

Fall 2025 SOWK 581

WEEK 04

Understanding and Using the DSM-5

JACOB CAMPBELL, PH.D., LICSW

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

Week 04 Plan

Agenda

General content in diagnoses

Using the DSM

AMA - DMS-5-TR Edition

Learning Objectives

- General content in diagnoses
- Using the DSM
- AMA - DMS-5-TR Edition

Monday, October 08, 2007

Is love (attraction) a panic attack?

I'm currently taking a clinical assessments class for social work. I have been told that many of us can identify with various diagnoses from the DSM IV TR (the most current edition of the publication put out by the American Psychiatric Association that classifies and defines different psychiatric diagnoses and lists the criteria for them). This weeks study is in the anxiety disorders, the most common diagnosis.

I was struck by a thought as I was reading through the criteria for a panic attack. Panic attacks are not code able by themselves (meaning that they are the basis for other classifications). Many of the criteria put forth coincides with what I'd imagine to be common for people "in love" (by this I don't mean love as the verb, but an adjective) or being attracted to somebody. Let me list the criteria that I think is relevant (note that these are not all of the criteria).

- Palpitations (heart skipping a beat), pounding hear, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath
- Chest discomfort
- Feeling faint
- Hot flashes

I know that I have had many of these feelings in the presence of somebody that I was very attracted to. To be considered a panic attack, the person must have at least for of these criteria abruptly start and reach a peak in 10 minutes.

posted by Jacob at 12:40 AM |  

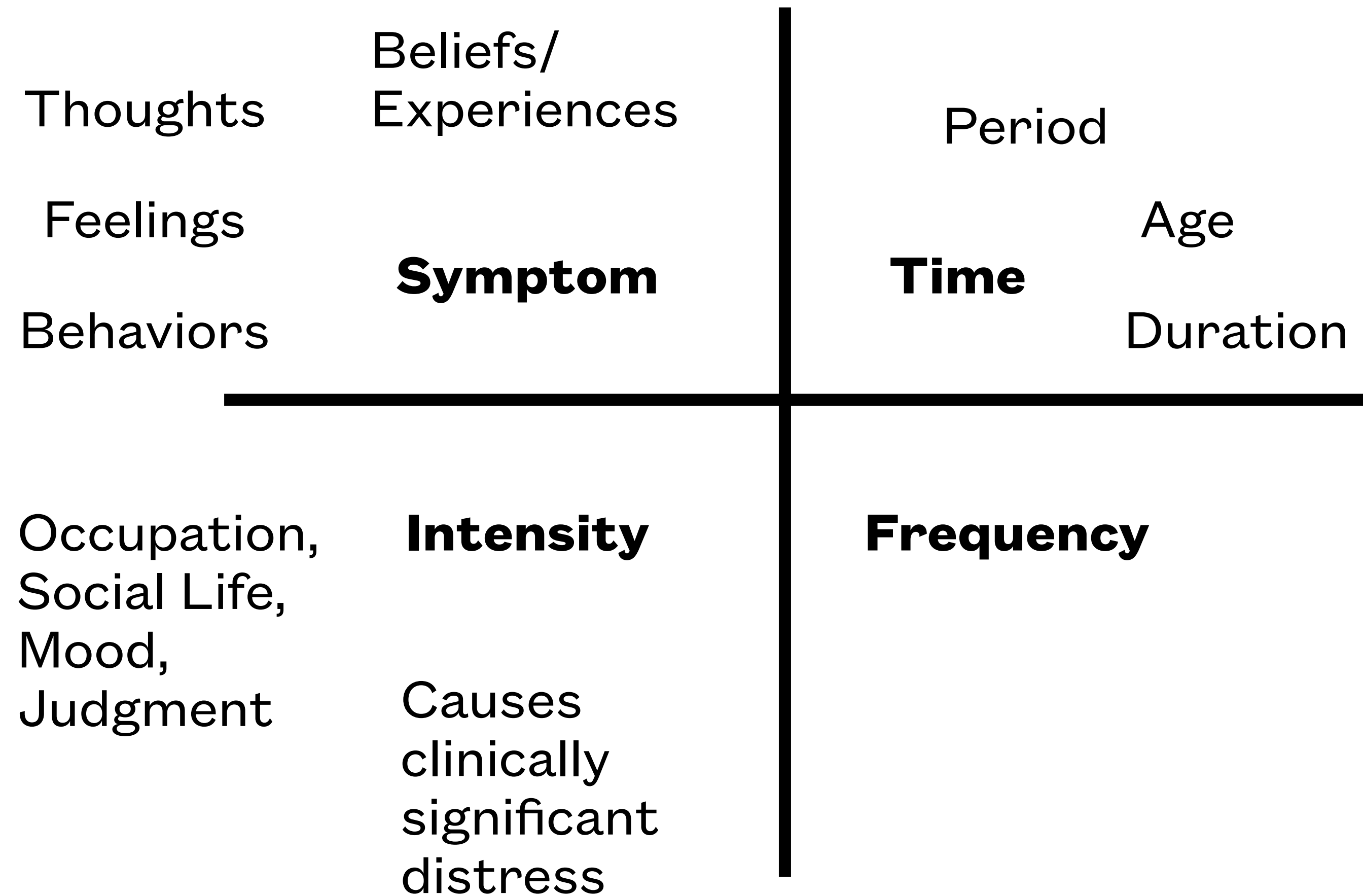
Do we all have the conditions and symptoms in the DSM?

