

## **Use of the DSM–5 in a Written Assessment of a Client** (Points = 3)

***The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*** is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be used in all clinical settings by clinicians of different theoretical orientations. It can be used by mental health and other health professionals, including psychiatrists and other physicians, psychologists, social workers, nurses, occupational and rehabilitation therapists, and counselors. The *DSM-5* can also be used for research in clinical and community populations. It is also a necessary tool for collecting and communicating accurate public-health statistics.

*The DSM-5* consists of the following three major components:

- Diagnostic Classification
- Diagnostic Criteria Sets
- Descriptive Text

### **Diagnostic Classification**

The diagnostic classification is the official list of mental disorders recognized in the *DSM*. Each diagnosis includes a diagnostic code, which is typically used by individual providers, institutions, and agencies for data collection and billing purposes. These diagnostic codes are derived from the coding system used by all U.S. health-care professionals, known as the *International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10)*.

On Oct. 1, 2015, all HIPAA-covered entities must transition from using ICD-9 codes to using ICD-10 codes.

### **Diagnostic Criteria Sets**

For each disorder included in *DSM-5*, a set of diagnostic criteria indicates symptoms that must be present (and for how long) as well as a list of other symptoms, disorders, and conditions that must first be ruled out to qualify for a particular diagnosis. While these criteria help increase diagnostic reliability (i.e., the likelihood that two doctors would come up with the same diagnosis when using the *DSM-5* to assess a patient), it is important to remember that these criteria are meant to be used by trained professionals using clinical judgment; they are not meant to be used by the general public in a cookbook fashion.

### **Descriptive Text**

The third area of *DSM-5* is the descriptive text that accompanies each disorder. The text of *DSM-5* provides information about each disorder under the following headings:

- Diagnostic Features
- Associated Features Supporting Diagnosis
- Subtypes and/or Specifiers
- Prevalence

- Development and Course
- Risk and Prognostic Factors
- Diagnostic Measures
- Functional Consequences
- Culture-Related Diagnostic Issues
- Gender-Related Diagnostic Issues
- Differential Diagnosis
- Recording Procedures

### **DSM-5 Field Assignment:**

In order to complete the DSM-5 Field Assignment, the student is to conduct a clinical assessment of a client utilizing the criteria of the DSM-5. **(This assignment is for the purpose of gaining experience with this diagnostic tool. Only licensed mental health professionals are qualified to complete an official diagnosis of clients.)**

**Students are required to act in compliance with Health Insurance Portability and Accountability Act (HIPPA) during all aspects of completing this assignment and in all Field Education Practicum activities.**

**Confidentiality:** For the purpose of protecting confidentiality of the client(s) in completing this Field Assignment, please remember to either change or black out the names, birthdates, addresses, phone numbers, places of employment, name of agency and any other information that may link this report to the specific client(s). You can use the “find and replace” feature of Word to make these changes easily.

The agency format for conducting DSM-5 clinical assessments can be used in place of the following outline:

#### Outline for Conducting a Clinical Assessment Utilizing the DSM-5:

##### **1. History.**

- A. Identifying Information.
- B. Chief complaint.
- C. History of present illness.
- D. Past mental health, substance abuse and developmental history (including suicidal and homicidal ideation and behavior).
- E. Family mental health, substance abuse and medical history (including suicidal and homicidal Ideation and behavior).
- F. Medical history and results of physical examination.

##### **2. Mental Status Examination.**

- A. Appearance.
- B. Behavior (including impulse control).
- C. Speech.
- D. Emotion (including)
  1. Mood.
  2. Affect.

- 3. Mood congruency.
- E. Thought processes and content.
  - 1. Word usage.
  - 2. Stream of thought.
  - 3. Continuity of thought.
  - 4. Content of thought (including suicidal and homicidal thoughts).
- F. Perception.
- G. Attention.
- H. Orientation.
  - 1. Time (date & time of day).
  - 2. Place.
  - 3. Person.
- I. Memory.
  - 1. Immediate.
  - 2. Recent.
  - 3. Remote.
- J. Judgment.
- K. Intelligence, fund of information, and ability to abstract.
- L. Insight.

### **3. Auxiliary Data.**

- A. Information provided by relatives and friends.
- B. Results of medical history and physical examination.
- C. Results of laboratory tests.
- D. Results of psychological testing.
- E. Results of neurological evaluation (including brain-imaging studies).

### **4. Summary of Principal Findings.**

### **5. DSM-5 Diagnoses**

### **6. Prognosis.**

### **7. Bio-Psychosocial Formulation.**

### **8. Treatment Plan.**

- A. Additional data gathering (including interviews, tests, & consultations).
- B. Treatment goals.
  - 1. Immediate.
  - 2. Short-term.
  - 3. Long-term.
- C. Treatment plan.
  - 1. Immediate.
  - 2. Short-term.
  - 3. Long-term.

## References:

Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition,  
American Psychiatric Association, 2013 (ISBN-13: 978-0890425558).

<http://www.psyweb.com/content/main-pages/dsm-5-fifth-edition-of-the-diagnostic-and-statistical-manual-of-mental-disorders> (This site provides an article with an overview of the “DSM 5 - Fifth edition of the Diagnostic and Statistical Manual of Mental Disorders” by Cheryl Lane, Ph.D.

<http://www.omh.ny.gov/omhweb/resources/providers/dsm-5-overview.pdf> (This site provides an article with an “Overview of DSM-Changes” by Christopher K. Varley, MD.