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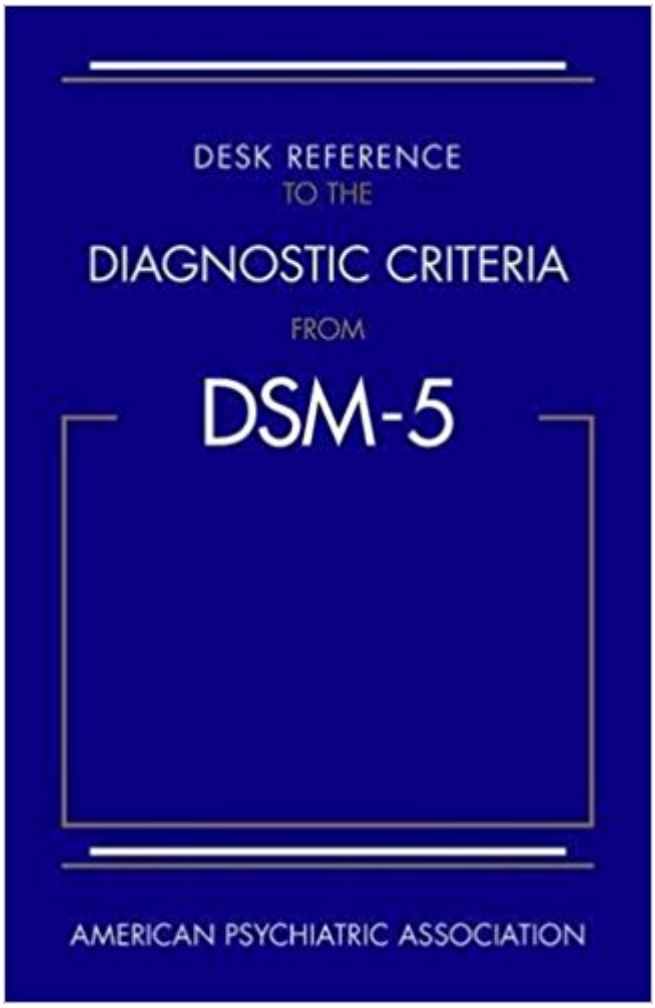
# Desk Reference To The Diagnostic Criteria From DSM-5(TM)

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## Synopsis

The Desk Reference to the Diagnostic Criteria From DSM-5 is a concise, affordable companion to the ultimate psychiatric reference, DSM-5. It includes the fully revised diagnostic classification, as well as all of the diagnostic criteria from DSM-5 in an easy-to-use paperback format. This handy reference provides quick access to the information essential to making a diagnosis. Designed to supplement DSM-5, this convenient guide will assist all mental health professionals as they integrate the DSM-5 diagnostic criteria into their diagnoses. The Diagnostic and Statistical Manual of Mental Disorders stands alone as the most authoritative reference available for clinical practice in the mental health field, and the structural and diagnostic changes in the fifth edition are must-know material for every clinician. The Desk Reference to the Diagnostic Criteria From DSM-5 distills the most crucial, updated diagnostic information from this volume to provide clinicians with an invaluable resource for effectively diagnosing mental disorders, ranging from the most prevalent to the least common.

## Book Information

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## Customer Reviews

I understand everyone’s frustration about it not being spiral bound. However, and I know this costs slightly more money for something that should have been thought of before it was mass produced, you can get it spiraled at a place like Office Max for less than $10. They will slightly shave off the binding and spiral it for you, making it actually functional for it’s purpose. Just thought I should share this :).Happy diagnosing!

I am a Licensed Alcohol/Drug Counselor and a Licensed Independent Mental Health Practitioner in Nebraska. While I have not examined the Desk Reference thoroughly yet, here are some initial observations.1. My copy is not missing any pages2. Both the ICD-9 and ICD-10 codes are included in the DSM-5. The ICD-10 codes are in parenthesis. This is helpful and means we do not have to buy a new book when the use of ICD-10 becomes mandatory October 1, 2014.3. I wish the DSM-5 Desk Reference was spiral bound as it will not take long before the binding breaks down due to frequent use.4. DSM-5 does away with the multiple axis system which I find very helpful, particularly, the elimination of Axis 5 which was very subjective.5. DSM-5 makes stressors that were previously identified on Axis 4 into diagnosis which are identified as "V" codes in ICD-9 and "Z" codes in ICD-10. I find this troubling. For example, Homelessness is now a mental health diagnosis V60.0 (Z59.0) OR, probably my current favorite, Problem Related to Current Military Deployment Status V62.21 (Z56.82). Given that I am a civilian counselor in the Army Substance Abuse Program and I am currently stationed in S. Korea, I will be using this code a lot. Are both of these problems stressful? YES. Can both of these lead to further chemical use or exacerbate or sometimes lead to actual mental health issues? You better believe it! But to make them diagnosis in their own right is a travesty. It is not going to lead insurance companies to pay for treatment for Homelessness or Problem Related to Current Military Deployment Status now or in the future. If I remember correctly, even Medicaid does not pay for treatment of "V" codes. This is part of the issue that Senator Rand Paul, MD is talking about with Obama Care although these were not the diagnosis he was talking about.6. DSM-5 does away with the diagnosis of Abuse vs Dependence when talking about Substance use. This is helpful because many times professionals, who treat people with Substance use issues, will have a patient (client) who may meet two criteria for Substance Dependence and no Substance Abuse criteria will not be treated unless the clinician uses the Not Otherwise Specified diagnosis which I have not seen used very often. DSM-5 merges the Abuse and Dependence criteria and identifies it as Substance Use Disorder (replace the word "Substance" with the actual chemical or group of chemicals, thus Alcohol Use Disorder or Cannabis Use Disorder, etc.). There are specifiers (Mild, Moderate, and Sever) that relate to the number of criteria met when making the diagnosis. The diagnosis will not be given unless the patient (client) meets two criteria which is an improvement over the meeting a single criteria for Abuse in DSM-IV-TR.7. DSM-5 has also changed some wording in the diagnosing of a Substance Use Disorder. The DSM-IV-TR diagnosis of either Substance Abuse or Dependence indicated a repeat of the problem which was difficult because it lead to premature diagnosis of a problem particularly in young adults and adolescents. Many people

