CHANGES TO THE
DSM-5-TR

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## WORKSHOP OBJECTIVES

<table>
<thead>
<tr>
<th>Become</th>
<th>Understand</th>
<th>Identify</th>
<th>Review</th>
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<tr>
<td>Become acquainted with the overview of the new DSM-5-TR.</td>
<td>Understand the significant changes from the DSM-5 and the DSM-5-TR.</td>
<td>Identify the new symptom codes for the presence or history of suicidal behavior and non-suicidal self-injury.</td>
<td>Review the revised diagnostic criteria for several disorders.</td>
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Text revision of the DSM-5

Contains new references, clarifications of diagnostic criteria and updates to ICD-10-CM codes since the DSM-5 was published in 2013

Features a new disorder: prolonged grief disorder;

ICD-10 CM codes for suicidal behavior and non-suicidal self-injury

DSM-5-TR based on scientific literature since the publication of DSM-5 in 2013

Involved the help of over 200 subject matter experts
Text revision of the DSM is released when a number of changes to the text, description of disorders and their criteria are warranted by new evidence or the need for more clarity.

- The DSM-5 had occasional corrections since its release in 2013.
- The DSM-5-TR is a systematic text revision based on the literature in the 10 years since the development of the DSM-5.

In contrast, a new edition of the DSM is released when there are enough advances in the field to support the creation, substantive revisions, and elimination of multiple criteria sets or disorders.

- The timing of a new edition to follow the DSM-5 is unknown
MAJOR CHANGES FROM DSM-5 TO DSM-5-TR

Revised text for almost all disorders with updated sections on associated features, prevalence, development and course, risk and prognostic factors, culture, diagnostic markers, suicide, and differential diagnosis.

Addition of the new diagnosis of Prolonged Grief Disorder in Section II.

Over 70 modified criteria sets with helpful clarifications since the publication of the DSM-5.

Totally updated “Introduction” and “Use of the Manual” to guide usage and provide context for important terminology.

Considerations of the impact of racism and discrimination on mental disorders integrated into the text.

New ICD-10-CM (Clinical Modification) codes to flag and monitor suicidal behavior and non-suicidal self-injury that can be used without the requirement of another diagnosis.

Undated ICD-10-CM codes implemented since 2013, including over 50 coding updates new to DSM-5-TR for substance intoxication and withdrawal and other disorders.
The new text revisions in the DSM-5-TR should not affect insurance coverage or result in changing diagnoses that have already been made.

The manual does include a new disorder: F43.8 Prolonged grief disorder which is billable to insurance companies.
IMPACT OF CULTURE, RACE, & SOCIAL DISCRIMINATION

- p.16-19 / steps were taken to address the impact of culture, race and discrimination on psychiatric diagnoses
- Cross-Cutting Review Committee on cultural issues, composed of 19 U.S.-based and international experts in cultural psychiatry, psychology, and anthropology, reviewed the texts for cultural influences
- A separate Ethnoracial Equity and Inclusion Work Group, composed of 10 mental health practitioners from diverse ethnic and racialized backgrounds with expertise in disparity-reduction practices, reviewed references to race, ethnicity, and related concepts to avoid perpetuating stereotypes or including discriminatory clinical information.
- Sex and gender differences as they relate to causes and expressions of medical conditions and mental disorders are established throughout the DSM-5-TR. The manual is configured to include information on sex and gender at multiple levels.
ICD-10-CM CODES FOR SUICIDAL BEHAVIOR AND NON-SUICIDAL SELF-INJURY

- p.19-20 / (lxii) Other Conditions That May Be a Focus of Clinical Attention (821)
  - Includes conditions and psychosocial or environmental problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of an individual’s mental disorder
  - A condition or problem in this chapter may be coded if 1] if it is a reason for the current visit; 2] if it helps to explain the need for a test, procedure or treatment; 3] if it plays a role in the initiation or exacerbation of a mental disorder; or 4] if it constitutes a problem that should be considered in the overall management plan.
  - The conditions and problems listed in this chapter are not mental disorders. Their inclusion draws attention to the scope of additional issues that may be useful to clinicians in documenting these issues.
SUICIDAL BEHAVIOR / NON-SUICIDAL SELF-INJURY

- **Suicidal Behavior** (intent to die)
  - T14.91A Initial encounter: if suicidal behavior is part of the initial encounter with the clinical presentation
  - T14.91D Subsequent encounter: if suicidal behavior is part of subsequent encounters with the clinical presentation
  - Z91.51 History of Suicidal Behavior: if suicidal behavior has occurred during the individual’s lifetime

