



# **DSM-5: What We Know Now**

**A tele-class taught by  
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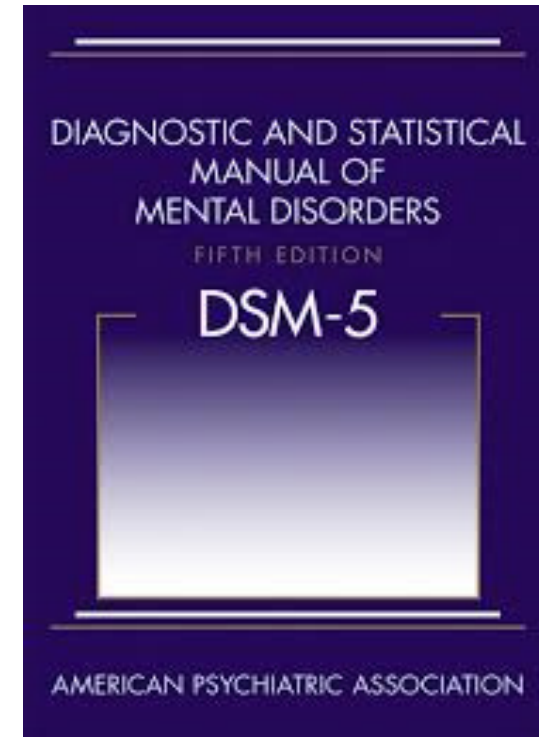
## Polling Question

- How many of you have been trained on the DSM-5 and ICD-10
  - Press 1 if you have NEVER taken a training
  - Press 2 if you have taken at least 1 training
  - Press 3 if you have taken several trainings



# Class Agenda

- Historical perspective on DSM series.
- DSM-5 goals & aims for diagnosis
- Overview of Changes
- Status update on transition



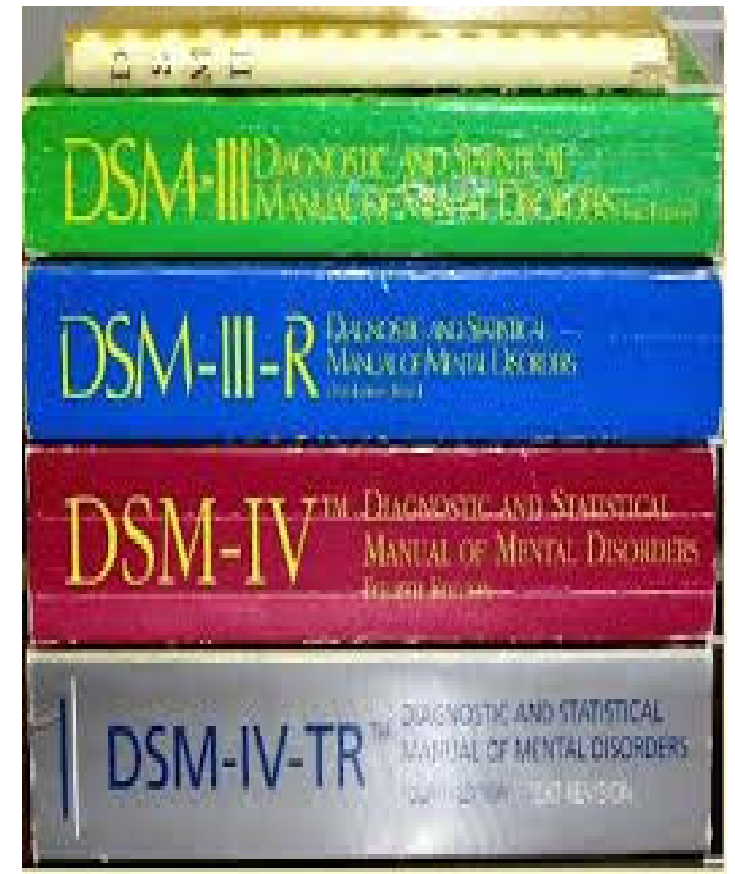


# What is the DSM?

- Diagnostic & Statistical manual of Mental Disorders of the American Psychiatric Association
- Psychiatry's bible?

