# DSM-5 Reference Cards

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These cards provide a review of the mental disorders and other conditions identified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), including diagnostic criteria, subtypes and specifiers, and key differential diagnostic considerations.
Introduction & Overview (cont.)

On these cards, the name of each disorder is followed, underneath, by its ICD-9-CM code. ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) is the coding system currently used in the United States. Adoption of ICD-10-CM is scheduled to take place in October 2014.

Definition of “Mental Disorder”: DSM-5 defines a mental disorder as “a syndrome characterized by clinically significant disturbance in … cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (APA, 2013, p. 20). An expectable or culturally approved response to a stressor or loss is not a mental disorder, and socially deviant behavior (e.g., political, religious, sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviant behavior or conflict results from a dysfunction in the individual.

Criterion for Clinical Significance: Mental disorders are “usually associated with significant distress or disability in social, occupational, or other important activities” (APA, 2013, p. 20). Most mental disorders in DSM-5 include a generic diagnostic criterion that is typically worded, “the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.” This criterion is used to identify disorder thresholds and assists in determining a person’s need for treatment. On these cards, this criterion is generally paraphrased as “… causes clinically significant distress or impairment in important areas of functioning.”

DSM-5 Sections: Section I of DSM-5 (DSM-5 Basics) includes an introduction and describes how to use the manual; Section II (Diagnostic Criteria and Codes) presents diagnostic criteria and additional information for each diagnosis; and Section III (Emerging Measures and Models)
Neurodevelopmental disorders “typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning” (APA, 2013, p. 31).
The neurodevelopmental disorders include the following: (1) Intellectual disabilities – i.e., intellectual disability (intellectual developmental disorder), global developmental delay, and unspecified intellectual disability. (2) Communication disorders – i.e., language disorder, speech sound disorder, childhood-onset fluency disorder (stuttering), social (pragmatic) communication disorder, and unspecified communication disorder. (3) Autism spectrum disorder. (4) Attention-deficit/hyperactivity disorder (ADHD), other specified ADHD, and unspecified ADHD. (5) Specific learning disorder. (6) Motor disorders – i.e., developmental coordination disorder, stereotypic movement disorder, and tic disorders (Tourette’s disorder, persistent [chronic] motor or vocal tic disorder, provisional tic disorder, other specified tic disorder, and unspecified tic disorder). (7) Other specified neurodevelopmental disorder. (8) Unspecified neurodevelopmental disorder.

When diagnosing neurodevelopmental disorders, specifiers are used to describe the clinical presentation (e.g., severity, age at onset) and to record factors that may affect severity ratings or clinical course or that may have played a role in the etiology of the disorder. An example of the latter is “associated with a known medical or genetic condition or environmental factor.”

Neurodevelopmental disorders frequently co-occur. For instance many children with ADHD also have a specific learning disorder, and individuals with autism spectrum disorder often have intellectual disability.
Intellectual Disabilities

Intellectual Disability
(Intellectual Developmental Disorder)

319 (this code applies to all four levels of severity)

**Diagnostic Criteria:** Intellectual deficits and deficits in adaptive functioning, both with an onset during the developmental period. Intellectual deficits must be confirmed by both clinical assessment and individualized, standardized intelligence testing. The deficits in adaptive functioning result in a failure to meet developmental and sociocultural standards for personal independence and social responsibility, and without ongoing support, they limit functioning in one or more activities of daily life across multiple settings.

**Specify current severity:** Mild; moderate; severe; or profound. The levels of severity are defined on the basis of adaptive functioning, rather than IQ scores. Adaptive functioning determines the level of support the person requires and encompasses adaptive reasoning in three domains – (1) conceptual (academic skills, memory, problem solving, judgment in unfamiliar situations, etc.); (2) social (empathy, interpersonal communication skills, friendship abilities, social judgment, etc.); and (3) practical (personal care, task organization, job responsibilities, money management, self-management of behavior, recreation, etc.).

**Note:** On individually administered intelligence tests, persons with intellectual disability score about two standard deviations or more below the population mean, including a margin for measurement error (usually 5 points). On tests with a standard deviation of 15 and a mean of 100, this reflects a score of 65-75 (70 ± 5).
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DSM-5
Glossary – Essential Features For DSM-5 Disorders

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Glossary

**Acute Stress Disorder**: Exposure to actual or threatened death, serious injury, or sexual violence in 1 or more of 4 specified ways; the presence of 9 or more of 14 specified symptoms from any of 5 categories (intrusion, negative mood, dissociation, avoidance, arousal); duration of 3 days to 1 month. (Category: Trauma- and stressor-related disorders.)

**Adjustment Disorders**: Clinically significant emotional or behavioral symptoms in response to a stressor, as evidenced by impaired functioning and/or marked distress that is out of proportion to the severity or intensity of the stressor (taking into account the external context and cultural factors that might influence symptom severity and presentation). Once the stressor or its consequences have terminated, symptoms do not persist for more than an additional 6 months. (Category: Trauma- and stressor-related disorders.)

**Agoraphobia**: Marked fear or anxiety about 2 or more of 5 specified situations; the person fears or avoids those situations because escape might be difficult or help unavailable if panic-like or other incapacitating or embarrassing symptoms develop; fear and anxiety are out of proportion to actual danger; fear, anxiety, or avoidance is persistent (typically 6 months or more). (Category: Anxiety disorders.)

**Anorexia Nervosa**: Restricted energy intake leading to significantly low body weight; intense fear of gaining weight or persistent behavior that interferes with weight gain; disturbance in the way that body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or lack of recognition of seriousness of low body weight; both subtypes (restricting, binge-eating/purging) require a minimum duration of 3 months. (Category: Feeding and eating disorders.)