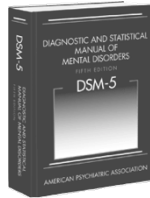


THE DSM-5 Beyond Skepticism and Into Practicality

David Cecil, PhD, LCSW

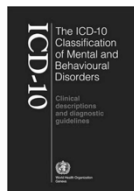


What to cover in an hour or so?

- Online Assessment Measures (no more GAF)
- Re-organization of chapters
- Personality Disorders Alternative Model
 - Personality Inventory
- Childhood/Adolescence disorders
 - scattered throughout DSM 5
 - Mostly Neurodevelopmental Disorders
 - Touch on changes to PTSD (witnessing)
- Neurocognitive Disorders (e.g., Alzheimers)
 - Major or Mild (irrespective of cause)
- Psychotic / Schizophrenia Spectrum
 - Psychosis Inventory

DSM Basics and Rationale for Change

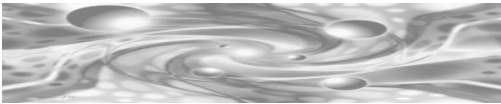
- New research; updated diagnoses
- Clinicians, researchers, drug regulation agencies, insurance companies, pharmaceutical companies, policymakers
- Used primarily in U.S. (several other countries)
- Alternative to the ICD* (World Health Organization)
 - Used in Europe, Canada, Asia, Australia (other)
- DSM-5 more compatible with ICD (i.e., coding)



* International Statistical Classification of Diseases and Related Health Problems

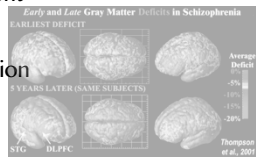
Types of Changes in DSM-5

- New, different, and re-categorized
- Dimensions (Developmental Adjustments)
 - Lifespan Perspective
- NO MORE MULTIAXIAL
- More gender, cultural, and socioeconomic sensitivity
- Mental, Personality, and Medical ALL same category
- NO MORE GAF (Level 1 and 2 & WHODAS 2.0)
- Psychosocial as dimensional component, not separate axis



DSM-5 Revision Guidelines

- Grounded in empirical evidence
- No more Roman numerals (e.g., DSM-5.1, 5.2, ...)
- No preset limitations on number of revisions
 - *living, evolving document*
- Enhanced etiology
 - causes, disease orientation



American Psychiatric Association Use of the Manual (p 19)

“... decades of scientific effort... developing diagnostic criteria... does not fully describe range of mental disorders that individuals (emphasis added) experience and present to clinicians.”

“... the range of genetic/environmental interactions over the course of human development affecting cognitive, emotional and behavioral function is virtually limitless.”

Assessment Measures (Dimensional Concepts)

- Level 1 Cross Cutting Symptom Measure
 - Adult and Child (6-17)
 - Bothered?
- Level 2 Cross Cutting Symptom Measure
 - www.psychiatry.org/dsm5
- Clinician Rated Dimensions of Psychosis Symptom Severity
- WHODAS 2.0- Difficulties due to (mental) health conditions
 1. Understanding and Communication
 2. Getting Around
 3. Self Care
 4. Getting Along with People
 5. Life Activities (Household & Occupational [School/work])
 6. Participation in Society

Cultural Formulation (Interview Guide)

- Cultural definition
- Cultural perceptions
- Stressors and supports
- Role of cultural identity
- Culture based coping
- Culture effects on help seeking

DSM-5 Sections

- Section I- Basics
 - Intro, Use of Manual, Cautionary Statement for Forensic Use
- Section II- Diagnostic Criteria and Codes
- Section III- Emerging Measures and Models
 - Assessment Measures
 - Cross Cutting Symptom Measure (Self [or Witness] Rated)
 - Clinician Rated Dimensions of Psychosis Symptom Severity
 - WHODAS 2.0 (Disability Assessment Schedule)
 - Cultural Formulation Interview (CFI)
 - Alternative DSM-5 Model for Personality Disorders
 - Conditions for Further Study

