Overview

• The big picture
  – DSM-5 revision process
  – Philosophical changes

• Structural changes
  – End of multiaxial diagnosis
  – End of NOS
  – Implementation

• New assessment tools
  – Dimensional and cross-cutting assessments
  – Disability assessment

• A whirlwind tour of new diagnoses and major diagnostic changes
No, no...
This isn’t gossip.
It’s the truth.
Pre-Release Chatter

• Highly controversial and widely criticized
• The end of multiaxial diagnosis
• Structural reorganization with focus on etiology and development
• Widespread neurobiological assumptions
• Mandates regarding use of un-validated assessments
• Lowered diagnostic thresholds
• Changes may lead to harm for vulnerable populations
• Questionable engagement in field trials
• Questionable empirical basis for many changes
• Very limited involvement of professional counselors
DSM-5 REVISION PROCESS
13 workgroups
ADHD and Disruptive Behavior
Anxiety, OCD, PTSD, and Dissociative
Childhood and Adolescent
Eating
Mood
Neurocognitive
Neurodevelopmental
Personality
Psychotic
Sexual and Gender Identity
Sleep-Wake
Somatic symptoms
Substance-related
**DSM-5 Revision Process**

1999-2001   Development of research agenda, 6 workgroups
2002-2007   APA/WHO/NIMH research planning conferences
2006        Appointment of DSM-5 Task Force
2007        Appointment of 13 workgroups
2007-2011   Literature review and data re-analysis
2010-2011   1st phase field trials (large medical/academic)
2010-2012   2nd phase field trials (private practice)
July 2012    Final draft submitted for review
May 2013     DSM-5 released to the public
From *DSM-IV-TR* to *DSM-5*

**Concerns with *DSM-IV***
- Rigid classification system
- Comorbidity
- Questionable reliability
- Overuse of NOS
- Controversial diagnoses

**Hopes for *DSM-5***
- More dimensional assessment
- Sound assessments
- Reduce comorbidity
- Reduce reliance on NOS
- Incorporate advances in psychiatric research, genetics, neuroimaging, cognitive science, and pathophysiology
The Reality
Philosophical Change 1

• From **phenomenological interpretations** (symptoms and behavioral; medical model) toward **pathophysiological origins** (functional changes associated with disease or injury; biological model)
  – New groupings of disorders
  – New text coverage within disorders
  – Expected to be area of increased attention
Philosophical Change 2

• From **categorical groupings** toward **dimensional conceptualizations**
• Minor compared to proposed
• Capture frequency, duration, and severity of experience with disorders within diagnosis
  – New severity indicators throughout
  – New specifiers throughout
  – Movement toward specifying assessment measures
### Categorical Diagnosis

#### Advantages
- Discrete clinical criteria indicating presence or absence of disorder
- Common language
- Empirically based criteria
- Led to development of ESTs

#### Disadvantages
- Assumes little variation within disorder
- Assumes populations relatively homogeneous
- Low diagnostic agreement
- High comorbidity
- Overuse of NOS
Dimensional Diagnosis

Advantages
• Potential to capture increased complexity
• Potential in program and practice evaluation

Disadvantages
• Messy
• Administrative burden
• Lack of consistency
• Lack rigorous validation
• Practice reality – lack confidence, training, time
• DSM-III severity ratings largely ignored due to lack of clinical utility
STRUCTURAL CHANGES
DSM-5 Organization

• Section I
  – Introduction
  – Use of manual

• Section II
  – Criteria and codes

• Section III
  – Emerging measures
  – Conditions for further study
# Key Structural Changes

