



## DSM-5 and its use by chemical dependency professionals

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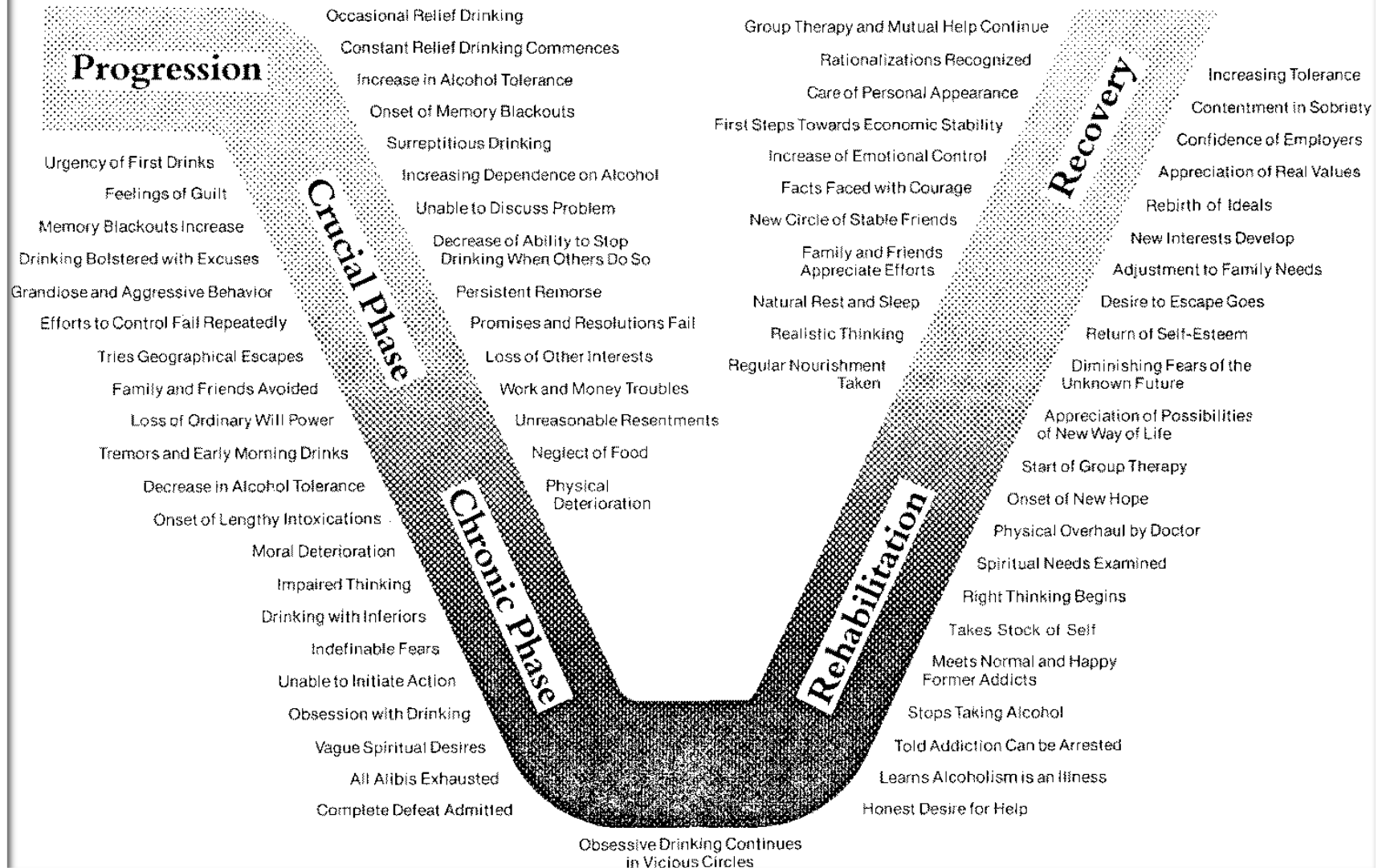
# NAADAC 2014 Annual Conference and 40th Anniversary Celebration