Section II: Diagnostic Criteria and Codes

- | | |
|---|--|
| 1. Neurodevelopmental Disorders | 10. Feeding and Eating Disorders |
| 2. Schizophrenia Spectrum and Other Psychotic Disorders | 11. Elimination Disorders |
| 3. Bipolar and Related Disorders | 12. Sleep-Wake Disorders |
| 4. Depressive Disorders | 13. Sexual Dysfunctions |
| 5. Anxiety Disorders | 14. Gender Dysphoria |
| 6. Obsessive-Compulsive and Related Disorders | 15. Disruptive, Impulse-Control, and Conduct Disorders |
| 7. Trauma- and Stressor-Related Disorders | 16. Substance-Related and Addictive Disorders |
| 8. Dissociative Disorders | 17. Neurocognitive Disorders |
| 9. Somatic Symptom and Related Disorders | 18. Personality Disorders |
| | 19. Paraphilic Disorders |
| | 20. Other Disorders |

Personality Disorders

- In two places in DSM-5
 - Section 2: Clusters A-C
 - Section 3: Alternative DSM-5 Model for Personality Disorders
- Why in 2 places??
 - Continuity with current clinical practice
 - Introduces a new approach to address current shortcomings



**Alternative DSM-5 Model for Personality Disorders
General Criteria**

- Level of impairment in personality
- 1 or more pathological personality traits
- Inflexible and pervasive
- Stable across time (traced to adolescence/early adult)
- Not explained by “other” mental disorder
- Not substance or medical
- *Not normal developmentally or culturally*

Alternative DSM-5 Model for Personality Disorders
Specific Personality Disorders

- Only 6 remain
 - Borderline, OCPD, Avoidant, *Schizotypal*, *Antisocial*, Narcissistic
 - REMOVED: Dependent, Schizoid, Histrionic
- Each disorder assessed in degrees by General Criteria

Alternative DSM-5 Model for Personality Disorders Criteria (Outline)

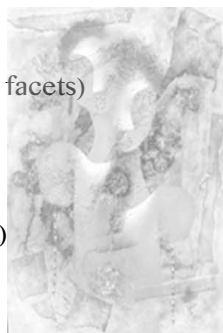
- Criterion A: Level of Personality Functioning
 - Self (Intrapersonal)
 - Identity
 - Self Direction
 - Interpersonal
 - Empathy
 - Intimacy
- Criterion B: Pathological Personality Traits
 - 5 broad traits domains (25 specific trait facets)
 - See next slide...
- Criteria C/D: Pervasiveness and Stability
- Criteria E/F/G: Alternative Explanations
 - Differential Diagnosis

See Next Page



Criterion B: Pathological Personality
Trait Domains and Facets

1. Negative Affectivity (9 facets)
2. Detachment (6 facets)
3. Antagonism (6 facets)
4. Disinhibition (5 facets)
5. Psychoticism (3 facets)



1. Negative Affectivity (vs Emotional Stability)

- 1. Emotional lability
- 2. Anxiousness
- 3. Separation insecurity
- 4. Submissiveness
- 5. Hostility
- 6. Perseveration
- 7. Depressiveness
- 8. Suspiciousness
- 9. Restricted affectivity



2. Detachment (vs Extraversion)

- 1. Withdrawal
- 2. Intimacy avoidance
- 3. Anhedonia
- 4. Depressivity
- 5. Restricted affectivity
- 6. Suspiciousness



3. Antagonism (vs Agreeableness)

- 1. Manipulativeness
- 2. Deceitfulness
- 3. Grandiosity
- 4. Attention seeking
- 5. Callousness
- 6. Hostility



4. Disinhibition (vs Conscientiousness)

1. Irresponsibility
2. Impulsivity
3. Distractibility
4. Risk taking
5. Rigid perfectionism (lack of)

5. Psychoticism (vs Lucidity)

1. Unusual beliefs and experiences
2. Eccentricity
3. Cognitive and perceptual dysregulation



DSM IV Schizotypal Personality Disorder

- Pattern of social & interpersonal deficits w/ acute discomfort & reduced capacity for close relationships
- Cognitive or perceptual distortions and behavioral eccentricities (≥ 5).
 - Ideas of reference (misinterpretation, not delusions)
 - Odd beliefs/magical thinking (superstitious, telepathy)
 - Unusual perceptual experiences (bodily illusions)
 - Odd thinking & speech
 - Suspiciousness or paranoid ideation
 - Inappropriate or constricted affect
 - Odd, eccentric behavior or appearance
 - Lack of close friends or confidants
 - Excessive paranoid-fear-based social anxiety that does not diminish with familiarity

Schizotypal PD DSM 5
cross listed with Schizophrenia and Other Psychotic Disorders