<table>
<thead>
<tr>
<th>DSM-IV-TR</th>
<th>DSM-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 diagnostic classes, one general section, 11 appendices</td>
<td>3 sections with 20 diagnostic classes, 2 general sections, 7 appendices</td>
</tr>
<tr>
<td>ICD-9-CM Codes</td>
<td>ICD-9-CM &amp; ICD-10-CM codes; ICD-11 harmonization</td>
</tr>
<tr>
<td>Multiaxial assessment</td>
<td>Nonaxial system</td>
</tr>
<tr>
<td>General medical condition</td>
<td>Another medical condition</td>
</tr>
<tr>
<td>Not otherwise specified</td>
<td>Other-specified and unspecified</td>
</tr>
<tr>
<td>DSM-IV Multiaxial System</td>
<td>DSM-5 Nonaxial System</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Axis I:</strong> Clinical d/o &amp; other conditions that are focus of treatment</td>
<td>Combined attention to clinical disorders, including personality disorders and intellectual disability; other conditions that are the focus of treatment; and medical conditions</td>
</tr>
<tr>
<td><strong>Axis II:</strong> Personality disorders and mental retardation</td>
<td><strong>Axis IV:</strong> Psychosocial and environmental stressors</td>
</tr>
<tr>
<td><strong>Axis III:</strong> General medical conditions</td>
<td>Reason for visit, psychosocial, and contextual factors via expanded list of V Codes and Z Codes</td>
</tr>
<tr>
<td><strong>Axis IV:</strong> Psychosocial and environmental stressors</td>
<td><strong>Axis V:</strong> Global assessment of functioning</td>
</tr>
<tr>
<td><strong>Axis V:</strong> Global assessment of functioning</td>
<td>Disability included in notation. World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) included as option</td>
</tr>
</tbody>
</table>
Expanded V-Codes

• pp. 715-727
• Include in official diagnosis if a focus of treatment
• Greatly expanded, for example
  – Child affected by parental relationship distress
  – Problem related to current military deployment status
  – Homelessness
  – Social exclusion or rejection
  – Target of (perceived) adverse discrimination or persecution
  – Sex counseling
Nonaxial Questions

• How will we implement?
• What medical issues should be included? If we cannot diagnose them, are we qualified to include them?
• How can we make sure we remember contextual issues?
• How can we make sure we assess and track distress/impairment?
• How will 3rd party payers adjust?
My Recommendations

• List all relevant diagnoses in order of focus
• Make tentative with “provisional” as necessary
• Increase use of V-codes
• Include medical conditions only if documented and relevant to conceptualization
Sample Diagnosis

**Situation**

- Child referred for counseling because of numerous disciplinary problems at school. Upon assessment, child is found to meet criteria for ADHD

**DSM-5 Diagnosis**

- 314.01 attention-deficit hyperactivity disorder, combined presentation, moderate (principal diagnosis) and
- V62.3 academic or educational problem (reason for visit)
Sample Diagnosis

**Situation**

- Client meets criteria for depression, uses alcohol excessively, and is unable to control diabetes as a result of the disturbance

**DSM-5 Diagnosis**

- 296.23 major depressive disorder, single episode, severe
- 303.90 alcohol use disorder, moderate
- E11 Type 2 diabetes mellitus
Sample Diagnosis

**Situation:** Client has more than 2 years of depressed mood, including major depressive episodes, a degree of anxiety, and intermittent panic attacks

**DSM-IV-TR Axis I**
- 296.35 major depressive disorder, recurrent, in partial remission
- 300.00 anxiety disorder NOS

**DSM-5 Diagnosis**
- 300.4 Persistent depressive disorder; with anxious distress; with panic attacks; late onset; with intermittent major depressive episodes; without current episode; moderate

A green light to greatness®  UNT®
End of Not Otherwise Specified (NOS)

Other Specified [category] d/o

• Must include specific reason another dx does not fit
• DSM includes examples

• e.g., 309.89 Other Specified Trauma- and Stressor-Related Disorder, insufficient symptoms for PTSD, duration exceeded for adjustment disorder

Unspecified [category] d/o

• Use when unable or unwilling to include specific reason for Other Specified

• e.g., 300.00 Unspecified Trauma- and Stressor-Related Disorder
Implementation

• *DSM-5* as living document

• New naming convention
  – DSM 5, DSM 5.1, DSM 5.2...

