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Quick Study® ACADEMIC

PSYCHOLOGY DSM-5 Overview

Essentials including mental illness, medical & behavioral models, psychological perspective, diagnostic classification & DSM-5 classifications

NOTE: Almost all conditions listed include the caveat that the condition diagnosed/specified is such that *the condition is not due to the effects of a substance (except in the case of substance-related disorders), nor is it due to another medical condition; nor is the presence of the condition better explained by the diagnosis of another mental disorder. Last, the condition causes significant distress and impairment in social, academic, vocational, or other important areas of functioning.*

NEURODEVELOPMENTAL DISORDERS

Intellectual Disabilities

Onset during development with deficits in intellectual, social, and practical areas of functioning; deficits manifest in reasoning, problem solving, and abstract thinking as confirmed by various standardized tests of intelligence. Additionally, adaptive functioning deficits manifested in failure to live independently and to be socially responsible. Deficits limit functioning in home, school, and community.

Communication Disorders

Persistent difficulties, with onset during early development, in the learning and use of language in its various forms (written, spoken) due to deficits in comprehension or production. Deficits (as being significantly below accepted age norms) manifested in reduced vocabulary, inability to express oneself due to limited sentence structure, and impaired discursive abilities. Difficulties are not attributable to an underlying medical condition.

Autism Spectrum Disorder

Characterized by persistent problems in social interaction and communication across a wide range of activities, including reduced ability to share emotions and interests, and poor ability in communication and understanding both verbal and nonverbal cues and gestures. Also indicated by repetitious behaviors and patterns, insistence on sameness in routines, and fixation on restricted interests. Heightened sensitivity or lack thereof to environmental sensory stimuli.

Attention-Deficit/Hyperactivity Disorder

Characterized by chronic inability to pay attention and impulsivity/hyperactivity that impairs functioning and development. Frequently unable to sustain interest in an activity or maintain mental focus required by a task. Easily distracted and forgetful of routine activities. Inability to sit still or remain quiet. Garrulous and impatient.

Specific Learning Disorder

Characterized by problems in learning across a range of academic activities. Manifested by poor writing skills and reading comprehension, and/or difficulty in learning numerical concepts and applying numerical reasoning skills. Condition persists despite intervention to improve academic skills and is not better explained by intellectual disabilities, specific sensory deficits, or other extraneous factors.

Motor Disorders

Characterized by excessive clumsiness and awkwardness as manifested by poor learning and performance of coordinated motor skills, with performance significantly below accepted age norms. Conditions' onset is early in development.

Stereotypic Movement Disorder: Manifested by repetitious behaviors, or patterns of behaviors, lacking in any obvious purpose. Behavior may include rocking and self-infliction of harm (biting or hitting).

Tic Disorders

Characterized by chronic, unexpected, quick, impromptu, nonfluid behaviors and/or vocalizations. In the case of *Tourette's disorder,* both motor and vocal tics are present concurrently; whereas in *persistent (chronic) motor or vocal tic disorder,* motor and vocal tics occur separately.

Other Neurodevelopmental Disorders

Characterized by the manifestation of symptoms of neurodevelopmental disorders that cannot easily be categorized as symptoms in this diagnostic category; disorders also lead to problems in occupational, social, or other significant areas of functioning.

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

Schizotypal Personality Disorder: See section on *personality disorders* for definition.

Delusional Disorder: Enduring delusions that may be accompanied by non-prominent hallucinations pertinent to the nature of the delusion itself. Functioning is not significantly affected apart from behaviors specifically related to delusions. Behavior generally does not appear to be odd or peculiar. Types of delusions may be *erotomanic, grandiose, persecutory, jealous, somatic, mixed, or unspecified.*

Brief Psychotic Disorder: Characterized by hallucinations, delusions, disorganized incoherent speech, or grossly disorganized or catatonic behavior. Duration of condition is between 1 day and 1 month.

Schizophreniform Disorder: At least two of the following symptoms are manifested for a period lasting between 1 and 6 months: hallucinations, delusions, disorganized incoherent speech, grossly disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition.

Schizophrenia: At least two of the following symptoms are manifested for a period lasting at least 6 months: hallucinations, delusions, disorganized incoherent speech, grossly disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition. Condition has had a significant negative impact on ability to function in areas such as occupation, academia, interpersonal, or self-care.

Schizoaffective Disorder: An illness characterized by a continuous period wherein the major symptoms of schizophrenia are present *and* for the majority of the duration of the condition major mood (depressive or manic) episodes are present.

Substance/Medication-Induced Psychotic Disorder: Evidenced by the manifestation of the symptoms of psychotic disorder during or soon after exposure to a substance or medication, or withdrawal therefrom.

Psychotic Disorder Due to Another Medical Condition: Condition is the direct consequence of another medical condition.

Catatonia

Indicated by the presence of three or more of the following: stupor, catalepsy, waxy flexibility, mutism, negativism, posturing, mannerism, stereotypy, agitation, grimacing, echolalia, echopraxia.

BIPOLAR AND RELATED DISORDERS

Bipolar I Disorder: Characterized by the following episodes:

- **Manic Episode:** A period of greatly elevated persistent heightened mood characterized by increased activity, energy, or irritability lasting at least a week; characterized by the presence of at least three of the following: grandiosity, insomnia, garrulousness, incoherent disconnected rapid successions of thoughts, difficulty in paying attention and focusing, agitation, restlessness, increase in goal-directed activity, excessive engagement in unrestrained behaviors with a high likelihood of negative outcomes (e.g., compulsive shopping, gambling, entering into high-risk business ventures).
- **Hypomanic Episode:** Similar to manic episode, but period lasts at least 4 consecutive days.
- **Major Depressive Episode:** Indicated by the presence of at least five of the following during a sustained 2-week period: persistent negative mood, diminished satisfaction or pleasure from engaging in nearly all activities, significant weight loss, chronic insomnia or hypersomnia, agitation, fatigue, feelings of worthlessness, difficulty concentrating and focusing, suicidal ideation.