**DSM5**

Treatment Planning  
Accurate Diagnosis  
Case Formulation





# Quest for validity in Psychiatric Diagnosis

- Mental disorders, unlike most physical illnesses, do not have clear biological markers that could yield diagnostic tests.
- Psychiatry has had to suffice with description of signs and symptoms.
- Quest for a medical markers for mental disorders still elusive.
- “Learn it but don’t believe in it”

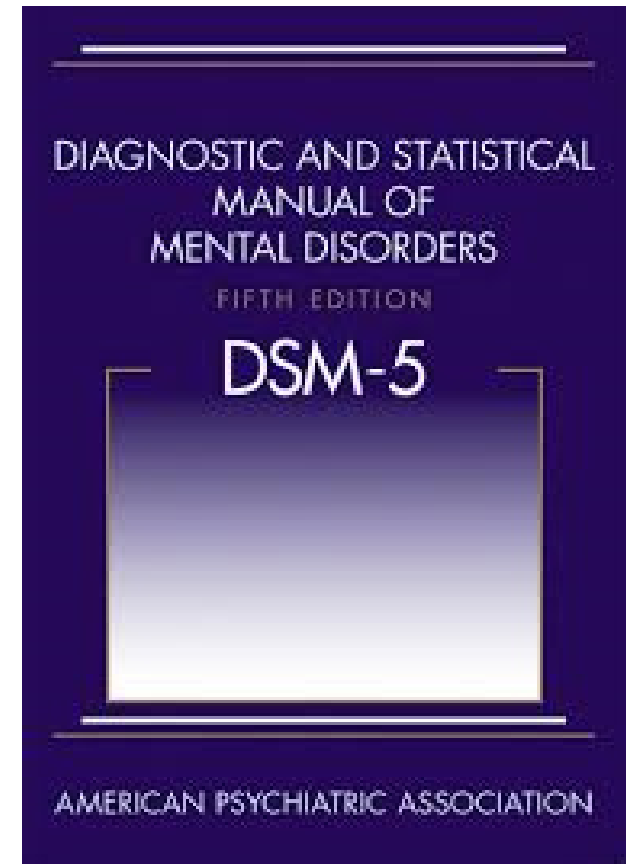
Paris (2013, p. 187)





# Functions of Diagnosis

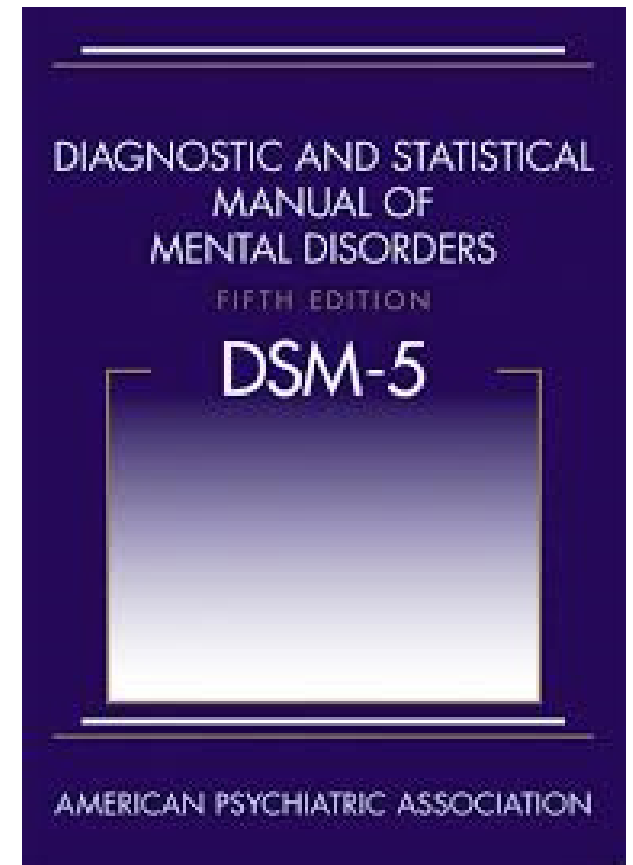
1. Process in a therapeutic relationship help client self understanding.
2. Professional communication
3. Clients and families may find validation that there is a sickness or disability and have hope for treatment.
4. Diagnosis is a research tool aiding investigation and discovery regarding a categories of human suffering. (Paris, 2013):