September 27, 2014

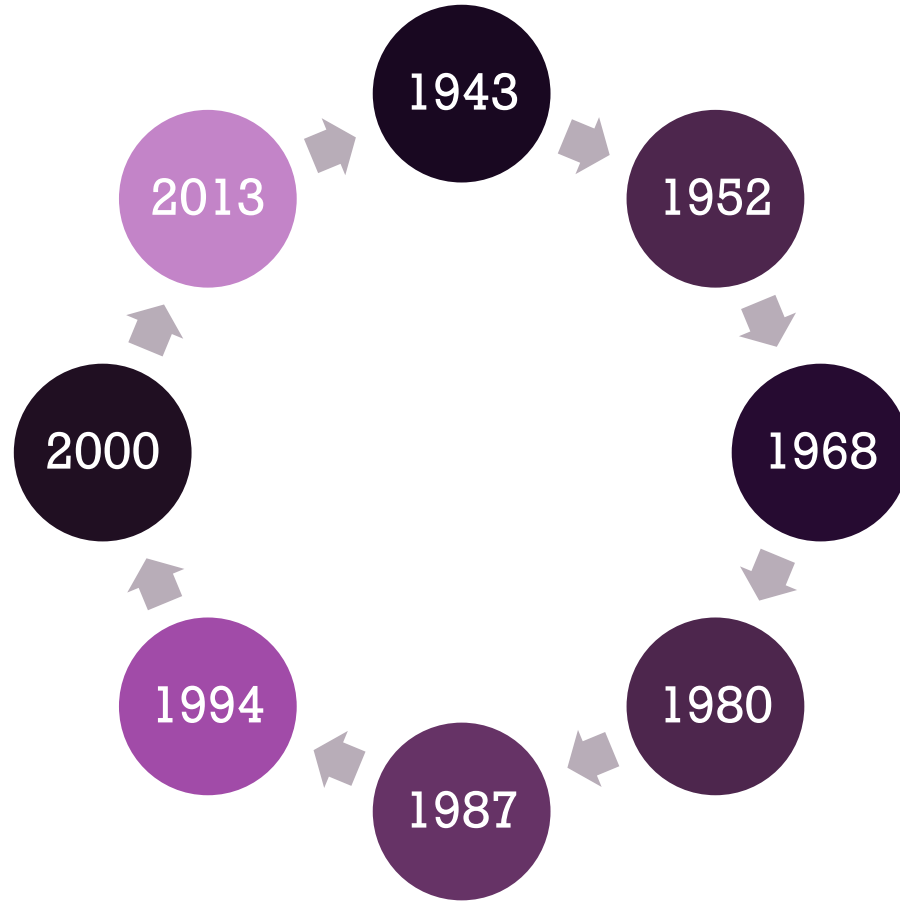
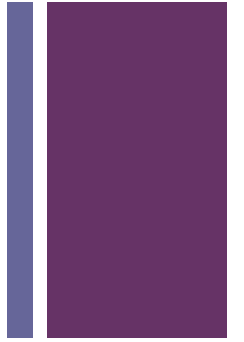
# The Progression and Recovery of the Alcoholic in the Disease of Alcoholism

To be read from left to right.

Enlightened and Interesting Way of Life Opens Up with Road Ahead to Higher Levels than Ever Before



# + DSM-5 - a brief history



DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS

FIFTH EDITION

DSM-5

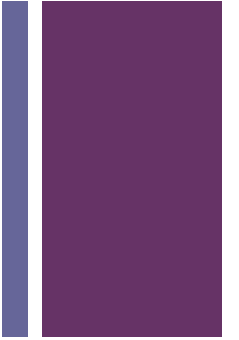
AMERICAN PSYCHIATRIC ASSOCIATION

DIAGNOSTIC AND STATISTICAL  
+ MANUAL OF  
MENTAL DISORDERS

DSM-5



## overview of changes in the DSM-5

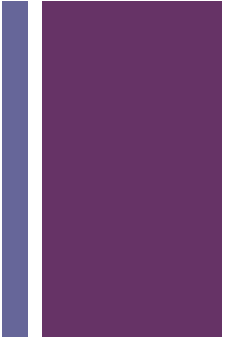


- removal of Roman numeral to modern Arabic numeral
- elimination of multiaxial diagnostic system
- elimination of NOS designation
- dimensional approach to diagnosis
- cultural formulation