Bipolar II Disorder: Conditions for a current or previous hypomanic episode are met *and* the conditions for a current or previous major depressive disorder must also be met.

Cyclothymic Disorder: For a period of at least 2 years, the symptoms of hypomania and depression have appeared numerous times; however, the criteria for a hypomanic episode or major depressive episode have not been satisfied. During the 2-year interval, hypomanic and depressive periods have occurred at least half the time and the patient has not been symptom free for more than 2 months at a time.

DEPRESSIVE DISORDERS

Disruptive Mood Dysregulation Disorder: Characterized by frequent outbursts of temper over a period lasting at least 1 year with no more than a 3-month period without outbursts. On average outbursts occur three or more times weekly, and individual's mood is chronically irritable and angry. Diagnosis is typically made between ages 6 and 18.

Major Depressive Disorder: Characterized by the symptoms of major depressive episode.

Persistent Depressive Disorder (Dysthymia): Symptoms represent an amalgamation of symptoms of chronic major depressive disorder and dysthymic disorder. Chronic depressed mood persists at least 2 years. While depressed, at least two of the following conditions are manifest: lack of appetite or overeating, insomnia or hypersomnia,

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fatigue, low self-esteem, difficulty in concentrating and indecisive, hopelessness.

Premenstrual Dysphoric Disorder: Three necessary conditions must be met in order for this diagnosis to apply:

1. Symptoms must be present during the majority of menstrual cycles; at least five of these symptoms must manifest during the final week before the onset of menses, improvement should be noticeable within a few days after the beginning of menses; symptoms should be minimal or abate the week after menses.
2. At least one of the following symptoms must manifest: severe mood swings and increased emotional sensitivity, irritability and interpersonal friction, significantly depressed mood, considerable anxiety and emotional agitation.
3. At least one of the following symptoms must be manifest for a cumulative total of at least five when combined with the symptoms in 2 above: decreased interest in daily activities, difficulty in focusing and concentration, significant lethargy, marked changes in eating habits (overeating or fixating on certain foods), insomnia or hypersomnia, feelings of being overwhelmed, noticeable physical changes such as bloating, weight gain, swelling of joints, or muscle pain.

OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Obsessive-Compulsive Disorder: Indicated by the presence of obsessions (unwanted, intrusive thoughts or images that are experienced repeatedly and bring about distress; person tries to counteract and alleviate these thoughts and images with other thoughts or actions) and/or compulsions (repetitive ritualized actions that the individual feels compelled to perform in order to alleviate the distress caused by obsessions). The repetitive rituals are causally unconnected to the obsessions they are attempting to counteract and/or are excessive in their application (for instance, repeatedly checking and rechecking that a door is indeed locked when one confirmation would suffice). Obsessions and/or compulsions endure, lasting at least an hour a day.

Body Dysmorphic Disorder: Indicated by inordinate attention to at least one perceived flaw in physical appearance that is unnoticeable or appears slight to other observers. Individual engages in repetitive behaviors as a means of obtaining reassurance about appearance concerns.

Hoarding Disorder: Indicated by chronic difficulty in getting rid of possessions regardless of their value. This behavior stems from a need to save items and the associated distress of being without them. The accumulation of hoarded items is so excessive so as to make living areas difficult to inhabit.

Trichotillomania (Hair-Pulling Disorder): Repetitive pulling of one's own hair resulting in hair loss, accompanied by repeated attempts to cease this behavior.

Excoriation (Skin-Picking) Disorder: Repeated skin-picking behaviors resulting in skin lesions, accompanied by repeated attempts to cease this behavior.

Substance/Medication-Induced Obsessive-Compulsive and Related Disorder: There is evidence that the symptoms of obsessive-compulsive disorder transpire concurrently with or following substance intoxication, withdrawal, or following exposure to a medication; the substance/medication under consideration is capable of bringing about severe anxiety.

ANXIETY DISORDERS

NOTE: Anxiety disorders typically last at least 6 months, involve a disproportionate fear response relative to the actual danger posed, and involve maladaptive behaviors by the individual to avoid the anxiety-provoking entity or situation.

Separation Anxiety Disorder: Inordinate anxiety upon separation from parties the individual has formed a close emotional attachment to, as manifested by the presence of at least three of the following conditions: repeated intense anxiety when anticipating or experiencing separation from home or significant others, incessant rumination over the prospect of harm coming to significant attachments, chronic refusal or unwillingness to venture out away from home due to fear of separation, chronic and significant anxiety about being left alone and separated from attachment figures, refusal or unwillingness to sleep away from home while separated from attachment figures, recurring nightmares about separation, recurring physical problems (headaches, nausea, gastrointestinal distress) when anticipating or experiencing separation.

Selective Mutism: Characterized by reticence in situations where speaking is expected; condition interferes with social, educational, or vocational aspects of life; condition lasts at least 1 month; reticence is not due to difficulties with vocabulary or language (e.g., learning a foreign language).

Specific Phobia: Characterized by a disproportionate fear response to a specific object or situation; the fear response is almost always immediately elicited by the presence of the phobic object or situation; the phobia-producing entity is actively avoided or only tolerated with great anxiety; the fear manifested is out of proportion to the actual danger posed by the phobia-producing entity; fear and avoidance responses typically persist for at least 6 months.

Social Anxiety Disorder: Indicated by inordinate fear of situations in which the person may be subject to evaluation by others; such situations may include scenarios consisting of meetings, conversations with unfamiliar parties, being observed, or giving speeches or presentations. The person is greatly concerned that they may behave in inappropriate ways that would be negatively construed (leading to rejection, embarrassment, ridicule, or being offended). Social situations are avoided or endured with great anxiety.

