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In writing this book on *DSM-5 Essentials*, I set out to serve three purposes:

1. To inform readers about the changes from *DSM-IV* to *DSM-5* in an organized and concise manner so they could carry on the important work they do with clients, students, and colleagues without undue disruption.
2. To provide background material, criteria, and limited treatment recommendations for new disorders that are making their debut in *DSM-5*.
3. To provide, whenever possible, a list of *ICD-9-CM* (clinical modification) and *ICD-10-CM* codes with the intention of simplifying the billing process and providing a handy all-in-one tool.

This book, then, serves as a supplement to *DSM-5* and *ICD-9* and *ICD-10*. Introductory material provides the history of the *International Classification of Disorders*. It is included because the *DSM* and the *ICD* are classification systems that continue to merge and change at their own pace over time. I found it important to understand the distinctions between them, their strengths and weaknesses, and why we need both. Some readers may choose to skip that part and go directly to Chapter 1 and a discussion of the *DSM-5* disorders. Similarly, many readers will not be interested in coding. They can easily skip over the lists of codes at the beginning of each category.

As the coauthor of *Selecting Effective Treatment: A Comprehensive Systematic Guide to Treating Mental Disorders, with DSM-5 Update*, now in its fourth edition, my long-term interest is in advancing the best evidence-based treatments for specific diagnoses. Although that is not the focus of this book, I hope that readers will tolerate any slips on my part into discussion of treatment modalities, especially as it applies to the new *DSM-5* diagnoses. Readers who are interested will find a wealth of such information in the aforementioned book.
I would like to acknowledge Dr. Gary Gintner, University of Mississippi and past president of the American Mental Health Counselors Association, for his generous and helpful recommendations. He read a version of this text and provided detailed suggestions for its revision.

I would also like to acknowledge the other reviewers of this manuscript, who provided concrete suggestions for improvement.

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HOW TO USE THIS BOOK

Readers have told us they want a quick and easy way to get up-to-speed on the recent changes to the two main classification systems they use for diagnosis and coding of mental health disorders:

1. The *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)*, published by the American Psychiatric Association
2. The *International Classification of Diseases (ICD)*, published by the World Health Organization

The publication of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* by the American Psychiatric Association in May 2013 changed the diagnostic criteria for many disorders, created some new disorders (e.g., hoarding, binge eating disorder, skin excoriation), and removed a few disorders from the DSM. It is not surprising if clinicians are confused! The goal of this book is to highlight these changes, no matter how small, in a logical and systematic manner so that readers can easily make the transition from DSM-IV to the new DSM-5.

For each diagnosis, the reader will be alerted to any changes from DSM-IV to DSM-5, given information on the implications of these changes for diagnosis and assessment, and advised as to how these changes may affect treatment. When additional information is necessary for further clarification, the specific pages in DSM-5 are provided so that readers can find the exact information needed to make an accurate diagnosis.

For busy professionals, or their office staff, who need coding information as well, both the ICD-9-CM and the ICD-10-CM codes are included in this book. At the beginning of each classification category is a handy list of disorders discussed in that section. Each disorder is preceded by the ICD-9-CM code and followed by the new ICD-10-CM code. When necessary, additional coding information (course specifiers, etc.) is made available in the form of a Coding Note.
The goal was to provide a concise, easy-to-read supplement to give health-care providers, college professors, clinicians in practice settings, and office staff who do coding for insurance reimbursement the information they need to do their jobs smoothly and efficiently. We have not included a lot of jargon, nor a lot of history about disorders. There simply is not enough space to include everything in a publication of this size. However, a thorough explanation is provided of the two different classification systems we have come to rely on for the diagnosis of mental disorders in the United States—the DSM-5 and the International Classification of Diseases. As a practicing clinician and former adjunct professor of abnormal psychology, I know what information I needed to be able to continue doing my job.

Many people have suggested that this is Cliff Notes for clinicians, and I have to disagree. This book should be viewed as a supplement to DSM-5 and the ICD-9 and ICD-10, not as an alternative to them. It is my hope that this book provides the information readers need to seamlessly continue their daily work, until such time as they need more in-depth information. This book also presupposes that readers are familiar with the DSM-IV and DSM-IV-TR. Therefore, when a DSM-IV diagnosis was not changed in DSM-5, that is noted, but limited discussion is added.

In writing this book, I followed the new classification structure of DSM-5. The former DSM-IV organization of chapters was based upon clinical or expert consensus, while DSM-5 draws upon data regarding how disorders actually cluster together. The disorders flow in the same direction as DSM-5 and whenever possible I have tried to include lists and an organizational structure that follows a logical, systematic outline and includes callouts in the text, when I thought it would be helpful.

I have not included an explanation of the reasons behind every DSM-5 change, a discussion of both sides of all controversial issues, or a philosophical discussion justifying (or not) the existence of the DSM-5. Those discussions are beyond the scope of this book.

It is also possible that experts in a particular diagnostic category will know more about one specific disorder or another. In such cases (e.g., autism spectrum disorders, adult ADHD), what is included here provides the essence or the backbone of the DSM-5 criteria for the disorder. As new journal articles are published and professional organizations develop new practice guidelines, time will fill in the blanks. Readers are also reminded that the DSM-5 is an evolving document, and that with the assistance of technology and the Internet, regular updates, corrections, and changes are available online.

Clearly, it is not possible to include everything of note in a book of this length. Even so, I believe I have touched on the bulk of the changes in