## changes specific to substance-related and addictive disorders

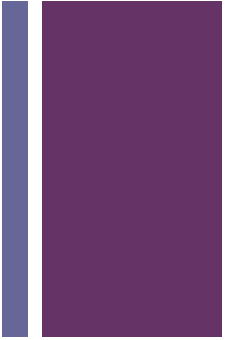
- combines the DSM-IV categories of substance abuse and substance dependence into a single disorder
- now have 11 criteria for substance-related disorders
- eliminated criteria of recurrent substance related legal issues found in DSM-IV
- added criteria of “craving, or strong urge to use”
- called substance-related and addictive disorders





## changes specific to substance-related and addictive disorders

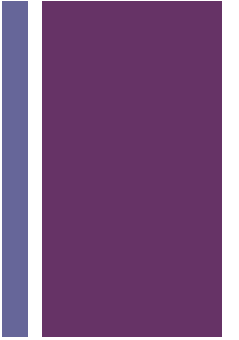
- substance-related disorders divided into two groups
  - ✓ substance use disorders
  - ✓ substance-induced disorders
- each disorder measured on a continuum from mild to severe
- addition of first behavioral disorder, “gambling disorder”







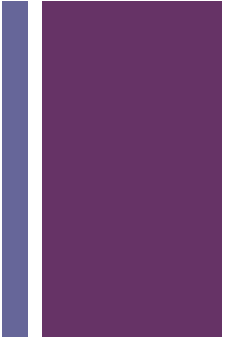
substance use disorder as defined by DSM-5



a problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following occurring in a 12-month period:



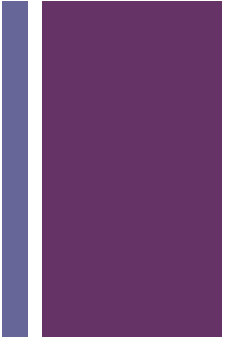
## substance use disorder as defined by DSM-5



1. substance is often taken in larger amounts or over a longer period of time than was intended
2. persistent desire or unsuccessful efforts to cut down or control substance use
3. great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. craving or strong desire to use the substance



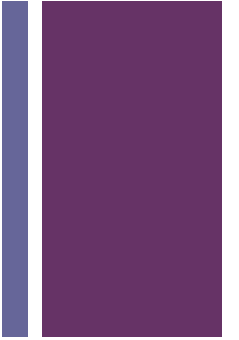
## substance use disorder as defined by DSM-5



5. recurrent use resulting in failure to fulfill major role obligations at work, school, home
6. continued substance use despite having persistent or recurrent social or interpersonal problems
7. important social, occupational, or recreational activities are given up or reduced because of substance use



## substance use disorder as defined by DSM-5



8. recurrent substance use in situations in which it is physically hazardous
9. substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance



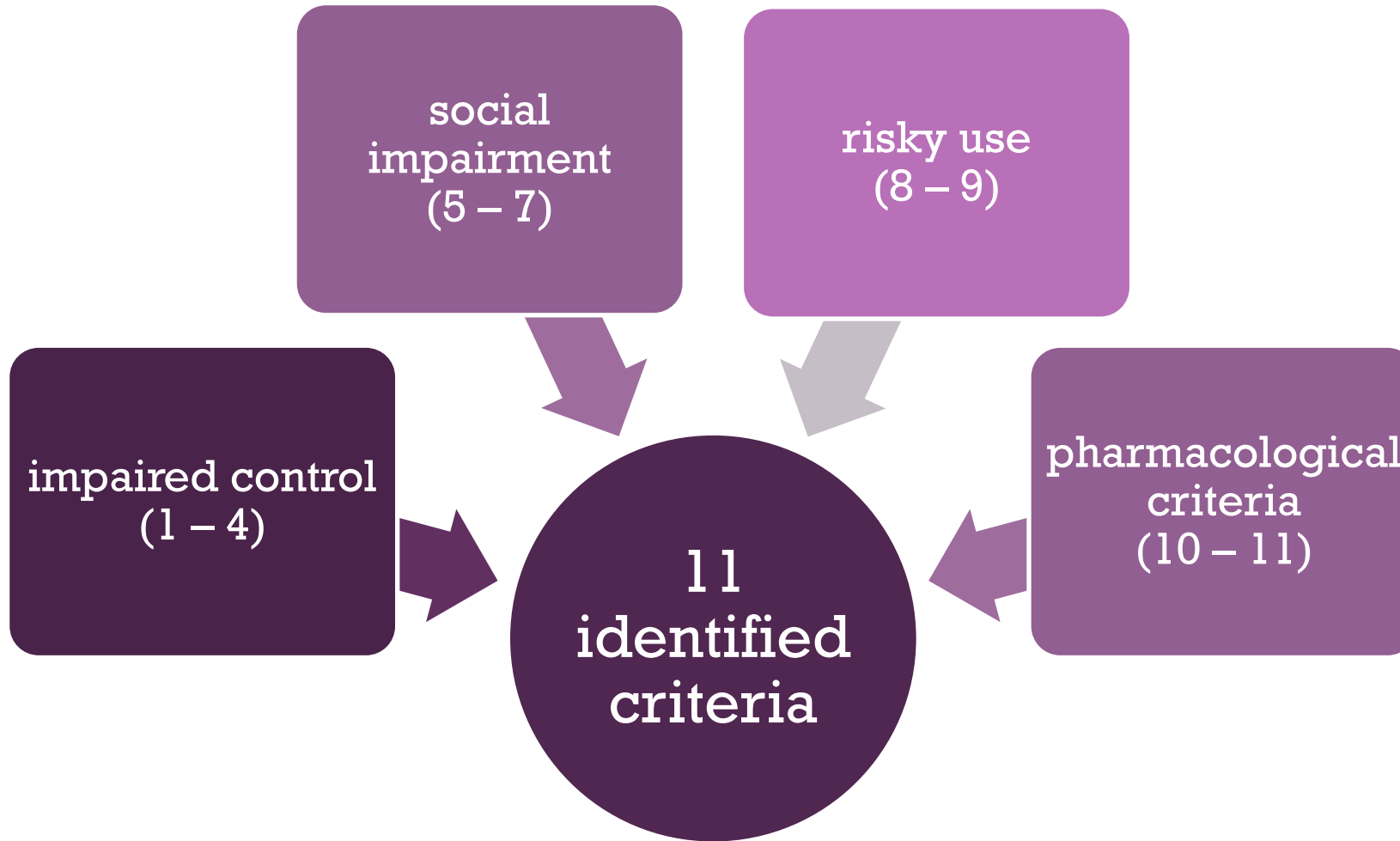
## substance use disorder as defined by DSM-5



10. tolerance, as defined by either of the following:
  - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - b. a markedly diminished effect with continued use of the same amount of substance
  
11. withdrawal, as manifested by either of the following:
  - a. characteristic withdrawal syndrome for the substance
  - b. use of the substance or closely related substance is taken to relieve or avoid withdrawal symptoms

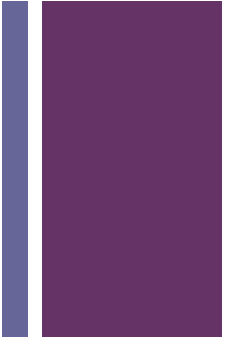
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# diagnosis of substance use disorder





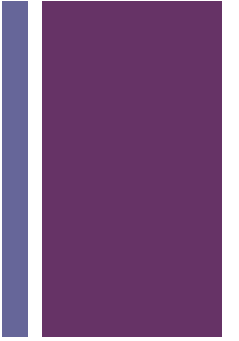
## significant changes in diagnostic criteria



- pharmacological criteria 10 and 11 which include withdrawal occurring during appropriate medical treatment with prescribed medications are specifically NOT counted when diagnosing a substance use disorder
- “...the appearance of normal, expected pharmacological tolerance and withdrawal during the course of medical treatment has been known to lead to an erroneous diagnosis of addiction even when these were the only symptoms present.”