• Coding corrections
  – [http://dsm.psychiatryonline.org/DSM5CodingSupplement](http://dsm.psychiatryonline.org/DSM5CodingSupplement)

• Some code sharing, so always use number and name
Implementation

• DSM-5 approved by CMS for immediate use
• ICD-9-CM codes listed first and in black font
• ICD-10-CM codes listed second, in parenthesis, and in grey font, start with letter
• ICD-10 implementation delayed until 10/01/2015

299.00 (F84.0) Autism Spectrum Disorder
APA’s Message Regarding GAF

• GAF alone is not clinically meaningful
• Assess risk of suicidal and homicidal behaviors
• Use standardized assessments for symptom severity, diagnostic severity, and disability

Which leads us to...
DIMENSIONAL & CROSS-CUTTING ASSESSMENTS
Overview

- *DSM-5* provides a number of emerging measures for use and further study
- These will continue to grow
- These are not required for diagnosis
- Practitioners are responsible for utility
- Practitioners are responsible for ethical use
Specified Measures

• Level 1 Cross-Cutting Symptom
• Level 2 Cross-Cutting Symptom
• Disorder-Specific Measures
• Disability Measure (WHODAS 2.0)

• Some reproduced in DSM-5
• Most available via www.psychiatry.org/dsm5
Cross-Cutting Assessments

• pp. 734-741
• Included for research and exploration
• Symptoms of high importance to all clinicians
• Developed by NIH Patient-Reported Outcomes Measurement Information System
  – Level 1 Major clinical domains
  – Level 2 More detailed assessment for Level 1 areas considered clinically significant
• Unspecified psychometric rigor
Depression
Anger
Mania
Anxiety
Somatic symptoms
Suicidal ideation
Psychosis
Sleep problems
Memory
Repetitive thoughts and bx
Dissociation
Personality functioning
Substance use
Self-Rated Level 1 Cross-Cutting Assessment Measure - Adult

- 23 questions
- 13 domains with 1-3 questions
- Self or informant report
- Past 2 weeks
- 5 point scale
  - 0 = none or not at all
  - 1 = slight or rare, less than a day or two
  - 2 = mild or several days
  - 3 = moderate or more than half the days
  - 4 = severe or nearly every day
- Thresholds provided for Level 2 follow-up
# DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: ___________________________  Age: ___  Sex: [ ] Male  [ ] Female  Date: ____________

*If this questionnaire is completed by an informant, what is your relationship with the individual? ____________________
*In a typical week, approximately how much time do you spend with the individual? ________________ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.

<table>
<thead>
<tr>
<th></th>
<th>None Not at all</th>
<th>Slight Rare, less than a day or two</th>
<th>Mild Several days</th>
<th>Moderate More than half the days</th>
<th>Severe Nearly every day</th>
<th>Highest Domain Score (clinician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. 1. Little interest or pleasure in doing things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>II. 3. Feeling more irritated, grouchy, or angry than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>III. 4. Sleeping less than usual, but still have a lot of energy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. Starting lots more projects than usual or doing more risky things than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>IV. 6. Feeling nervous, anxious, frightened, worried, or on edge?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>7. Feeling panic or being frightened?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>8. Avoiding situations that make you anxious?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Other Level 1 Assessments

• Level 1 Cross-Cutting Symptom Measure – Child Age 6-17 (parent/guardian rated)
  – In DSM and Online

• Level 1 Cross-Cutting Symptom Measure – Child Age 11-17 (self-rated)
  – Online only
Level 2 Cross-Cutting Symptom Measures

- Recommended to administer for all Level 1 areas in which threshold is met
- Mostly established instruments
- [DSM-5 Website](#) includes links to measures and scoring/psychometric information
LEVEL 2—Somatic Symptom—Adult Patient

Adapted from the Patient Health Questionnaire Physical Symptoms (PHQ-15)

Name: ___________________________ Age: _____ Sex: ☐ Male ☐ Female Date: _________________

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _________________

In a typical week, approximately how much time do you spend with the individual receiving care? _________________ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you (the individual receiving care) have been bothered by “unexplained aches and pains”, and/or “feeling that your illnesses are not being taken seriously enough” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms during the past 7 days. Please respond to each item by marking (✓ or x) one box per row.