# Defining Diagnosis in DSM-5

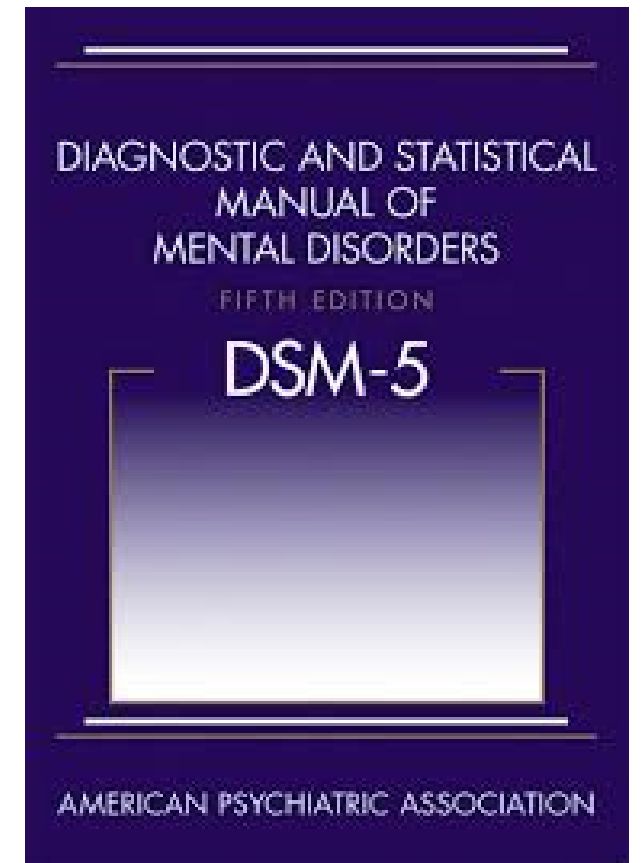
“Diagnostics are guidelines for understanding human behaviors. Diagnostics are not to be considered legal definitions to be used by law enforcement and courts.”





# Defining Diagnosis in DSM-5

“Must incorporate respect for age, gender, and culture-specific factors and a sensitivity to these factors when making a diagnosis.”





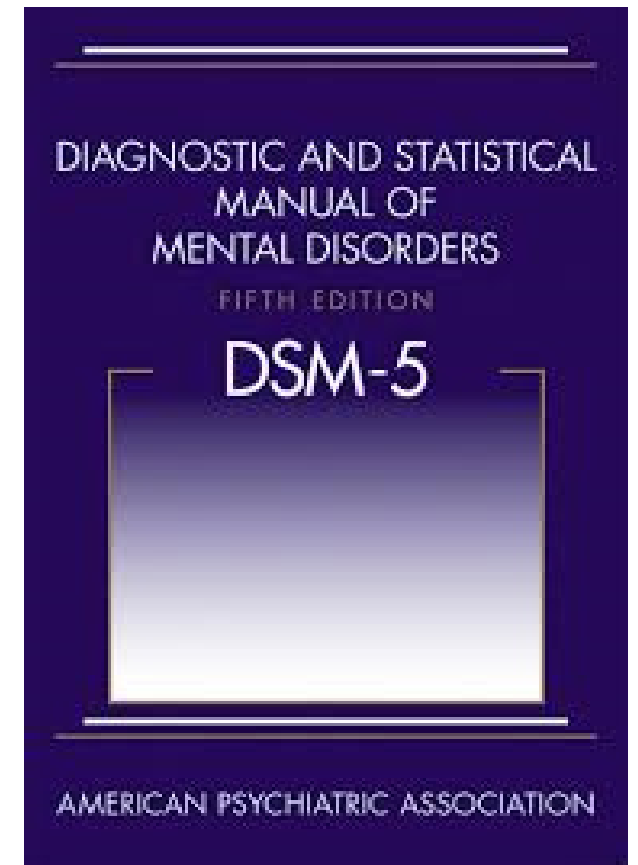


# Defining Diagnosis in DSM-5

Diagnosed behaviors should NOT be an expected or culturally sanctioned response to an event.

Diagnosed behaviors may or may NOT be medical or biological illnesses

DSM-5 diagnoses are conditions people HAVE they do not define who people are





## Section Summary 😊

- ✓ Handbook used by healthcare professionals around the world
- ✓ Common language to communicate about patients and establish reliable dx
- ✓ The DSM-5 reflects an attempt to be a more accessible and understandable resource
- ✓ Diagnosis is meant to be a process of a therapeutic relationship, ultimately helping your client better understand self and build a meaningful life.



# Building the DSM-5

DSM-5 was just launched in May 2013

Process began in 1999

Many DSM-IV participants not invited in.

Experts in twin studies, genetics, neuroscience & behavioral science

Major diagnostic and organizational changes



## Some Goals/Changes for DSM5

Replace the categorical approach to diagnosis with a dimensional approach

Reduce reliance on medication

Developmental Lifespan Approach

Increase awareness of suicide risk

Non-axial system

Improve diagnostic accuracy and Kappa scores of inter-rater reliability



## DSM-5 Organization

The DSM-5 is now comprised of only 3 sections:

1. An introduction on how to use the manual
2. Essential Elements: Diagnostic Criteria & Codes
3. Conditions that require further research

As compared to DSM-IV-TR, the first three axes have been combined into one list.