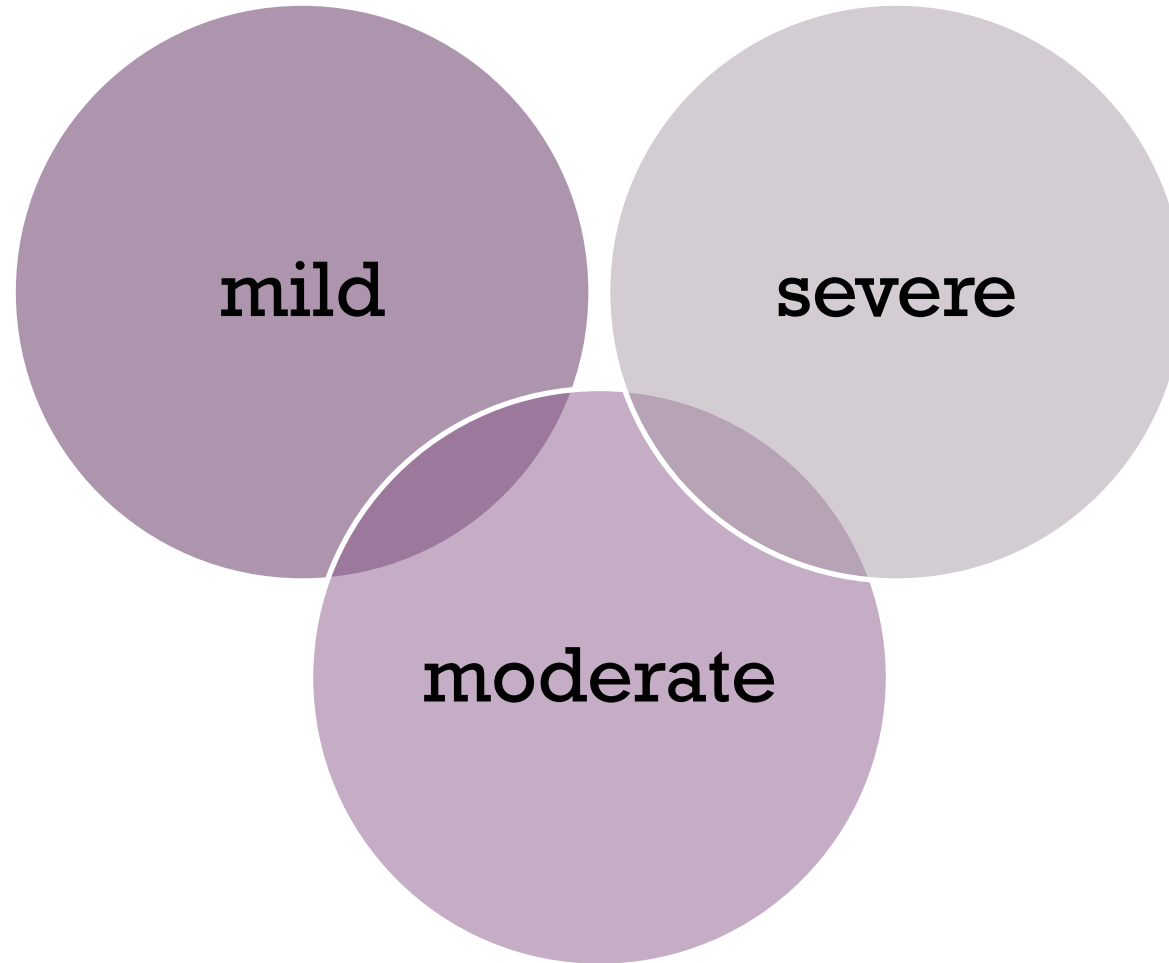
## significant changes in diagnostic criteria



- “however, prescription medications can be used inappropriately, and substance use disorder can be correctly diagnosed when there are other symptoms of compulsive, drug-seeking behavior”