<table>
<thead>
<tr>
<th>During the past 7 days, how much have you been bothered by any of the following problems?</th>
<th>Not bothered at all (0)</th>
<th>Bothered a little (1)</th>
<th>Bothered a lot (2)</th>
<th>Item Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stomach pain</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. Back pain</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Pain in your arms, legs, or joints (knees, hips, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4. Menstrual cramps or other problems with your periods <strong>WOMEN ONLY</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Disorder-Specific Severity Measures

- Provided on [DSM-5 Website](https://www.dsm5.org)
- Self-report or clinician-rated measures
- Highly variable in rigor and structure
  - **Established instruments** (e.g., Patient Health Questionnaire [PHQ-9]; National Stressful Events Survey PTSD Short Scale)
  - **Homemade instruments** (e.g., Severity Measure for Specific Phobia – adult)
  - **1-item “measures”** (e.g., Clinician-Rated Severity of Oppositional Defiant Disorder)
Severity Measure for Depression—Adult*  
*Adapted from the Patient Health Questionnaire–9 (PHQ-9)

Name: ____________________________  Age: _____  Sex: Male ☐  Female ☐  Date: ________________

**Instructions:** Over the **last 7 days**, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

<table>
<thead>
<tr>
<th>Item</th>
<th>Clinician Use</th>
<th>Item score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Several days</td>
<td></td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than half the days</td>
<td></td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nearly every day</td>
<td></td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
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<td></td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Total/Partial Raw Score:**

**Prorated Total Raw Score:** (if 1-2 items left unanswered)

Adapted from Patient Health Questionnaire—9 (PHQ-9) for research and evaluation purposes.
### Severity Measure for Specific Phobia—Adult

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Occasionally</th>
<th>Half of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
<th>Clinician Use Item Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td></td>
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<tr>
<td>9.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total/Partial Raw Score:**

**Prorated Total Raw Score:** (if 1-2 items left unanswered)

**Average Total Score:**

---

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**CLINICIAN-RATED SEVERITY OF**

**OPPOSITIONAL DEFIANT DISORDER**

Name: ___________________________  Age: ___  Sex: □ Male  □ Female  Date: ________________

**Instructions:**
This clinician-rated severity measure is used for the assessment of the presence and severity of any OPPOSITIONAL DEFIANT DISORDER symptoms.

Based on all the information you have on the individual receiving care and using your clinical judgment, please rate (✓) the presence and severity of the oppositional defiant problems as experienced by the individual **in the past seven (7) days**.

<table>
<thead>
<tr>
<th>Rate the level or severity of the OPPOSITIONAL DEFIANT problems that are present for this individual.</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (No oppositional defiant symptoms)</td>
<td>□</td>
<td>□ Mild (Symptoms are confined to only one setting [e.g., at home, at school, at work, with peers])</td>
<td>□ Moderate (Some symptoms are present in at least two settings)</td>
<td>□ Severe (Some symptoms are present in three or more settings)</td>
</tr>
</tbody>
</table>

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Other Tools Provided

• Cultural Formulation Interview (CFI) and supplemental modules
• Personality inventories based on alternate diagnostic system
• Early development and home background forms (parent & clinician)
ASSESSING FUNCTIONING
WHO Disability Assessment Schedule (WHODAS 2.0)

• Self (in DSM, p. 745) or informant (online)
• Measures presence or absence of impairment
• General Disability Factor and Six Life Domains
  1. Cognition - Understanding and communicating
  2. Mobility - Getting around
  3. Self-care - Hygiene, dressing, eating & staying alone
  4. Getting along - interacting with other people
  5. Life activities - domestic responsibilities, leisure, work & school
  6. Participation - joining in community activities
WHODAS 2.0

- 36 items rated 1=none to 5=extreme
- Rating period: past 30 days
- Time: 5-20 minutes
- Populations: Adults across cultures
- Frequency: Repeat administration
- Scoring
  - Simple – hand sum or scale average
  - Complex – WHO algorithm - 0 to 100
- [Population norms](#) from WHO
WHODAS 2.0

- Free to use for research and clinical practice
- Training through manual
- Reliability
  - Test-retest: 0.93-0.96 domains, 0.98 overall
  - Cronbach’s $\alpha$: 0.94-0.96 domains, 0.98 overall
- Factor structure
  - Strong general disability factor
  - Consistently stable for six domains
- Appears sensitive to change
- Strong evidence of validity
World Health Organization Disability Assessment Schedule 2.0
36-item version, self-administered

Patient Name: ___________________________ Age: ______ Sex: [ ] Male [ ] Female Date: ____________