Panic Disorder: A panic attack is a sudden, unexpected, intense fear response during which anxiety rapidly escalates within minutes. In order to qualify as a panic disorder a condition must include repeated panic attacks and at least four of the following symptoms: rapid heartbeat, sweating, shaking, shortness of breath, choking sensation, chest pain/discomfort, nausea or gastrointestinal distress, vertigo or sensation of loss of balance or feeling faint and light-headed, sensations of heat or cold, paresthesias, derealization, fear of losing emotional control, fear of dying.

At least one of the panic attacks has been followed by at least 1 month of one or both of the following: chronic worry about experiencing additional panic attacks (and their possible consequences), a marked effort to engage in behaviors to avoid panic attacks.

Agoraphobia: Significant anxiety about at least two of the following scenarios: utilizing public transportation, being in open spaces, being in enclosed spaces, being in a crowd, being alone outside one's home.

NOTE: The above listed scenarios are avoided due to fear of being trapped or fear of experiencing symptoms of panic. Agoraphobic scenarios almost always elicit distress and anxiety. Fear responses typically last at least 6 months, and agoraphobic scenarios are avoided, require the individual to be accompanied, or are endured while experiencing intense fear.

Generalized Anxiety Disorder: Inordinate worry about a variety of scenarios, occurring more days than not and lasting at least 6 months. The person finds it difficult to not ruminate about worry-causing scenarios. At least three of the following symptoms must be present (with at least one lasting at least 6 months): agitation, loss of energy, difficulty focusing, irritability, muscular tension, difficulty sleeping.

Substance/Medication-Induced Anxiety Disorder: There is evidence that panic attacks transpire concurrently with or following substance intoxication, withdrawal, or following exposure to a medication; the substance/medication under consideration is capable of bringing about severe anxiety.

TRAUMA- AND STRESSOR-RELATED DISORDERS

Reactive Attachment Disorder: Indicated by a chronic pattern of emotionally withdrawn behavior with adult caretakers manifested before age 5, and child is developmentally at least 9 months old. Condition is revealed by the presence of both of the following: child rarely seeks comfort when distressed, child is minimally responsive to the comfort provided when distressed. Additionally, at least two of the following manifest: minimal social responsiveness, minimal positive affect, periods of inexplicable irritability, fear, or sadness during periods of nonthreatening interaction with adult caretakers. The child has received extremely insufficient care as revealed by at least one of the following: severe neglect due to chronic lack of adequate emotional care by adult caretakers, instability from having frequent changes in adult caretakers, being raised in settings that severely limit the availability of attachments to adult caretakers.

Disinhibited Social Engagement Disorder: Manifested by a child's pattern of seeking out and interacting with unfamiliar adults, and the presence of at least two of the following: lack of reticence when interacting with unfamiliar adults, overly familiar physical or verbal behavior with unfamiliar adults, little regard for reconnecting with adult caretakers even in unfamiliar environments, unhesitatingly accompanying unfamiliar adults.

Posttraumatic Stress Disorder: Condition lasts at least 1 month and results from experiencing actual or threatened death, serious injury, or sexual violence as manifested by at least one of the following:

- Directly experiencing or witnessing a traumatic event(s)
- Becoming aware of close friends or family members suffering a traumatic event(s)
- Repeated exposure to aversive aspects of traumatic events

Intrusion Symptoms: Presence of at least one of the following after experiencing traumatic event(s):

- Recurring distressing memories of the event
- Frequent nightmares involving the traumatic event(s)
- Flashbacks that may be accompanied by dissociative reactions as if the individual were reliving the traumatic event(s)
- Intense reactive distress when in the presence of cues that serve as reminders of the traumatic event(s)
- Severe physiological reactions upon exposure to cues resembling aspects of the traumatic event(s)

Avoidance Symptoms: Chronic avoidance behaviors beginning after occurrence of traumatic event(s), as manifested by at least one of the following: attempts to avoid distressing thoughts, feelings or memories reminiscent of the traumatic event(s); avoidance of external stimuli that may serve as reminders of the traumatic event(s).

Negative Mood: Negative transformations of mood or thought related to the traumatic event(s), with onset after the event transpired, and manifested by at least two of the following:

- Dissociative amnesia—inability to remember details of the traumatic event(s)
- Chronic and exceedingly negative attitudes and expectations about oneself, others, or surroundings
- Self-blame (or blame others) due to chronic inaccurate thoughts about the cause or effect of traumatic event(s)
  - Chronic negative affect
  - Loss of interest in significant activities
  - Alienation from others
  - Chronic inability to experience positive affect

Arousal Symptoms: Significant changes in sensitivity to traumatic event(s) starting or worsening after the traumatic event(s), as indicated by at least two of the following:

- Unprovoked irritability and temper tantrums
- Irresponsible self-destructive activities
- Hypervigilance
- Heightened startle reaction
- Difficulty in focusing and concentrating
- Disrupted sleep patterns

NOTE: The condition may also be accompanied by dissociative symptoms (i.e., depersonalization and derealization). Manifestation of the condition may also have delayed expression when full diagnostic criteria are not manifest until at least 6 months after the traumatic event(s).

Acute Stress Disorder: The symptoms of this disorder are the same as those for posttraumatic stress disorder. At least nine symptoms manifest starting immediately after the trauma and lasting from 3 days to 1 month.

Adjustment Disorders: Manifested by the appearance of emotional or behavioral symptoms as a reaction to definitive stress-inducing events, with such symptoms making their appearance within 3 months of the event(s). Symptoms include one or both of the following: severe distress that is disproportionate to the intensity of the stress-producing event, significant deterioration in key areas of functioning. Once the stress-producing event(s) or its consequences have ceased, symptoms endure for no more than 6 months.