- A.
 - Self
 - Identity: Confused boundaries; distorted self concept; incongruent emotional expression
 - Self Direction: Unrealistic, incoherent goals; not clear internal standards
 - Interpersonal
 - Empathy: Pronounced difficulty understanding impact on others; frequent misinterpretation of others' motives/behaviors.
 - Intimacy: Impaired development of close relationships; mistrust/anxiety
- B. Domains (Facets)
 - Psychoticism (Eccentricity, Cognitive/Perceptual Dysregulation, Unusual Beliefs)
 - Detachment (Restricted Affect, Withdrawal)
 - Negative Affect (Suspiciousness)

Neurodevelopmental Disorders


- Formerly *Pervasive Developmental Disorders (PDDs)* in chapter *Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence*
- Includes
 - Intellectual Development Disorders (formerly Mental Retardation)
 - Autism Spectrum Disorder
 - ADHD
 - Communication Disorders
 - Specific Learning Disorders and Motor Disorders,
- Mild, Moderate, Severe

Intellectual Disability
(ICD- Intellectual Developmental Disorder)

- Intellectual and adaptive functioning deficits in domains of:
 - **CONCEPTUAL (mild, moderate, severe, profound)**
 - **SOCIAL (mild, moderate, severe, profound)**
 - **PRACTICAL (mild, moderate, severe, profound)**
- Deficits in intellectual functions confirmed by assessment
 - Reasoning
 - Problem Solving
 - Planning
 - Abstract Thinking
 - Judgment
 - Academic Learning
 - Learn From Experience

Old DSM IV PDD/Autism

- Autistic Disorder
- Asperger Syndrome
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder, Not Otherwise Specified
- Rett Syndrome, Fragile X, and other genetic conditions



DSM 5 Autism Spectrum Disorder

- All collapsed into **AUTISM SPECTRUM DISORDER**
- 2 dimensions, 3 levels of severity
 - Social Communication
 - Restricted Interests/Repetitive Behaviors
- Rett Syndrome removed from category due to specific etiology

Autism Spectrum Disorder Revisions

DSM-IV: Must have six of twelve deficits in the domains of communication, social interaction, and restricted interests/repetitive behaviors

DSM-5: Must have three in area of "social communication" and at least two in "restricted repetitive behaviors, interests, and activities (RRBs) "

- NOTE: Communication and social interaction collapsed (Social Communication)
- Describe genetics and medical along with psychiatric

Autism Spectrum Disorder
(previously Autism, Aspergers, and PDD NOS)

A. Persistent deficits in social communication and social interaction as evidenced by:

- Deficit emotional/social reciprocity (failed back and forth; failed sharing)
- Deficit nonverbal for interaction (e.g., integrated verbal/non-verbal, eye contact, body language)
- Deficit maintaining relationship (e.g., making friends, imaginative play)

B. Restricted repetitive behavior patterns (2+)

- Stereotyped, repetitive motor movements, use of objects, speech
- Insistence on sameness, inflexible adherence to routine, ritualized patterns (e.g., distress at small changes)
- Highly restricted, fixated interests, abnormal intensity
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., indifference to pain/temp; adverse response to sounds or textures; excessive smelling or touching)

C. Symptoms present in early development (may not manifest until social pressure)

D. Significant impairment

E. Not better explained by Intellectual Developmental Disorder

Severity Levels for Autism Spectrum

- Level 1: Requiring support
 - Social comm: with support can appear normal; difficulty initiating contact
 - Restrict/Repet: inflexibility causes *significant interference* with functioning
- Level 2: Requiring substantial support
 - Social comm: *marked* deficits verbal and nonverbal
 - Restrict/Repet: inflexibility, *difficulty* coping
- Level 3: Requiring very substantial support
 - Social comm: *severe* deficits verbal/nonverbal
 - Restrict/Repet: inflexibility, *extreme* difficulty coping

LEVEL OF SEVERITY		
Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviors
Level 1 'Requiring support'	Without support, some significant deficits in social communication	Significant interference in at least one context
Level 2 'Requires substantial support'	Marked deficits with limited initiations and reduced or atypical responses	Obvious to the casual observer and occur across contexts
Level 3 'Requires very substantial support'	Minimal social communication	Marked interference in daily life

Attention Deficit Hyperactivity Disorder

- Neurodevelopmental implies biological (not behavioral) etiology
- More emphasis on adults (continuity of care through life)
- Age criteria raised to 12 (from 7)
- Mix Hyperactivity and Impulsivity
- No exclusion between ADHD and Autistic Spectrum
- Encourages teachers as sources