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

<table>
<thead>
<tr>
<th>Understanding and communicating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 30 days, how much difficulty did you have in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D1.1 Concentrating on doing something for ten minutes?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
<tr>
<td>D1.2 Remembering to do important things?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
<tr>
<td>D1.3 Analyzing and finding solutions to problems in day-to-day life?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
<tr>
<td>D1.4 Learning a new task, for example, learning how to get to a new place?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
<tr>
<td>D1.5 Generally understanding what people say?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
<tr>
<td>D1.6 Generally understanding what you read?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or cannot do</td>
</tr>
</tbody>
</table>
TIPS & ETHICAL CONSIDERATIONS FOR USING *DSM-5* ASSESSMENT TOOLS
SECTION II: DIAGNOSTIC CRITERIA AND CODES
Section II

• Attempted to change to empirically-based developmental perspective
  – Grouped by presumed underlying vulnerabilities
  – Internalizing vs. externalizing clusters
  – Adjacencies important
  – Listed in order of development within and between chapters

• Grouping Indicators
  – shared neural substrates
  – family traits
  – genetic risk factors
  – environmental risk factors
  – biomarkers
  – temperamental antecedents
  – abnormalities of emotional or cognitive processing
  – symptom similarity
  – course of illness
  – high comorbidity
  – shared treatment response
Section II Table of Contents

• Neurodevelopmental
• Schizophrenia spectrum and other psychotic
• Bipolar and related
• Depressive
• Obsessive-compulsive and related
• Trauma- and stressor-related
• Dissociative
• Somatic symptom and related
• Feeding and eating
• Elimination
• Sleep-Wake

• Sexual dysfunctions
• Gender dysphoria
• Disruptive, impulse-control, and conduct
• Substance-related and addictive
• Neurocognitive
• Personality
• Paraphilic
• Other mental disorders
• Medication-induced movement disorders and other adverse effects of medication
• Other conditions that may be a focus of clinical attention
• Diagnostic features
• Associated features supporting diagnosis
• Prevalence
• Development and course
• Risk and prognostic features
• Culture-related diagnostic issues
• Gender-related diagnostic issues
• Suicide risk
• Functional consequences
• Differential diagnosis
• Comorbidity
A WHIRLWIND TOUR OF NEW DISORDERS AND MAJOR CHANGES
Intellectual Disability Becomes Functional

A. Deficits in intellectual functions confirmed by both clinical assessment and individualized, standardized intelligence testing

B. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards

C. Onset of intellectual and adaptive deficits during the developmental period

Severity level based on:

- Conceptual domain
  - Cognitive abilities
- Social domain
  - Social skills, interactions
- Practical domain
  - ADLs
Autism Moves to a Spectrum

- Autism Spectrum Disorder to includes autism, Asperger’s childhood disintegrative disorder, pervasive developmental disorder NOS
- Social interactions + restricted, repetitive patterns of behavior, interests, or activities
- Severity assessed and named for both elements
  - Requiring very substantial support, substantial support, or support
- If *DSM-IV-TR* diagnosis established, individuals qualify automatically
NEW: Social (Pragmatic) Communication Disorder

• Difficulty in social aspects of verbal and nonverbal communication
  – Not explained by low cognitive ability
  – Does not include repetitive behaviors seen in ASD

• Difficulties in social, academic, and occupational functioning

• Early childhood onset
Schizophrenia Subtypes Removed

- Incorporation of “spectrum”
- Criterion A removes special treatment of bizarre delusions and Schneiderian first-rank auditory hallucinations
- Subtypes discontinued due to lack of validity
- Severity specified by Clinician-Rated Dimensions of Psychosis Symptom Severity measure
NEW: Depressive Disorders

Disruptive Mood Dysregulation Disorder (DMDD)
- Severe temper outbursts
- Irritable or angry mood
- 1+ years in 2+ settings
- 6-18 years old; onset by age 10
- Response to bipolar overdiagnosis, but not bipolar or other mood disorder
- Controversial, high comorbidity

Premenstrual Dysphoric Disorder (PMDD)
- Clear pattern of mood symptoms corresponding to menstrual cycle
- Rigid expectations for assessment and diagnosis
Other Depressive Changes

• Major Depressive Disorder
  – Same core symptoms and time requirement
  – Bereavement exclusion lifted
  – Guidance for differentiating grief and clinical depression in non-stigmatizing way