DISSOCIATIVE DISORDERS

The essential feature of these disorders is a disruption in the integration of consciousness as this relates to memory, identity, and perception of the environment. Such disturbances may be gradual, transient, or chronic. The following categories have been identified:

Dissociative Identity Disorder: Essential features include the presence of two or more distinct personality states or identities that recurrently assume control of the individual's behavior, accompanied with the inability to recall important personal information that is too extensive to be accounted for by ordinary forgetfulness.

Dissociative Amnesia: The inability to recall important personal information, usually of a traumatic or stressful nature, that cannot be explained with ordinary forgetfulness.

Depersonalization/Derealization Disorder: Characterized by a persistent and recurring feeling of being estranged from oneself, of being a spectator of one's own life, and of being detached from one's mental processes or body that is accompanied by intact reality testing (i.e., the individual is aware that this is only a feeling of self-alienation and not reality as such).

SOMATIC SYMPTOM AND RELATED DISORDERS

This category encompasses disorders characterized by the presence of observable physical symptoms that are indicative of a general medical condition yet are not fully explained by a general medical condition, the direct effects of a substance, or another mental disorder. The symptoms must cause clinically significant distress or impairment in social, vocational, or other areas of functioning. Furthermore, the symptoms must be unintentional (not under voluntary control). Some subcategories include the following:

Illness Anxiety Disorder: The preoccupation with the fear of having, or the idea that one is afflicted with, a serious disease based on the individual's misinterpretation of bodily symptoms or functions.

Conversion Disorder (Functional Neurological Symptom Disorder): Indicated by unexplained symptoms or deficits affecting voluntary motor or sensory functions that suggest a neurological or other general medical condition. Psychological factors are believed to be involved with the symptoms or deficits.

Psychological Factors Affecting Other Medical Conditions: A medical condition is negatively affected by psychological factors by exacerbating the medical condition, disrupting treatment, bringing about additional health risks, or exacerbating or eliciting additional symptoms.

Factitious Disorders: These disorders are characterized by physical or psychological symptoms that are intentionally produced or feigned in order to pretend to be ill. The conclusion that a particular symptom is intentionally produced is made by reference to direct evidence (e.g., the individual is found to be in possession of drugs that can produce the symptoms) or by a process of elimination whereby alternative causes are ruled out.

FEEDING AND EATING DISORDERS

Essential feature is the presence of persistent feeding and eating disturbances; includes pica, rumination disorder, and feeding disorder of infancy or early childhood.

Rumination Disorder: Characterized by the repeated regurgitation of food for a period lasting at least 1 month.

Avoidant/Restrictive Food Intake Disorder: Characterized by a chronic avoidance of, or lack of interest in, eating (due to the sensory attributes of food) to a degree constituting significant weight loss or nutritional deficiency. Condition may require enteral feeding.

Anorexia Nervosa: Characterized by the individual's refusal to maintain a minimally normal body weight, intense fear of gaining weight, and significantly distorted perception of the shape and size of one's body.

Bulimia Nervosa: Characterized by binge eating and inappropriate compensatory methods to prevent weight gain (e.g., induced vomiting, misuse of laxatives and diuretics). Furthermore, self-evaluation is excessively influenced by body shape and weight.

Binge-Eating Disorder: Characterized by periods of binge eating averaging once a week for at least 3 months. Binges are characterized by the rapid consumption of abnormally large quantities of food while apparently unable to control this behavior.

ELIMINATION DISORDERS

The condition is usually involuntary, and primary physiological causes should be ruled out. To qualify for diagnosis, the condition needs to be present for prolonged periods with frequently repeated incidents.

Encopresis: Involves defecation in inappropriate places or occasions.

Enuresis: Involves urination in inappropriate places or occasions.

SLEEP-WAKE DISORDERS

Primary Sleep Disorders: Sleep disorders wherein the causal role of another mental disorder, another medical condition, or a substance has been ruled out.

Insomnia Disorder: Characterized by the inability to fall asleep or stay asleep, occurring at least 3 nights a week and lasting at least 3 months.

Hypersomnolence Disorder: Characterized by excessive sleep lasting more than 9 hours that is unsatisfying, accompanied by episodes of lapsing into sleep during the day, and difficulty staying awake after awakening fully. Condition occurs at least 3 times per week and lasts at least 3 months.

Narcolepsy: Characterized by episodes of an irresistible need to sleep during the same day. Condition occurs at least 3 times per week and lasts at least 3 months. Additionally, this condition is indicated by the presence of at least one of the following: episodes of cataplexy, hypocretin deficiency, rapid eye movement (REM) latency during sleep.

Breathing-Related Sleep Disorders

These disorders include obstructive sleep apnea hypopnea, central sleep apnea, sleep-related hypoventilation, and circadian rhythm sleep-wake disorders.

Parasomnias

Indicated by abnormal behavioral or physiological events occurring in association with sleep, specific sleep stages, or sleep-wake transitions. Hence, such disturbances as nightmares, sleep terror, and sleepwalking would be included.

Non-Rapid Eye Movement Sleep Arousal Disorders: Characterized by periods of inability to become fully awake; during these periods little or no dream imagery is experienced and individual has no recall of episode afterwards. Condition is indicated by one of the following:

- **Sleepwalking:** Characterized by repeated instances of getting up during sleep and walking about, while being relatively unresponsive and difficult to wake up.
- **Sleep Terrors:** Characterized by repeated instances of abruptly awakening from sleep in a state of panic. The typical symptoms of a panic attack are present, and the person is relatively unresponsive to attempts to to be subdued or calmed.

Nightmare Disorder: Characterized by repeated instances of enduring extremely threatening dreams that are accurately recalled, accompanied by the ability of the individual to wake up completely.