Other Changes in Neurodevelopmental Disorders

- Learning Disorder is now *Specific Learning Disorder*
- Minor wording changes to Chronic Tic Disorder, Tic Disorder NOS, Tic Disorder Associated with Another Medical Condition
- “Mental Retardation” changed to “Intellectual Development Disorder” - no longer using IQ, focusing on adaptive functioning (but still understood to be below ~70)

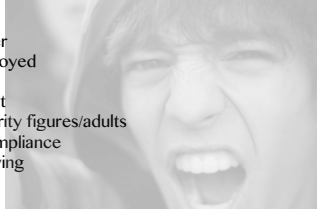
Oppositional Defiant and Conduct Disorder (Disruptive, Impulse Control, Conduct Disorders)

- | | |
|--|--|
| <ul style="list-style-type: none"> • ODD ○ Same areas of disturbance ○ Adds severity rating ✦ Across settings? ○ Better organization ✦ Angry/Irritable ✦ Argumentative ✦ Vindictiveness | <ul style="list-style-type: none"> • Conduct Disorder ○ Same areas of disturbance ○ Better organization and clarity ✦ Aggression to People and Animals ✦ Destruction of Property ✦ Deceitfulness or Theft ✦ Serious Violation of Rules |
|--|--|

NO MORE EXCLUSION CRITERIA BETWEEN ODD AND CD

Oppositional Defiant Disorder

- A. Angry/irritable, argumentative/defiant, vindictive (6+ months), 4+ symptoms:
 - Angry/Irritable
 - Often loses temper
 - Touchy, easily annoyed
 - Angry/resentful
 - Argumentative/Defiant
 - Argues with authority figures/adults
 - Defies/refuses compliance
 - Deliberately annoying
 - Blaming others
 - Vindictiveness
 - Spiteful/vindictive x 2 in past 6 months
 - B. Distress in others and self (mild, moderate, severe)
 - C. Not psychosis, SA, depressive, or bipolar
- Note: persistence and frequency at developmental stages varies.
More frequent for 5- (most days), less for 5+ (1/week)



Conduct Disorder

- Repetitive/Persistent Violation... of basic rights/societal norms. 3+ crit in past 1 year.
 - Aggression to People and Animals
 - Often bullies, threatens, intimidates
 - Physical fights
 - Has used a weapon
 - Destruction of Property
 - Physically cruel to people
 - Physically cruel to animals
 - Stolen while confronting a victim (e.g., mugging)
 - Forced sexual activity
 - Deceitfulness or Theft
 - Has broken into someone's property
 - Often lies for goods, avoid obligations
 - Stolen without confronting (e.g., shoplifting, forgery)
 - Serious Violation of Rules
 - Stays out at night, despite rules/curfew (before 13)
 - Run away overnight
 - Truancy



Reactive Attachment Disorder and Disinhibited Social Engagement Disorder

- Moved from Disorders of Infancy, Childhood... to Trauma and Stressor Related Disorders
- **RAD no longer has 2 types** (but retains same causes)
 - RAD refers to the Withdrawn/Inhibited Type of DSM IV
 - **Disinhibited Social Engagement Disorder** refers to Indiscriminately Social/Disinhibited Type of DSM IV

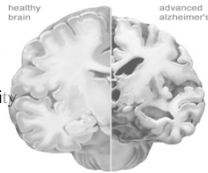
Disruptive Mood Dysregulation Disorder

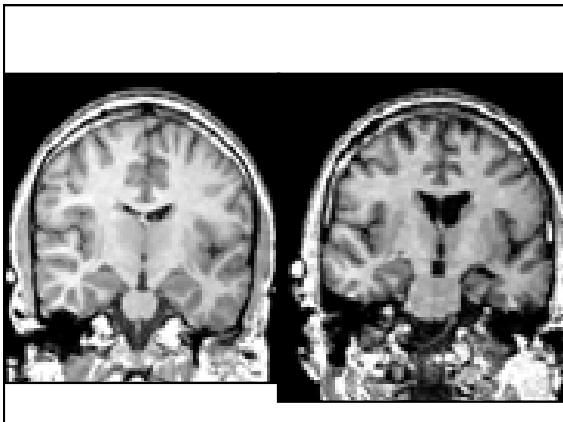
- Presumably takes place of childhood Bipolar
- Considered Depressive Disorder (not Bipolar)
- Focused on inexplicable outbursts rather than mania (not Oppositional Defiant Disorder)