The tendency of students to self-diagnose based on classroom learning is sometimes referred to as intern syndrome or medical students' disorder (Aaiz & Stephen, 2017).

Attitudes towards those who self-diagnose are a highly contentious practice, with individuals stating emotional and moral arguments both for and against self-diagnosis, with arguments about perceived benefits and harms (Underhill & Foulkes, 2025).

- Common symptoms do not mean a clinical diagnosis.
- Individuals may experience clinically relevant symptoms without meeting full criteria.
- Cultural norms and individual differences influence what is considered "normal."

General Areas of Consideration



Kahoot!

How Much Do You About the DSM-5



Sorry, my free account only allows 10 participants, so it's first-come, first-served. Feel free to work with a partner

kahoot.it



On a
Device,
Go to



DSM

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Fall 2025 SOWK 581 Week 04

General Orientation to the DSM-5-TR

FIND IN THE TABLE OF CONTENTS

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Other Mental Disorders and Additional Codes
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
- Other Conditions That May Be a Focus of Clinical Attention

USE THE DIAGNOSTIC CRITERIA

REVIEW FURTHER INFORMATION

- Diagnostic Features
- Associated Features
- Prevalence
- Development and Course
- Risk and Prognostic Factors
- Culture-Related Diagnostic Issues
- Sex and Gender-Related Diagnostic Issues
- Association with Suicidal thoughts or Behaviors
- Functional Consequences of the Disorder
- Differential Diagnosis
- Comorbidity

Some Entries include other information such as specifiers, recording procedures, changes from DSM-IV, and ICD-10-CM Codes

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Practice

Using the DSM-5-TR

Lets look up:

- Oppositional Defiant Disorder

**Talk in groups about the following
and what the diagnostic criteria
mean:**

- Reactive Attachment Disorder
- Generalized anxiety disorder
- Borderline Personality Disorder

Using a Screening Tool

Level 1 Cross-Cutting Symptom Measures

Level 2 Cross-Cutting Symptom Measures

Disorder-Specific Severity Measures

Disability Measures

Personality Inventories

Early Development and Home Background

Cultural Formulation Interviews

DSM-5-TR Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____ Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual? _____

In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

Writing a Diagnosis

F33.3 Major Depressive Disorder, Recurrent, Severe
with Psychotic Features with Anxious Distress;

#AMA - The DSM Edition

Ask Me Anything

Add Slides with Questions from Forums Here

Further Practice Using the DIAGNOSTIC MANUAL

**Talk in groups about the following and
what the diagnostic criteria mean:**

- Posttraumatic Stress Disorder
- Major Depressive Disorder
- Schizophrenia

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