+ severity and specifiers in the DSM-5



+ DSM-5 recommends that in assessing severity clinician uses

changes in  
frequency  
and/or dose of  
substance use

individuals own  
report

report of  
knowledgeable  
others

clinician's  
observations

biological  
testing

+ course specifiers in DSM-5



- **early remission**



- **sustained remission**



- **in a controlled environment**



- **on maintenance therapy**

+

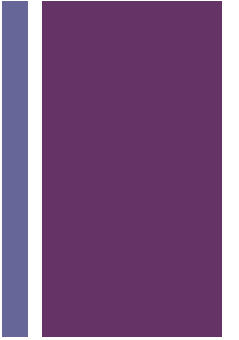
## 10 classes of substances listed in substance-related disorders

- alcohol
- caffeine
- cannabis
- hallucinogens
- inhalants



+ 10 classes of substances listed in substance-related disorders

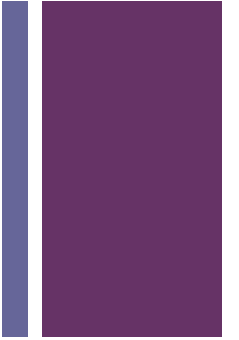
- opioids
- sedative-hypnotic, or anxiolytics
- stimulants
- tobacco
- other (or unknown)





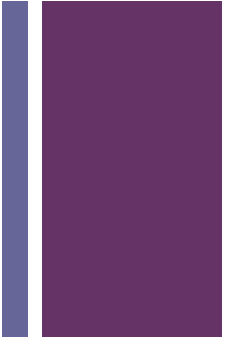
## non substance-related disorders

- gambling disorder
- only behaviorally based disorder listed in substance related and addictive disorder chapter
- has nine specific criteria





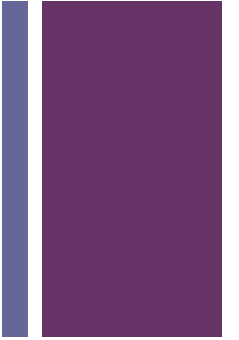
# gambling disorder



1. needs to gamble with increasing amounts of money in order to achieve the desired excitement
2. is restless or irritable when attempting to cut down or stop gambling
3. has made repeated unsuccessful efforts to control, cut back, or stop gambling
4. is often preoccupied with gambling ( e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)



# gambling disorder

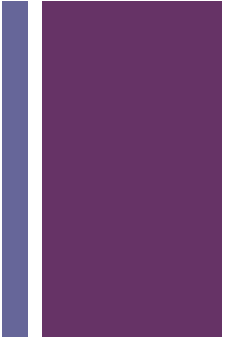


5. often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
6. after losing money gambling, often returns another date to get even (“chasing” one's losses)
7. lies to conceal the extent of involvement with gambling
8. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
9. relies on others to provide money to relieve desperate financial situations caused by gambling





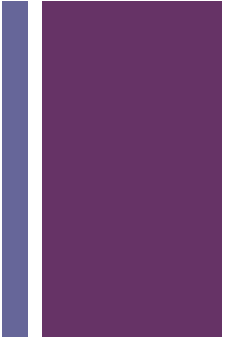
## coding and reporting procedures



- DSM-5 includes both ICD-9-CM and ICD-10-CM codes
- ICD codes are listed as a coding note the following diagnostic criteria
- example: 305.00 mild alcohol use disorder for ICD-9
- F10.10 mild alcohol use disorder for ICD-10



## coding and reporting procedures



- please note that if intoxication, withdrawal, or substance induced mental disorders are also present, the comorbid use disorder code is utilized
- example: alcohol intoxication and alcohol use disorder mild, F10.129 for ICD-10
- for classes of substances that have more than one substance, in addition to using the code that applies to the class of substance, also record the name of the specific substance
- example: 304.10 (F13.20) moderate alprazolam use disorder



DSM-5 also now includes “provisional diagnosis”

clinician can indicate diagnostic uncertainty by recording “(provisional)” following the diagnosis

can be used when strong presumption that full criteria will be met but not enough information is available to make firm diagnosis