need to make a choice that leads to bad consequences more than twice before they recognize the problem. In other words, they had to learn that a particular behavior leads to a specific outcome by making the choice several times and experiencing the consequence several times. This is true of all learning no matter if the consequence is positive or negative. The DSM-5 rectifies this problem by saying, "A problematic pattern of ____ use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period: . . .". This gives clinicians the ability to look for a pattern instead of just two incidences.8. The one criteria that is still problematic is tolerance. The tolerance may take more than 12-months to occur as, for most people, there is no distinct easily identifiable change in a given 12 month period. Rather tolerance is a gradual thing so that significant change, particularly increase, does not occur within 12 months but over years. It would have been useful for the committee who worked on this section would have added a note to this criteria saying that the Tolerance criteria is met even if it took a number of years for significant tolerance to occur.9. The addition of Cravings as a criteria for the diagnosis Substance Use Disorder is very helpful. As is the recognition that a patient (client) may still be in remission even if the patient (client) is having Cravings.10. Changing the time when a patient (client) enters early remission from 1 month to 3 months seems realistic. Many patients (clients) can refrain from partaking of their chemical for a month or a little more but find they struggle with refraining from using for longer than that.11. It would have been helpful if the page numbers for problems induced by a given substance, such as Alcohol-Induced Sleep Disorder, Cannabis-Induced Psychotic Disorder, or Hallucinogen-Induced Bipolar Disorder, etc., were identified instead of just being mentioned and the section Of the DSM-5 they can be found in.12. I applaud the addition of Cannabis Withdrawal. Clinicians have been aware that patients (clients) experience withdrawal symptoms from Cannabis but it was not included in the criteria until the DSM-5.13. There are changes in the way the DSM-5 groups some of the substances but this is relatively minor.14. The overall heading of the section is Substance Related and Addictive Disorders thus Gambling Disorder is included in the same section. This actually is realistic to a certain extent but many clinicians who are trained to work with Substance Use Disorders are not trained to work with Gambling Disorders.I know I mostly focused on the Substance Related and Addictive Disorders section of DSM-5 and I know that there are many concerns with the manual but I hoped this review helped at least a little. I am not giving it a 5 star rating due to the issues I noted above but there have been what I consider improvements in the manual particularly in the Substance Use area.Deborah M. Ellison-Amburn, MA, LADC, LIMHP

I believe some of these DSMs under $20 may be counterfeit. I ordered this spiral bound to get the cheaper prices listed. I guess you get what you pay for. Luckily I was able to get refund. The pages are very thin weird paper and many are crooked and not cut evenly and printing looks like a Xerox. Holes are crooked and in some cases punched thru words or codes. In my opinion definitely not a quality or standard of a book published by A.P.A. I reordered at regular price and the quality is significantly different.

Mental Health Providers can be such whiners!I really do not see the point of all the negative comments about the DSM-5 on an  Review.Not the place for that!I am a Psychotherapist and I need this book, specifically the Desk Reference to be able to do my job.I recently attended a Pesi Training on the DSM-5 and realize no one cares whether I like this book or not.Things are about to change and I will need this book as a tool for my craft. So, I purchased the desk reference at . I was aware from other reviews that it is not spiral bound like the DSM-IV was, so I took it to the print shop down the street from my office and they cut off the binding and spiral bound it for me for five bucks. I now have a usable version of the language manual of my profession. It looks just like my trusty old grey desk reference. All that is left is to study it, stick some tabs in it, make notes in the columns and find out when the payers expect me to start using it. Simple enough?...We'll see.

I received my copy of the Desk Reference for the DSM-5 the other day. Unfortunately, the first print run omitted pages 141 through 172. The sections for trauma/stress-related disorders and somatic symptoms/disorders are completely omitted, as well as the first part of the section on feeding disorders. My copy is being sent back to  for a refund. I assume that the American Psychiatric Press will do another print run correcting this error soon, but I would recommend holding off on purchase until you are certain that this error has been corrected.Please note that the single star rating is for the faulty printing resulting in the omission of a significant portion of the text. The rating is not a commentary on the text itself. I believe that this book will be a very useful reference tool once the printing problems are sorted out.

I had a spiral brown DSM-IV-TR. The spiral was plastic and the book held up really well over YEARS of use. I received this version in the mail and was highly disappointed. The spiral is made out of wire like you would find in a cheap, spiral bound notebook. The pages stick together, like when the holes were made the pages lock together. It feels cheap, even the cover feels like someone cut it out at home. It is not going to hold up over the course of time. I would have done

better to get a regular bound copy that was printed in the US,,,,,,this one was made in another country. If you're looking at quality and functionality, don't buy this version. Maybe at some point, a version made like the old one will come to market.

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