• Persistent Depressive Disorder (aka dysthymia)
  – Previously dysthymia
  – 2+ years ranging from long-term low grade to chronic MDD

• Variety of new specifiers (e.g., anxious distress)
Panic Attack Becomes a Specifier

- Not a mental disorder
- Cannot be coded
- Can be added to any disorder in the *DSM-5* (except panic disorder)
NEW: O-C and Related Disorders

Hoarding Disorder
• Difficulty discarding or parting with possessions
• Perceived need and distress with parting
• Compromised use of home/space

Excoriation (skin-picking) Disorder
• Recurrent skin picking, resulting in lesions
• Repeated attempts to decrease, stop
• Causes distress or impairment
NEW: Binge Eating Disorder

• Recurrent (at least 1/week for 3 months) binge eating episodes
  – Quantity + lack of control
  – Characteristics of episodes specified
• Marked distress
• Not associated with inappropriate compensatory behavior
SPECIAL: Early Childhood PTSD

- PTSD in general conceptualized slightly to 4 main areas: intrusion, avoidance, cognition/mood, and arousal/reactivity
- Special criteria provided for children up to age 6
  - Same 4 areas
  - Removal of some cognitive components
OVERHAUL: Somatic Symptom Disorders

• Farewell: somatization, hypochondriasis, pain disorder, undifferentiated somatoform disorder
• Welcome
  – Somatic symptom disorder (symptoms + excessive thoughts, feelings or behaviors)
  – Illness anxiety disorder (preoccupation in absence of symptoms, engagement in health behaviors)
• Reduce
  – Stigmatizing and ambiguous terminology
  – Focus on medically unexplained symptoms
  – Rare use in practice despite prevalence
COMBINED: Substance Use Disorder

• New spectrum conceptualization

• Elimination of
  – Abuse and Dependence distinction
  – Physiological dependence specifier
  – Partial remission
  – Polysubstance disorder
Substance Use Disorder

Over 12-month Period:
- Larger amounts, longer time
- Attempts to cut down
- Time spent to obtain, use, recover
- Craving
- Failure to fulfill major obligations
- Continued use despite recurrent problems
- Giving up activities
- Use when physically hazardous
- Continued use despite physical or psychological problems
- Tolerance
- Withdrawal

Severity and Specifiers:
- Mild = 2-3 symptoms
- Moderate = 4-5 symptoms
- Severe = 6 + symptoms
- Early remission
- Sustained remission
- Controlled environment
- Maintenance therapy (for opioid use only)
NEW: Gambling Disorder

• The only non-substance-related disorder included in the DSM-5
• Formerly pathological gambling from the impulse control disorders not elsewhere specified chapter
• Specifiers:
  – Episodic and persistent
  – Early remission and sustained remission
OVERHAUL: Neurocognitive Disorders

• Dementia, amnestic, and other cognitive disorders collapsed into neurocognitive disorder (NCD)
• Delirium remains unchanged
• Evidence of decline within six cognitive domains
  – Complex attention
  – Executive function
  – Learning and memory
  – Language
  – Perceptual-motor
  – Social cognition
OVERHAUL: Neurocognitive Disorders

• Major NCD = significant decline and impairment
  – Mild, moderate, severe
  – Code by cause

• Mild NCD = modest decline without impairment of everyday independence
  – No further severity or code

• *DSM-5* includes operationalized examples for major and mild NCD in each domain
CONSIDER: Personality Disorders Model

• Controversial
• Largely unchanged in *DSM-5*
• New model presented in Section III
  – Dimensional-categorical model
  – Impairments in functioning (level 0-4): identity, self-direction, empathy, intimacy
  – Traits: 5 broad domains and 25 specific facets
• Corresponding assessment tool in DSM-5 website
Lingering Questions

• Will changed criteria result in drastic changes in some diagnoses?
• Will lowered thresholds lead to increased
  – access to services?
  – stigma?
  – psychotropic treatment?
  – costs?
  – help-seeking?
  – normalization of mental health concerns?
• Will clinicians use assessments and new specifiers?
QUESTIONS AND COMMENTS
DSM-5 Resources

• DSM-5 change fact sheets
  – www.dsm5.org

• Online assessment measures

• Insurance