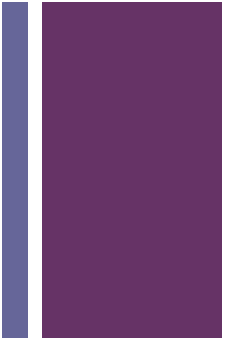


## principal diagnosis

when more than one diagnosis is given in an inpatient setting, the principal diagnosis is the condition established after study to be chiefly responsible for locating the admission of the individual

when more than one diagnosis is given in an outpatient setting, the reason for the visit is the condition that is chiefly responsible for the ambulatory care medical services received during the visit

in most cases, the principal diagnosis or reason for visit is also the main focus of attention or treatment

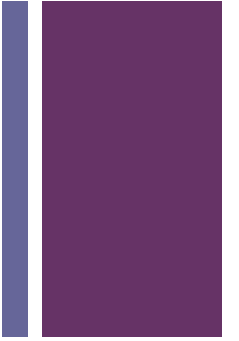


+ DSM-5 - three unique sections

section I: introduction/use  
of the manual

section II: diagnostic  
criteria and codes

section III: emerging  
measures and models



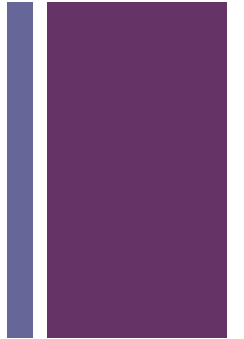


## section III

**includes tools and techniques to enhance clinical decision-making, understand cultural context of mental disorders, and recognize emerging diagnosis for further study**



# assessment measures



cross-cutting symptom measure

adult/child

the adult measure is self rated across 13 domains

the child measure is a parent/guardian rated measure across 12 domains

Clinician rated dimensions of psychosis symptom severity

eight item measure to be completed by the clinician at time of clinical assessment



# World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)

36 item measure that assesses disability in adults over age 18

assesses disability across six domains:

- understanding and communicating
- getting around
- self-care
- getting along with people
- life activities
- participation in society





# cultural formulation

“understanding the cultural context of illness experience is essential for effective diagnostic assessment and clinical management.”

culture: systems of knowledge, concepts, rules and practices that are learned and transmitted across generations

cultures are open, dynamic systems that undergo continuous change over time

race: a culturally constructed category of identity that divides humanity into groups based on a variety of superficial physical traits

ethnicity: a culturally constructed group of identity used to define peoples and communities

culture, race, and ethnicity are related to economic iniquities, racism, and discrimination that resulted health disparities



+ outline for cultural formulation



cultural identity of the individual

cultural conceptualizations of distress

psychosocial stressors and cultural features of vulnerability and resilience

cultural features of the relationship between the individual and clinician

overall cultural assessment

## + cultural formulation interview

16 questions clinicians may use to obtain information during assessment regarding impact of culture on key aspects of the individual's clinical presentation and care

+ cultural concepts of distress

refers to ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions



cultural concepts are important to psychiatric diagnosis for several reasons:



to avoid  
misdiagnosis

to obtain useful  
clinical  
information

to improve  
clinical rapport  
and  
engagement

to improve  
therapeutic  
efficacy

to guide clinical  
research

to clarify the  
cultural  
epidemiology

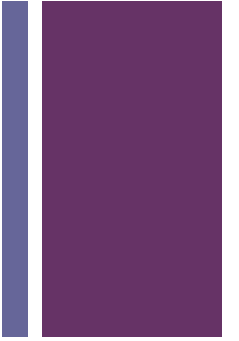


DSM-5 has also placed in section III proposed criteria and diagnostic features for the following

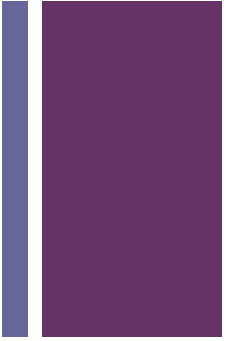
caffeine use disorder

internet gaming disorder

neurobehavioral disorder associated with prenatal alcohol exposure



+  
for more information



[www.dsm5.org](http://www.dsm5.org)

DSM-5 diagnostic criteria mobile app  
also available for IOS and android  
operating systems

**Thank you for listening and for attending.**

**Greg Bauer**

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