## Section Summary 😊

- ✓ The DSM-5 taskforce : multi-cultural group of experts with 40% of them practicing in countries other than the United States.
- ✓ An evidence-based manual that is useful to clinicians in helping them accurately diagnose mental disorders
- ✓ The categorical approach to diagnosis was replaced with a dimensional approach
- ✓ Highlights of Changes from DSM-IV-TR to DSM-5:  
<http://www.psych.uic.edu/docassist/changes-from-dsm-iv-tr--to-dsm-51.pdf>



## DSM-5 Organization-Twenty classifications

1. Neurodevelopmental Disorders
2. Schizophrenia Spectrum & other Psychotic Disorders
3. Bipolar and related Disorders
4. Depressive Disorders
5. Anxiety Disorders



## DSM-5 Organization-Twenty classifications

6. Obsessive-Compulsive & related Disorders
7. Trauma and stress related Disorders
8. Dissociative Disorders
9. Somatic Symptom Disorders
10. Feeding and Eating Disorders





## Section Summary I 😊

- ✓ Intellectual disability has replaced MR
  
- ✓ Autism spectrum disorder now encompasses:
  - ☐ autistic disorder (autism)
  - ☐ Asperger's disorder,
  - ☐ childhood disintegrative disorder
  - ☐ pervasive developmental disorder not otherwise specified



## Section Summary (cont.)

- ✓ PTSD: There are now four symptom clusters in DSM-5 because the avoidance/ numbing cluster is divided into two distinct clusters: avoidance and persistent negative alterations in cognitions and mood
- ✓ The chapter on mood disorders in the DSMVTR has now been separated into 2 chapters: 1) bipolar and related disorders and depressive disorders



## DSM-5 Organization-Twenty classifications

11. Elimination Disorders
12. Sleep-Wake Disorders
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse control, and  
Conduct Disorders



## DSM-5 Organization-Twenty classifications

16. Substance Use and Addiction  
Disorders

17. Neurocognitive Disorders

18. Personality Disorders and traits that  
may effect treatment

19. Paraphilias

20. Other Disorders

21. 15 Mental Illnesses in the DSM-5:

<http://www.marketwatch.com/story/15-new-mental-illnesses-in-the-dsm-5-2013-05-22>



## DSM-5 Organization-Eliminating Axes

The multi-axial format of the DSM-III and the DSM-IV has been eliminated in order to reduce misunderstanding of certain disorders and increase the application of specifiers and severity indexes.

Psychosocial stressors & environmental factors are coded with ICD-9 CM V-codes, and forthcoming ICD-10-CM Z-codes.



## DSM-5 Special features in each Diagnosis

1. Notes on suicide risk by diagnosis based on data from those who have completed suicides and those who have attempted.
2. Comments on “insight considerations” by diagnosis will note typical motivations for counseling/therapy.



## Section Summary 😊

- ✓ The chapter on disruptive, impulse-control, and conduct disorders is new to DSM-5
- ✓ DSM-5 does not separate the diagnoses of substance abuse and dependence as in DSM-IV
- ✓ DSM5 maintained the 10 personality disorder categories and criteria from DSMIV



## PHS Transition







## Transition to ICD-10 Where we started

- Each state was charged with creating a project plan; training staff; contacting vendors and payers regarding readiness; testing crosswalks/forms/processes; establishing a conversion process for consumers' current diagnoses
- Challenges
  - creating/testing of the vendor crosswalks (Avatar and PCMS)
  - confirming with payers that the payer's system is ready to accept DSM-5 and ICD-10 codes on October 1
  - identifying which forms requiring updating for the transition
  - understanding that the October 1st deadline is not negotiable



## Where we are

- Avatar
  - crosswalk is complete and available on all applicable forms
  - testing is complete and in Production
  - payers have confirmed they will be ready for the transition
- PCMS
  - crosswalk is complete and is currently being incorporated into all applicable forms for each state – completion date 8/31/15
  - Testing of forms will begin as soon as the changes have been made – deadline for form changes is 8/31/15

## Next Steps

- Maintain direct communication with payers and vendors
- Practitioners to review each active client to determine the correct ICD–10 and DSM–5 codes to be selected
- Participate in additional training opportunities



# Breakout Discussion Groups

In small breakout groups voice your thoughts in response to DSM-5.  
Speak into the silence, identify who you are.  
What are your beliefs regarding diagnosis?

Choose a recorder to take notes & post a  
DSM-5 discussion report in the virtual  
classroom.