Rapid Eye Movement (REM) Sleep Behavior Disorder: Characterized by repeated instances of sudden awakening accompanied by vocalizations and/or complex movements. Episodes occur during REM sleep phases and the individual has no problem waking up completely and being alert.

Restless Legs Syndrome: Characterized by a seemingly irresistible need to shift the position of the legs due to discomfort when remaining still. Condition primarily manifests at night and occurs at least 3 times per week for at least 3 months.

Substance/Medication-Induced Sleep Disorder: Characterized by a very significant interruption to sleep upon exposure to a medication/substance, shortly thereafter, or during withdrawal from. The suspected medication/substance has the propensity to produce these very significant interruptions to sleep.

SEXUAL DYSFUNCTIONS

Delayed Ejaculation: For a period of at least 6 months, the individual experiences a significant undesired delay in ejaculation, infrequency thereof, or absence of ejaculation on almost all occasions of partnered sexual activity.

Erectile Disorder: Indicated by the persistent, recurrent inability to attain or maintain an adequate erection until the completion of the sexual activity.

Female Orgasmic Disorder: Characterized by persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase. Since women manifest wide variability in their orgasmic response, this diagnosis should be made with care; such factors as age, sexual experience, general health, and the degree of sexual stimulation applied should all be weighed carefully.

Female Sexual Interest/Arousal Disorder: Indicated by greatly diminished or absent sexual interest/arousal lasting at least 6 months. The lack of interest/arousal is present on almost all occasions for sexual activity, and there is greatly diminished or absent response to both mental and physical sexual stimulation.

Genito-Pelvic Pain/Penetration Disorder: Indicated by genital pain experienced with sexual intercourse; although most commonly present during intercourse, the pain may also be present before or after intercourse. Condition may also include persistent or recurrent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration is attempted. Condition lasts at least 6 months.

Male Hypoactive Sexual Desire Disorder: Characterized by a chronic lack of interest in, or desire for, sexual stimulation or activity. Condition lasts at least 6 months.

Premature (Early) Ejaculation: Indicated by repeated instances of ejaculation occurring within about one minute after penetration, during sexual activity with a partner. Condition lasts at least 6 months, and is manifest in almost all instances of sexual activity.

Substance/Medication-Induced Sexual Dysfunction: Indicated by a severe disruption in sexual functioning upon exposure to a medication/substance, shortly thereafter, or during withdrawal from. The suspected medication/substance has the propensity to produce these very significant disruptions to sexual functioning.

GENDER DYSPHORIA

Gender dysphoria disorders are manifested by strong, persistent cross-gender identification accompanied with persistent discomfort with one's sex. There must be a strong and persistent cross-gender identification that is not due merely to a desire to attain the perceived cultural or social advantages of being the other sex. There must also be present a persistent discomfort with one's sex or a sense of inappropriateness in the gender role of that sex. Furthermore, disturbance is not due exclusively to the direct physiological effects of a substance.

DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

The essential feature of these disorders is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to self or others. Typically, the individual experiences increased tension or arousal before committing the act, followed by relief, pleasure, or gratification after completion of the act. Ensuing feelings of guilt, regret, or self-recrimination may or may not be present.

Oppositional Defiant Disorder: Characterized by repeated displays of angry, irritable moods, and argumentative, defiant, vindictive behaviors for a period of at least 6 months. Condition is manifest with at least one individual who is not a sibling.

Intermittent Explosive Disorder: Characterized by discrete episodes of failure to restrain aggressive impulses, resulting in serious assaults or destruction of property. The degree of aggressiveness displayed is grossly disproportionate to the objective physical or psychological provocation.

Conduct Disorder: Indicated by repeated instances of activity within a 1-year period wherein the individual displays behaviors that may include (with at least one present for 6 months): aggression toward people and animals, destruction of property, deceitfulness or theft, and/or serious transgressions of rules.

Pyromania: Essential feature is the ignition of fires for pleasure, gratification, and relief of tension. There is a fascination with, curiosity about, and attraction to situational contexts with fire, witnessing its effects, or participating in its aftermath.

Kleptomania: Indicated by the repeated failure to resist impulses to steal objects not needed for personal use or monetary value. The theft is not due to vengeance, need for survival, nor is it due to hallucinations.

SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

The major feature of these disorders is a cluster of cognitive, behavioral, and psychological symptoms indicative of continued substance use despite significant substance-use-related problems. One major consideration is that there is a persistent underlying change in brain chemistry lasting beyond detoxification. The behavioral changes manifested due to the altered brain chemistry may include chronic relapses and intense cravings for the substance when presented with substance-related stimuli. The classes of drugs that comprise these disorders include alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, and tobacco.

Non-Substance-Related Disorders

Gambling Disorder: Indicated by persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits.

NEUROCOGNITIVE DISORDERS

Delirium: Essential feature of condition is a disturbance of consciousness and an alteration in cognition that develops over a short interval. Subtypes include delirium due to general medical condition, substance-induced delirium, and delirium due to multiple etiologies.

Major and Mild Neurocognitive Disorders

- **Major Neurocognitive Disorder:** Indicated by serious cognitive impairment in at least one of the following areas of cognitive functioning: complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition. The cognitive impairment disrupts the performance of daily activities. The cognitive impairment does not manifest solely in the context of delirium. The condition may result from Alzheimer's disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/medication use, HIV infection, prion disease, Parkinson's disease, Huntington's disease, another medical condition, multiple etiologies, or an unspecified cause.
  - **Dementia:** Encompassed under major neurocognitive disorder and retained as an alternative. Dementia includes multiple cognitive deficits and is thus a more narrow diagnosis than major neurocognitive disorder.
- **Mild Neurocognitive Disorder:** Indicated by a moderate decrease in cognitive functioning that does not disrupt the performance of daily activities. Other indicators for this condition are similar to major neurocognitive disorder.