- **Non-Suicidal Self-Injury** (self-inflicted damage to the body of a sort likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing) in the absence of suicidal intent)
  - R45.88 Current Nonsuicidal Self-Injury: if non-suicidal self-injurious behavior is part of the clinical presentation
  - Z91.52 History of Non-suicidal Self-Injury: if non-suicidal self-injurious behavior has occurred during the individual’s lifetime
FA3.8 PROLONGED GRIEF DISORDER

- p.322 / Trauma and Stressor-Related Disorder
- APA – researchers have made a convincing case that prolonged grief is a disorder distinct from the normal grieving process
- Mourning the death of his wife, C.S. Lewis described grief as “a sort of invisible blanket between the world and me.”
- For most people, this blanket lifts with time. But for some, the pain lingers for years.
- Distinct from depression, prolonged grief is marked by a pervasive yearning for the deceased and a preoccupation with thoughts or memories of the deceased person
- The disturbance causes clinically significant distress or impairment in important areas of functioning.
- Review the criteria
PATHOLOGIZED GRIEF?

- The question is raised: “Does creating the diagnosis of prolonged grief disorder have the effect of pathologizing grief?”
- Researchers don’t think so.
- This diagnosis is not intended to pathologized grief.
- Individuals who meet the criteria for prolonged grief disorder experience something dramatically different from the grief normally experienced by anyone who loses a loved one.
- The grief is intractable (hard to control) and disabling in a way that typical grieving is not.
- This population need and deserve to get appropriate care.
UNSPECIFIED MOOD DISORDER

- p.210 / F39 Unspecified Mood Disorder
  - The DSM-5 removed “unspecified mood disorder” as a diagnosis in its 2013 update
  - This meant clinicians had to diagnose their clients with a specific mood disorder instead
  - The DSM-5-TR has reverted to the “specified” diagnosis to include a range of possible mood disorders, which may help clinicians avoid potential misdiagnoses.
  - The “unspecified mood disorder” has been reinstated to provide a diagnosis to someone whose presenting symptoms do not fit neatly under bipolar or depressive disorders.
  - This allows clinicians more time to observe a client’s symptoms to provide a more accurate diagnosis and subsequent prescription if needed.
p.511 / There have been updates to the terminology to describe gender dysphoria based on updated culturally sensitive language:

- “desired gender” is now “experienced gender”
- “cross-sex medical procedure” is now “gender-affirming medical procedure”
- “natal male”/”natal female” is now “individual assigned male/female at birth”

The entire chapter on Gender Dysphoria has been updated based on the literature.
## APRIL 4, 2022 UPDATE

<table>
<thead>
<tr>
<th>Disorder</th>
<th>DSM-5-TR Code</th>
<th>Correct Code</th>
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<tbody>
<tr>
<td>Opioid-Induced Anxiety Disorder, with mild use disorder</td>
<td>F11.180</td>
<td>F11.188</td>
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<tr>
<td>Opioid-Induced Anxiety Disorder, with moderate or severe use disorder</td>
<td>F11.280</td>
<td>F11.288</td>
</tr>
<tr>
<td>Opioid-Induced Anxiety Disorder, without use disorder</td>
<td>F11.980</td>
<td>F11.988</td>
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UPDATED DISORDERS

- Attenuated Psychosis Syndrome
- Autism Spectrum Disorder
- Avoidant Restrictive Food Intake Disorder
- Bipolar and Related Disorders Due to Another Medical Condition
- Bipolar I and Bipolar II Disorders
- Delirium
- Depressive Disorder Due to Another Medical Condition
- Functional Neurological Symptom Disorder
- Gender Dysphoria
- Intellectual Disability
- Major Depressive Disorder
- Narcolepsy
- Olfactory Reference Disorder
- Other Specified Bipolar and Related Disorder
- Other Specified Delirium Disorder
- Other Specified Depressive Disorder
- Other Specified Feeding Disorder
- Other Specified Schizophrenia
- Persistent Depressive Disorder
- Prolonged Grief Disorder
- PTSD
- Social Anxiety Disorder
- Substance Medication Induced Bipolar Disorder
- Suicidal Behavior and Nonsuicidal Self-Injury
- Unspecified Mood Disorder
SMALL GROUP DISCUSSION

- What do you find challenging about the DSM-5-TR?
- What would you like to see changed or added in the next revision?
- How do you feel about the changes that were made to the DSM-5-TR?