (p 619)

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Non-Substance-Related Disorders

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Gambling Disorder (p.661)

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, indicated by **4 or more symptoms within a 12-month period.**

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Gambling Disorder

- 1. Needs to gamble with **increasing amounts of money** to achieve desired excitement.
- 2. Restless or irritable when attempting to **cut down or stop** gambling.
- 3. Repeated **unsuccessful efforts to control**, cut back, or stop gambling.

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Gambling Disorder

- 4. **Preoccupied** with gambling (reliving past gambling experiences, handicapping or planning next venture, thinking of ways to get money to gamble).
- 5. Often gambles when feeling **distressed** (helpless, guilty, anxious, depressed).
- 6. After losing money, often **returns to get even** ("chasing" one's losses).

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Gambling Disorder

- 7. **Lies** to conceal involvement with gambling.
- 8. Jeopardized or **lost significant relationship, job, educational or career opportunity** because of gambling.
- 9. **Relies on others to provide money** to relieve desperate finances caused by gambling.

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Gambling Disorder

- B. Gambling behavior not better explained by manic episode.
 - Specify if:
 - Episodic – separated by several months
 - Persistent – continuous, for multiple years
 - Specify if:
 - Early remission – no symptoms between 3 and 12 months
 - Sustained remission – no symptoms for more than 12 months

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Specifiers (p. 661)

- **Episodic**
 - Meeting criteria at more than one time with symptoms subsiding for at least several months between periods of gambling disorder
- **Persistent**
 - Continuous symptoms to meet criteria for multiple years
- **Early Remission**
 - None of the criteria for at least 3 months but less than 12 months
- **Sustained Remission**
 - None of the criteria for 12 months or longer

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Severity (p. 661)

- Specify current severity
 - Mild
 - 4 – 5 criteria met
 - Moderate
 - 6 – 7 criteria met
 - Severe
 - 8 – 9 criteria met

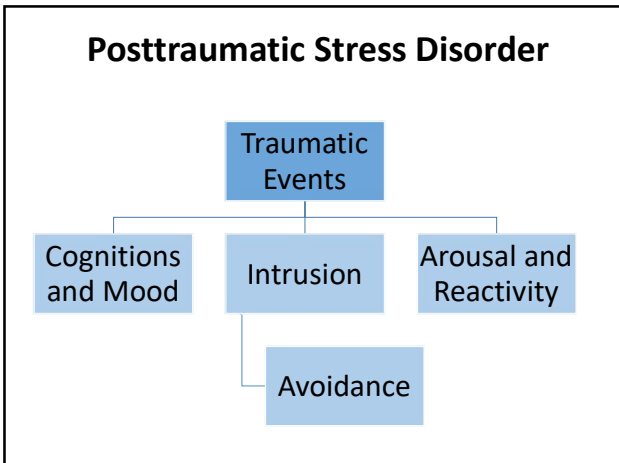
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Trauma and Stressor-Related Disorders

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- ## Trauma & Stressor-Related Disorders (pp. 295-328)
- Reactive Attachment Disorder (child; pp. 295-298)
 - Disinhibited Social Engagement Disorder (child; pp. 298-301)
 - Posttraumatic Stress Disorder (pp. 301-313)
 - > 6 years of age
 - ≤ 6 years of age
 - Acute Stress Disorder (pp. 313-319)
 - Adjustment Disorders (pp. 319-322)
 - Prolonged Grief Disorder (pp. 322-327)
 - Other Specified Trauma- and Stressor-Related Disorder (pp. 327-328)
 - Unspecified Trauma- and Stressor-Related Disorder (p. 328)

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Posttraumatic Stress Disorder

A. Exposure to actual or threatened death, serious injury, or sexual violence

- 1. Directly experienced
- 2. Witnessed the event as occurred to others
- 3. Learned of violent or accidental event to family member or close friend
- 4. Experienced repeated or extreme exposure to aversive details of traumatic events (e.g., first responders)