PERSONALITY DISORDERS

General Personality Disorder: Enduring patterns of inner experience and behavior that significantly deviates from the expectations of the individual's culture, is pervasive and inflexible, originates in adolescence or early adulthood, is stable over time, and leads to clinically significant distress or impairment in one or more important areas of functioning (e.g., social, academic, or occupational).

Paranoid Personality Disorder: Indicated by a pattern of pervasive distrust and suspiciousness of others, such that their motives are interpreted as malevolent. Events and the actions of others are interpreted in the most negative light possible, and convictions of others' hostility are based on little or no objective evidence.

Schizoid Personality Disorder: Essential features include a pervasive pattern of detachment from social relationships and a restricted range of emotions in interpersonal settings. The individual typically will avoid social interaction, prefers solitary activities and interests, and seems to derive little or no pleasure from sensory, bodily, or interpersonal relationships. Affect is usually flat and expressionless, and there is a preference for abstract intellectual interests, such as mechanical, mathematical, or computer-related pursuits.

Schizotypal Personality Disorder: Indicated by repeated instances of lacking adequate social or interpersonal skills, accompanied by acute uneasiness with, and diminished ability to, maintain close relationships. Condition is manifested by early adulthood and is further characterized by perceptual distortions and odd thinking, speech, beliefs, and behavior.

Antisocial Personality Disorder: Essential features include a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. Deceit, manipulation, and exploitation are central characteristics of this personality disorder. A pattern of impulsivity may also be present, such that decisions are made capriciously, with little or no forethought or planning.

Borderline Personality Disorder: Indicated by a pervasive pattern of instability in interpersonal relationships, of self-image and affects, accompanied by marked impulsivity with an onset in early adulthood and present in a variety

of contexts. Individual will often be intensely concerned with abandonment and will go to great lengths to avoid real or imagined abandonment. The perception of impending loss, rejection, separation, abandonment, or the loss of external stability and structure can produce profound alterations in self-image, affect, cognition, and behavior.

Histrionic Personality Disorder: Characterized by pervasive and excessive emotionality and attention-seeking behavior, originating in early adulthood and manifesting in a variety of contexts. Individual feels uncomfortable and unappreciated if he/she is not the center of attention. Individuals with this disorder will often behave in a melodramatic, histrionic, and flirtatious manner.

Narcissistic Personality Disorder: Characterized by a pervasive pattern of grandiosity, need for admiration, and lack of empathy, originating in early adulthood and manifesting in a variety of contexts. The individual has an exaggerated sense of self-importance, often displaying a conceited, boastful demeanor while overestimating his/her abilities and accomplishments.

Avoidant Personality Disorder: Characterized by an inordinate preoccupation with being disapproved of, socially rejected, or criticized. Individual suffers from chronic feelings of inadequacy and is hypersensitive to the possible negative evaluations of others. Typically, significant interpersonal or social involvement is avoided, due to fear of being exposed, ridiculed, or embarrassed. Due to constant need for reassurance, security, and certainty of acceptance, individual often leads a rather isolated or restricted social existence.

Dependent Personality Disorder: Indicated by an inordinate and chronic need to be taken care of, resulting in submissive clinging behavior and a fear of separation, abandonment, or rejection. Due to a self-perception of being unable to function without the help of others, the individual displays a variety of submissive and dependent behaviors so as to elicit caregiving and nurturing behavior from others. Individual tends to be indecisive about even everyday matters and requires much advice and reassurance from others due to his/her extremely passive nature.

Obsessive-Compulsive Personality Disorder: Characterized by a pervasive preoccupation with orderliness, perfectionism, and control, originating in early adulthood and manifesting in a variety of contexts. Individual maintains painstaking attention to rules to the extent that the major point of the activity is lost. Perfectionism interferes with the ability to complete tasks. Individual is overly devoted to work to the exclusion of leisure activities and overconscientious about matters of morality. Individual may be unable to throw objects away, reluctant to delegate tasks, miserly, and inflexible.

Personality Change Due to Another Medical Condition: Indicated by the presence of a persistent personality disturbance attributed to the direct physiological effects of a general medical condition. The personality disturbance must manifest as a significant change from the individual's previous characteristic personality pattern.

PARAPHILIC DISORDERS

The presence of a paraphilia, *per se,* is not a disorder unless it is accompanied by distress causing impairment in the individual, or presents a harm, or risk of harm, to others. Furthermore, in order to qualify as a disorder the condition must endure for at least 6 months.

Voyeuristic Disorder: Involves the surreptitious observation of unsuspecting individuals, usually strangers, who are naked, in the process of disrobing, or engaging in a sexual activity. The act of looking is to achieve sexual excitement and possibly orgasm if masturbation is engaged in concurrently with the act of voyeurism. Generally, no sexual activity is sought with the individual observed.

Exhibitionistic Disorder: Involves deriving sexual pleasure or excitement from exposing one's genitals to a stranger. Occasionally the individual masturbates while exposing himself/herself. There is usually no attempt to initiate sexual activity with the stranger.

Frotteuristic Disorder: Involves repeated instances of experiencing great sexual arousal from rubbing up against or touching nonconsenting individuals, as revealed in fantasies, urges, or activities.

Sexual Masochism Disorder: Involves acts (real, not simulated) in which the individual derives sexual excitement from being humiliated, beaten, bound, or otherwise made to suffer.

Sexual Sadism Disorder: Involves acts (real, not simulated) in which the individual derives sexual excitement from the physical or psychological suffering (including humiliation) of the victim.