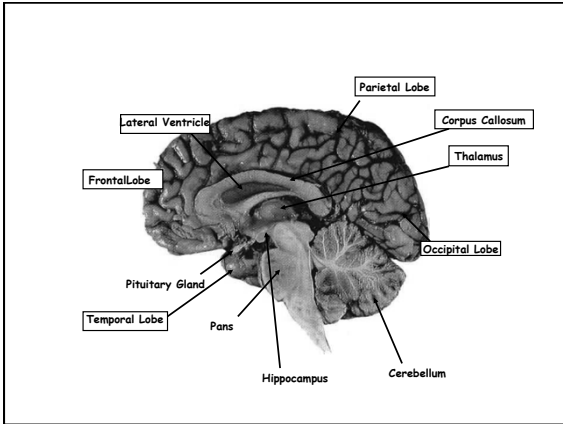
Neurocognitive Disorders

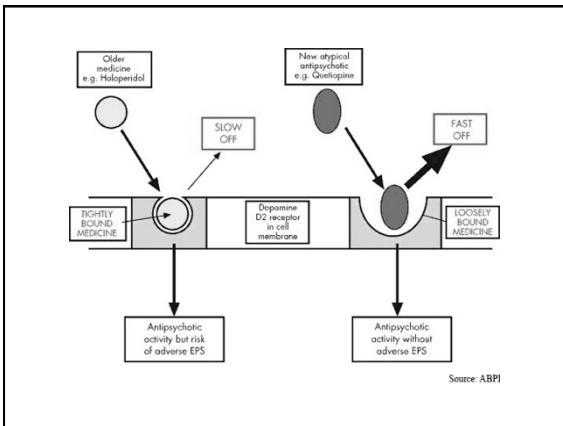
formerly Delirium, Dementia, Amnestic, and Other Cognitive Disorders

- Removes distinct diagnoses, such as Alzheimer's Type Dementia
- Dimensionality of syndromes (specify underlying cause)
 - Delirium
 - Major Neurocognitive Disorder
 - Mild Neurocognitive Disorder (presumably Cognitive Disorder NOS)NOTE: Alzheimer's could be Minor or Major, depending on progression
- Areas of assessment
 - Complex attention
 - Executive ability
 - Learning and memory
 - Language
 - Visuoconstructional perceptual ability
 - Social cognition









Prodromal Schizophrenia catching it early, preventing damage

- Attenuated Psychosis Syndrome
- Dopamine surges in brain in adolescence
- Screen for
 - Anxiety, depression, inattentive... as well as pre-psychotic expressions (e.g., odd perceptual experiences)

Schizophrenia Spectrum and Other Psychotic Disorders

- DSM-IV presented most serious/prominent first
- DSM-5 presents "SPECTRUM"
- Clinician Rated Dimensions Of Psychosis Symptom Severity Scale
- Attenuated Psychosis Syndrome (Prodromal)
 - In appendix
 - Catch early, before brain tissue damage

Schizophrenia Spectrum mild to severe

- Schizotypal PD (cross-listed)
 - Odd and eccentric; *psychoticism*
- Delusional Disorder
 - Non-bizarre; little to no hallucinations
- Brief Psychotic Disorder (1 day to 1 month)
 - 1 to 3 months Crit A (good prognosis)
- Schizophreniform (1 month to 6 months)
 - 3 to 6 months Crit A (good prognosis)
- Schizophrenia
 - Crit A; Symptoms and Disturbance
- Schizoaffective
 - Crit A + Manic and/or Major Depressive

Schizophrenia Characteristic Symptoms
Criterion A

▶ **A. Characteristic symptoms (>2 in 1 month)**

- ▶ **Positive Symptoms**
 - **Delusions**
 - **Hallucinations**
 - Disorganized speech
 - Grossly disorganized behavior/catatonic behavior
- ▶ **Negative symptoms (count for 1 Characteristic Symptom)**
 - Affective flattening
 - Alogia
 - Avolition
 - Anhedonia
 - Inattentive

Clinician Rated Dimensions of Psychosis Symptom Severity		Score
	0 (not present) to 4 (severe)	
Hallucinations	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Delusions	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Disorganized speech	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Abnormal psychomotor	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Negative symptoms	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Impaired cognition	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Depression	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	
Mania	0 (none) 1 (equivocal) 2(present/mild) 3 (present/moderate) 4 (present/severe)	

Questions?

- Bipolar and Depressive
 - DMDD
- Cross Listing of disorders
- Gambling as Substance Related and Addictive Disorder