Does not apply to exposure through electronic media, television, movies, or pictures unless exposure is work-related

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Posttraumatic Stress Disorder

B. Intrusion symptoms (1 or more)

- 1. Recurrent, involuntary distressing memories
- 2. Recurrent distressing dreams
- 3. Dissociative reactions (flashbacks) feeling as if events reoccurring
- 4. Intense, prolonged psychological distress at exposure to internal or external cues resembling/symbolizing aspect of the event
- 5. Marked physiological reactions to internal or external cues related to the event

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Posttraumatic Stress Disorder

C. Avoidance Symptoms (1 or both)

- 1. Avoidance or efforts to avoid distressing memories, thoughts, or feelings associated with the event
- 2. Avoidance or efforts to avoid external reminders that arouse distressing memories, thoughts or feelings about the event

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Posttraumatic Stress Disorder

D. Negative alterations in cognitions and mood associated with the event and not due to other factors such as head injury or substances symptoms (2 or more)

- 1. Inability to remember important aspects of event
- 2. Persistent, exaggerated negative beliefs or expectations about oneself

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Posttraumatic Stress Disorder

- 3. Persistent, distorted cognitions about cause or consequences of event, leading to blame self or others
- 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt or shame)
- 5. Markedly diminished interest or participation in significant activities
- 6. Feelings of detachment or estrangement from others
- 7. Persistent inability to experience positive emotions

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Posttraumatic Stress Disorder

E. Marked alteration in arousal and reactivity associated with the event (2 or more)

- 1. Irritable behavior and angry outbursts (without provocation) expressed as verbal or physical aggression toward people or objects
- 2. Reckless or self-destructive behavior
- 3. Hypervigilance
- 4. Exaggerated startle response
- 5. Problems with concentration
- 6. Sleep disturbance

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Posttraumatic Stress Disorder

- F. Duration more than 1 month
- G. Disturbance causes clinically significant distress in social, occupational, or other important areas of functioning
- H. Disturbance not attributable to physiological effects of a substance or another medical condition

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Posttraumatic Stress Disorder

- Specify if
 - With dissociative symptoms**
 - Depersonalization** – persistent or recurrent experiences of feeling detached from one’s mental processes or body, sense of unreality of self or body or of time moving slowly
 - Derealization** – persistent or recurrent experiences of unreality of surroundings
 - With delayed expression**
 - If not met until at least 6 months after event

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Depressive Disorders

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Depressive Disorders

- **Mood Episodes**
 - Major depressive episode
 - Manic episode
 - Hypomanic episode
- **Mood Disorders**
 - Major depressive disorder
 - Persistent depressive disorder (dysthymia)
 - **Disruptive mood dysregulation disorder (children)**
 - **Premenstrual dysphoric disorder**
 - Depressive disorder due to another medical condition
 - Substance/medication-induced depressive disorder
 - Other specified or unspecified depressive disorder

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Major Depressive Disorder

A. 5 or more present symptoms during same 2-week period

- Presents a change from previous functioning.
- At least one symptom must be depressed mood OR loss of interest or pleasure.
- Do not include symptoms attributable to another medical condition.

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Major Depressive Disorder

1. Depressed mood most of the day, nearly every day, indicated by subjective report or observation by others.
2. Markedly diminished interest or pleasure in activities most of the day or nearly every day (subjective report or observation).

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Major Depressive Disorder

- 4. Significant weight loss or gain (5% of body weight in a month) or decrease or increase in appetite nearly every day.
- 5. Insomnia or hypersomnia nearly every day.
- 6. Psychomotor agitation or retardation nearly every day (observable by others; not subjective report)
- 7. Fatigue or loss of energy nearly every day.