Pedophilic Disorder: Involves sexual activity with a prepubescent child (usually younger than 13 years of age); the pedophile must be at least 16 years of age and at least 5 years older than the child. Both sexual maturity of the child and the age difference must be taken into account.

Fetishistic Disorder: Involves the utilization of nonliving objects (the "fetish") for purposes of deriving sexual pleasure or producing sexual excitement. The absence of the fetish may be accompanied by erectile dysfunction in males.

Transvestic Disorder: Involves cross-dressing for the purpose of deriving sexual pleasure or excitement. This disorder is only described for heterosexual males and is not indicated when the cross-dressing occurs as an element of gender identity disorder.

MEDICATION-INDUCED MOVEMENT DISORDERS AND OTHER ADVERSE EFFECTS OF MEDICATION

The conditions listed below are *not mental disorders,* but are nevertheless included because of their relevance to the management of medication for mental disorders and the differential diagnosis of mental disorders. Establishing a direct causal connection between the disorder and a medication suspected of causing it is by no means always clear or even possible, as these disorders may also at times manifest in the absence of the medication.

NOTE: *Neuroleptic* (also called *antipsychotic*) medications have a propensity to induce movement disorders as a side effect. These side effects are called *extrapyramidal symptoms,* and may include acute dyskinesias and dystonic reactions, tardive dyskinesia, Parkinsonism, akinesia, akathisia, and neuroleptic malignant syndrome. Typical neuroleptic medications include first generation antipsychotics such as chlorpromazine, haloperidol, and fluphenazine; and second generation antipsychotics such as clozapine, risperidone, olanzapine, and quetiapine; and certain dopamine-receptor blocking drugs such as prochlorperazine, promethazine, trimethobenzamide, thiethylperazine, and metoclopramide; and the antidepressant amoxapine.

Neuroleptic-Induced Parkinsonism: Characterized by Parkinsonian tremors, muscular rigidity, difficulty in or inability to move (akinesia), or slow-movement (bradykinesia). These symptoms typically manifest after a few weeks of beginning a medication or altering its dosage.

Neuroleptic Malignant Syndrome: Characterized by excessive perspiration and generalized muscle rigidity that is unresponsive to treatment. The individual's mental state is in an altered state of consciousness ranging from stupor to coma, including delirium. Symptoms typically manifest within three days of exposure to dopamine antagonist agents.

Medication-Induced Acute Dystonia: Characterized by atypical and long-lasting muscle contractions of the eyes, head, neck, limbs, or trunk. Symptoms typically manifest within a few days of beginning a medication or altering its dosage.

Medication-Induced Akathisia: Characterized by the individual's being in a restless, agitated state, essentially being unable to be still. These symptoms typically manifest after a few weeks of beginning a medication or altering its dosage.

Tardive Dyskinesia: Characterized by involuntary, slow movements or involuntary, irregular, jerking movements (enduring for at least a few weeks) of the lower face, jaw, tongue, and extremities. Symptoms usually manifest after a few months of the administration of neuroleptic medication. If condition manifests subsequent to ceasing or altering the administration of a neuroleptic medication, then it is termed *neuroleptic withdrawal-emergent dyskinesia.*

Tardive Dystonia: Characterized by involuntary muscle contractions that precipitate slow repetitive movements or abnormal postures. These symptoms are tardive in that they manifest late in treatment, develop slowly, and may endure for a prolonged interval after ceasing the administration of a neuroleptic medication or reducing its dosage.

Tardive Akathisia: Characterized by agitated, restless, fidgety movements. These symptoms are tardive in that they manifest late in treatment, develop slowly, and may endure for a prolonged interval after ceasing the administration of a neuroleptic medication or reducing its dosage.

Medication-Induced Postural Tremor: A fine tremor similar to tremors associated with anxiety, caffeine, or the use of other stimulants. Tremor appears when individual tries to maintain a posture. Tremor manifests in association with the use of medication.

Other Medication-Induced Movement Disorder: This classification is for medication-induced movement disorders not previously listed; when the condition appears to be associated with the use of a nonneuroleptic medication.

Antidepressant Discontinuation Syndrome: Manifests after an abrupt discontinuation, or significant reduction in dosage, of an antidepressant medication that was used for at least a month. Symptoms typically appear within 2 to 4 days of stopping (or significantly reducing the dose) the use of the medication. Symptoms are variable depending on the medication discontinued, but may include nausea, seeing flashes of light, and feeling electric shocks, as well as hypersensitivity to light and sound. Additional symptoms may include insomnia, dizziness, anxiety, and ringing in the ears. Symptoms are alleviated if the medication is reintroduced or a similar medication is started.

OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION

Conditions in this section are *not mental disorders* but are relevant insofar as they may warrant clinical attention or influence diagnosis, course, prognosis, or treatment of a mental disorder. Conditions listed in this section may also be helpful in coding the reason for a patient's visit or clarifying the need for a test, procedure, or treatment.

Relational Problems

Important relationships such as between intimate adult partners, or child and caretaker, can have a significant impact upon an individual's mental well-being. These relationships may have a positive, neutral, or negative impact upon mental health. In severe cases, the negative impact of relational problems can have significant psychological repercussions upon the individual affected.

Problems Related to Family Upbringing

- Parent-Child Relational Problem
- Sibling Relational Problem
- Upbringing Away From Parents
- Child Affected by Parental Relationship Distress

Other Problems Related to Primary Support Group

- Relationship Distress With Spouse or Intimate Partner
- Disruption of Family by Separation or Divorce
- High Expressed Emotion Level Within Family
- Uncomplicated Bereavement

Abuse and Neglect

Mistreatment by significant others deserves clinical attention when such mistreatment is a key consideration in the diagnosis and treatment of people with mental and other disorders. Conditions in this section may warrant important legal considerations; and the past history of repeated occurrences of abuse and/or neglect may also be noted along with the diagnosis.