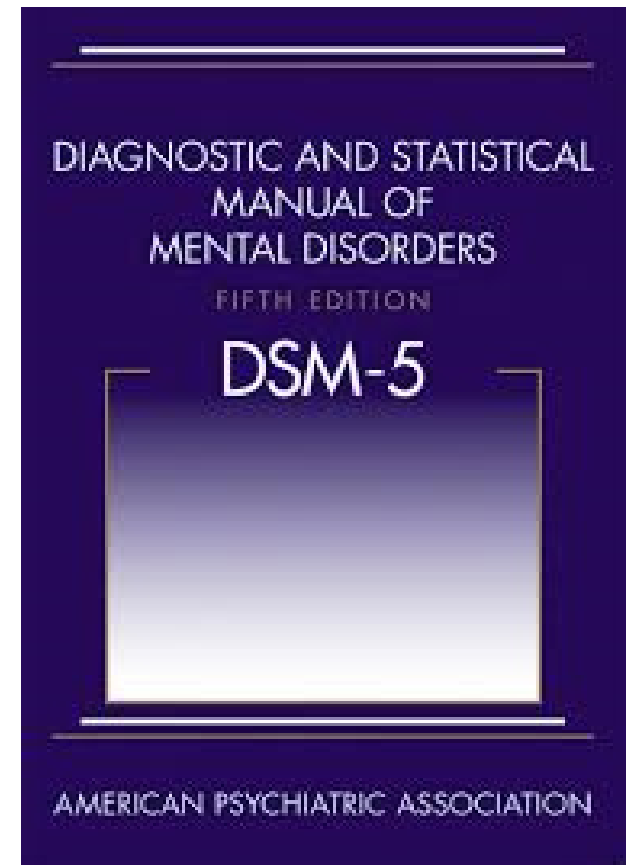
# Breakout Discussion Groups-Steps

1. Choose a recorder and share names so recorder can write them down for the discussion report.
2. How do you currently use diagnosis with your clients? How do you help clients understand what a diagnosis means and does not mean? Is diagnosis relevant for clients & families?
3. What adaptations may you and your region need to make to adjust to DSM-5?
4. What suggestions do you have for making this transition?
5. What unanswered questions and needs do you have?



# Make a Learning Plan

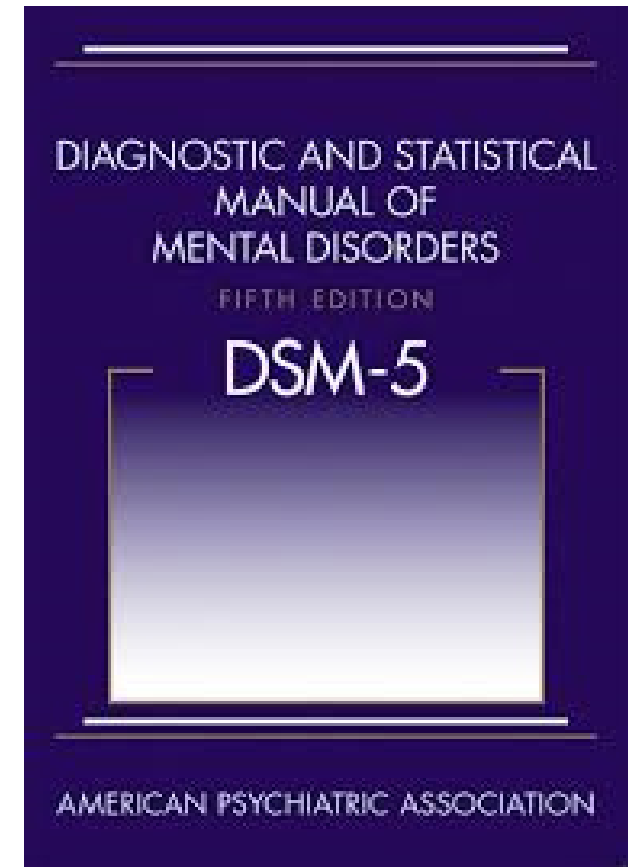
1. Use the resources in the virtual classroom.
2. Take the 2 DSM-5 courses in the Relias/Essential learning LMS.
3. Explore <http://www.dsm5.org>
4. Read the DSM-5.





## CE Credit for Class

1. Enter your attendance codes in virtual classroom
2. You will receive email with directions to take short post-test, and course evaluation on the Relias learning LMS.
3. Print your certificate. Save a copy along with the course flier for your records.





# References

American Psychiatric Association (2013). Diagnostic and statistical Manual of Mental Disorders, Fifth Edition (DSM-5™).

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