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Major Depressive Disorder

- 7. Feelings of worthlessness or inappropriate guilt (may be delusional) nearly every day.
- 8. Diminished ability to think or concentrate or indecisiveness nearly every day (subjective or observation).
- 9. Recurrent thoughts of death, recurrent suicidal ideation without plan, or suicide attempt or plan.

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Major Depressive Disorder

- B. Symptoms cause significant distress or disturbance in social, occupational or other important areas of functioning.
- C. Episode not attributable to physiological effects of a substance or another medical condition.
- D. Major depressive episode not better explained by other schizophrenia spectrum or psychotic disorders.
- E. Never a manic or hypermanic episode.

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Severity – Major Depressive Disorder

- **Mild**
 - Few symptoms in excess of those required for diagnosis
 - Symptoms distressing but manageable
 - Minor impairment
- **Moderate**
 - Between mild and severe
- **Severe**
 - Number of symptoms substantially in excess of number required for diagnosis
 - Symptoms seriously distressing and unmanageable
 - Markedly interfere with social and occupational functioning

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Major Depressive Disorder

- **Specifiers for most recent episode**
 - With atypical features
 - With melancholic features
 - With anxious distress
 - With catatonic features
 - With mixed features
 - With peripartum onset
 - With psychotic features
- **Specify if**
 - Partial remission
 - In full remission
- **Specifiers for Recurring Episodes**
 - With rapid cycling
 - With seasonal pattern

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Anxiety Disorders

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Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
 - Animal
 - Natural Environment
 - Blood-injection-injury
 - Situational
- Social Anxiety Disorder
- Panic Disorder
 - Panic Attack Specifier

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Anxiety Disorders

- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder
- No longer includes OCD, PTSD, or acute stress disorder

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Panic Attack

• **A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes and four (or more) of the following symptoms occur:**

1. Palpitations, pounding heart, accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feelings of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress

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Panic Attack

- 8. Feeling dizzy, unsteady, light-headed, faint
- 9. Chills or heat sensations
- 10. Numbness or tingling sensations
- 11. Derealization (unreality) or depersonalization (detached from self)
- 12. Fear of losing control, "going crazy"
- 13. Fear of dying

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Panic Disorder (F41.0)

- A. Recurrent, unexpected panic attacks.
- B. Panic attack is abrupt surge of intense fear or discomfort that peaks in minutes and 4 or more symptoms occur.
 - Culture-specific symptoms (tinnitus, neck soreness, headache, screaming or crying) may occur but do not count as one of 4 required symptoms.

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Panic Disorder

- B. At least one attack followed by 1 month or more of one or both:
 - 1. Persistent concern or worry about panic attacks or their consequences
 - 2. Significant maladaptive change in behavior related to attacks (e.g., avoidance)
- C. Not attributable to physiological effects of substance or other medical condition
- D. Not better explained by other disorder

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Generalized Anxiety Disorder

- A. Excessive anxiety and worry, more days than not, for at least 6 months, about a number of events or activities
- B. Individual finds it difficult to control the worry.
- C. Anxiety and worry associated with 3 or more symptoms
 - Easily fatigued
 - Difficulty concentrating, mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance
 - Restless, keyed-up, on edge

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Generalized Anxiety Disorder

- D. Anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning
- E. Not attributable to physiological effects of substance or other medical condition
- F. Not better explained by another disorder

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Social Anxiety Disorder /Social Phobia

- A. Marked fear or anxiety about 1 or more social situations where exposed to possible scrutiny by others
- B. Fear he/she will act or show anxiety that will be negatively evaluated
- C. Social situations almost always provoke fear or anxiety
- D. Social situations avoided or endured with intense fear or anxiety

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Social Anxiety Disorder /Social Phobia

1. Fear out of proportion to actual threat
2. Fear, anxiety, or avoidance is persistent, lasting 6 months or more
3. Fear, anxiety or avoidance causes clinically significant distress or impairment in important areas
4. Not attributable to physiological effects of substance or other conditions
5. If medical condition present, fear unrelated or excessive
