

# Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – DSM-5 Substance Use Disorders

Presented by

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# Introduction and Elements of a Diagnosis

Clinical training and expertise are needed to use DSM for determining a diagnosis.

Use of these diagnostic criteria requires clinical expertise to differentiate from normal life variation and transient responses to stress.

The case formulation for any given patient must involve a careful clinical history and concise summary of the social, psychological and biological factors that may have contributed to developing a given mental disorder.

# Introduction and Elements of a Diagnosis

Diagnostic criteria are offered as guidelines for making diagnoses, and their use should be informed by clinical judgment.

Following the assessment of diagnostic criteria, clinicians should consider the application of disorder sub-types and/or specifiers, as appropriate.

The general convention in DSM-5 is to allow multiple diagnoses to be assigned for those presentations that meet criteria for more than one DSM-5 disorder.

## DSM-5 vs. DSM-IV- TR What changed?

### The Multiaxial System

Despite widespread use and its adoption by certain insurance and governmental agencies, the multi axial system in DSM-IV was not required to make a mental disorder diagnosis.

# DSM-5 Non-axial system

DSM-5 has moved to a non-axial documentation of diagnosis.

In DSM-5 Axes I, II, and III have been combined.

Clinicians should continue to list medical conditions that are important to the understanding or management of an individual's medical disorder(s).

# General Assessment of Functioning (GAF)

DSM-IV Axis V consisted of the GAF scale, representing the clinician's judgment of the individual's overall level of "functioning on a hypothetical continuum of mental health-illness." GAF was dropped from DSM-5 for several reasons, including its conceptual lack of clarity and questionable psychometrics.

## DSM-5 vs. DSM-IV-TR What changed?

Names of the disorders and the symptoms needed to diagnose the conditions.

- Substance Dependence and Substance Abuse are no longer valid diagnostic categories.
- These two conditions are now combined into one called Substance Use Disorder.

## DSM-5 vs. DSM-IV-TR What changed?

The criteria for diagnosing Substance Use Disorder are now a combination of symptoms that were formerly used to diagnose Substance Dependence and Substance Abuse which are no longer diagnostic categories in DSM-5.

## DSM-5 vs. DSM-IV-TR What changed?

The number of criteria used to diagnose Substance Use Disorder has changed to a total of 11 criteria.

Previously:

- Four Separate Substance Abuse Symptoms
- Seven Substance Dependence Symptoms

## DSM-5 vs. DSM-IV- TR What changed?

Now a minimum of two of the 11 symptoms have to be met to diagnose Substance Use Disorder (SUD).

- 2-3 symptoms = Mild SUD
- 4-5 symptoms = Moderate SUD
- 6 or more symptoms = Severe SUD

## DSM-5 vs. DSM-IV- TR What changed?

One Substance Use Disorder symptom, 'cravings', has been added to the combined Substance Abuse and Substance Dependence symptoms.

One former Substance Abuse criteria, 'recurrent substance-related legal problems' has been eliminated.

## Criterion A Grouping

Diagnosis of a SUD is based on a pathological pattern of behaviors related to the use of the substance.

Criteria can be considered to fit within overall groupings of:

- Impaired control (Criteria 1-4)
- Social impairment (Criteria 5-7)
- Risky use (Criteria 8-9)
- Pharmacological criteria (Criteria 10-11)

## Pharmacological symptoms of tolerance and withdrawal

Symptoms of tolerance and withdrawal occurring during appropriate medical treatment with prescribed medications are specifically not counted when diagnosing a SUD.

The appearance of normal, expected tolerance and withdrawal during the course of medical treatment has been known to lead to erroneous diagnosis even when these were the only symptoms present.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

Substance-related legal problems alone are no longer sufficient to diagnose a Substance Use Disorder.

People who were being sent to an Outpatient treatment service based on a diagnosis of Substance Abuse could now be referred to Alcohol/Drug Information School, (education not tx) if they only met one criteria of SA.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

Persons who have recurrent use in situations that are hazardous to themselves or others meet one of the minimum of two symptoms required to diagnose Substance Use Disorder, as opposed to only needing to meet one for Substance Abuse. Having only one symptom of Substance Use Disorder is insufficient to diagnose the condition.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

People who were previously diagnosed with Substance Abuse will still be referred to participate in Outpatient treatment, not education, if they meet the diagnostic criteria for Mild (2-3 symptoms) Substance Use Disorder. Meeting one symptom is insufficient to refer the person to treatment.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

People who were previously diagnosed with Substance Dependence will still be referred to participate in treatment, not education, if they meet the diagnostic criteria for Moderate (4-5 symptoms) or Severe (6 or more) Substance Use Disorder.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

Diagnosis of SUD cannot be made based only on the presence of pharmacological symptoms.

# DSM-5 vs. DSM-IV- TR

## What do these changes mean?

The Washington State Department of Licensing has already adopted the use of these DSM-5 categories on the Assessment/Treatment reporting form.

DBHR agencies were required to implement the use of DSM-5 as of September 1, 2013. (There is an exemption in effect for Medicaid billing using DSM-IV-TR)

# What's Next?

DBHR Certification/Licensing survey staff will be reviewing certified programs for compliance with these diagnostic criteria.

# What's Next?

Agencies/Administrators/CDP's will be held accountable to make clinical decisions based on these criteria.

Compliance with these criteria is mandatory, not optional. Failure to comply will result in deficiencies requiring corrective action.

# Other Resources

[Transition to ICD-10](#)

[APAeducation](#)

[DSM-5: What You Need to Know](#)

# Contact Information

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