Child Maltreatment and Neglect Problems

- Child Physical Abuse
- Child Sexual Abuse
- Child Neglect
- Child Psychological Abuse

Adult Maltreatment and Neglect Problems

- Spouse or Partner Violence, Physical
- Spouse or Partner Violence, Sexual
- Spouse or Partner Neglect
- Spouse or Partner Abuse, Psychological
- Adult Abuse by Nonspouse or Nonpartner

Educational and Occupational Problems

Educational Problems

Conditions in this section are relevant when academic or educational difficulties warrant the need for clinical evaluation or influence treatment, diagnosis, or prognosis. Problems addressed may include academic underperformance, underachievement, and problems with teachers, staff, or students. Also worthy of consideration are issues related to illiteracy or low-literacy, and any other problems stemming from education and/or literacy.

- Academic or Educational Problem

Occupational Problems

Conditions in this section are relevant when occupation-related issues warrant clinical evaluation or influence the individual's treatment or prognosis. Issues involved may include work or work-related stress, difficulties getting along with superiors or coworkers, sexual harassment, loss of a job, changes in job conditions, and ambivalence about career choices.

- Problem Related to Current Military Deployment Status
- Other Problem Related to Employment

Housing and Economic Problems

Housing Problems

- Homelessness
- Inadequate Housing
- Discord with Neighbor, Lodger, or Landlord
- Problem Related to Living in a Residential Institution

Economic Problems

- Lack of Adequate Food or Safe Drinking Water
- Extreme Poverty
- Low Income
- Insufficient Social Insurance or Welfare Support
- Unspecified Housing or Economic Problem

Other Problems Related to the Social Environment

- **Phase of Life Problem**: Inclusion in this category is appropriate when issues pertaining to a lifestyle adjustment or transition warrant clinical attention or influence their treatment. Relevant issue may include retirement, children leaving home, marriage, having children, and starting or completing an educational phase.
- Problem Related to Living Alone
- Acculturation Difficulty
- Social Exclusion or Rejection
- **Target of (Perceived) Adverse Discrimination or Persecution:** Inclusion in this category is appropriate when the individual perceives or experiences instances of discrimination or persecution that appear to be due their membership (or perceived membership) in certain groups such as race, religion, gender, ethnicity, sexual orientation, political affiliation, disability, social status, weight, or appearance.
- Unspecified Problem Related to Social Environment

Problems Related to Crime or Interaction with the Legal System

- Victim of Crime
- Conviction in Civil or Criminal Proceedings Without Imprisonment
- Imprisonment or Other Incarceration
- Problems Related to Release from Prison
- Problems Related to Other Legal Circumstances

Other Health Service Encounters for Counseling and Medical Advice

- **Sex Counseling:** Inclusion in this category is appropriate when counseling is sought in relation to sex-related issues such as the individual's sexual behavior, satisfaction, attitudes, orientation, or education, as well as similar issues pertaining to the individual's partner.
- **Other Counseling or Consultation:** Inclusion in this category is appropriate when the individual seeks counseling for issues not elsewhere included, such as religious, spiritual or existential concerns, dietary issues, or attempts at smoking cessation.

Problems Related to Other Psychosocial, Personal, and Environmental Circumstances

- Religious or Spiritual Problem
- Problems Related to Unwanted Pregnancy
- **Problems Related to Multiparity:** Inclusion in this category is appropriate when issues pertaining to multiparity are deserving of clinical consideration. Such issues may include relational complications among siblings who are twins, triplets, or other multiparity groupings.
- Discord With Social Service Provider, Including Probation Officer, Case Manager, or Social Services Worker
- Victim of Terrorism or Torture
- Exposure to Disaster, War, or Other Hostilities
- Other Problem Related to Psychosocial Circumstances
- Unspecified Problem Related to Unspecified Psychosocial Circumstances

Other Circumstances of Personal History

- Other Personal History or Psychological Trauma
- Personal History of Self-Harm
- Personal History of Military Deployment
- Other Personal Risk Factors
- **Problem Related to Lifestyle:** Inclusion in this category is appropriate when issues specifically related to a type of lifestyle warrant clinical evaluation or directly impact the course, prognosis, or treatment of a mental or other medical disorder. Lifestyle issues addressed may include poor fitness and inadequate exercise, high-risk behaviors, sleep-related problems, and dietary problems.
- **Adult Antisocial Behavior:** Inclusion in this category is specifically warranted when adult antisocial behavior is manifested that is *not due to a mental disorder*, such as antisocial personality or conduct disorder. Examples of these types of adult antisocial behavior may include drug dealers, members of organized crime, professional burglars or thieves, and individuals engaged in racketeering.
- **Child or Adolescent Antisocial Behavior:** Inclusion in this category is warranted when the antisocial behavior of a child or adolescent warrants clinical evaluation, but such behavior is not due to a mental disorder such as conduct disorder or intermittent explosive disorder. Behaviors in this category may be distinguished in that they appear to involve the commission of isolated antisocial acts and do not appear to form a pattern of such behavior.

Problems Related to Access to Medical and Other Health Care

- Unavailability or Inaccessibility of Health Care Facilities
- Unavailability or Inaccessibility of Other Helping Agencies

Nonadherence to Medical Treatment

Conditions in this section are relevant when issues pertaining to nonadherence, or noncompliance, to a prescribed course of treatment for a mental disorder or other medical illness warrant clinical evaluation. Issues may include noncompliance due to disagreeable side-effects of prescribed medications, personal moral or religious objections to treatment, or the presence of a mental disorder contributing to noncompliance.

- Nonadherence to Medical Treatment
- Overweight or Obesity
- Malingering
- Wandering Associated With a Mental Disorder
- Borderline Intellectual Functioning

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