



The Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR) includes robust debate about the scientific evidence and clinical experience supporting the book's contents. This section, just as in DSM-5, offers tools and techniques to help clinicians enhance clinical practice, understand the cultural context of mental disorders, and facilitate further study of proposed emerging diagnoses.

Clinical Sequence

The Assessment Measures offers Level 1 and Level 2 cross-cutting self/informant- rated measures. Level 1 cross-cutting measures serve as a review of systems across mental disorders. Level 2 cross-cutting symptom measures provide selected means of obtaining more in-depth information on potentially significant symptoms to inform diagnosis, treatment planning, and follow-up. They are available online at www.psychiatry.org/dsm5.

Some of the changes regarding the Assessment Measures:

Sex “Male/Female” checkboxes:

In DSM-5-TR, all Sex “Male/Female” checkboxes at beginning of each measure were deleted to eliminate the use of binary classification.

Clinician-Rated Dimensions of Psychosis Symptom Severity measure:

The instructions for use of the measure were edited in keeping with criteria (severity specifiers) for schizophrenia spectrum and other psychotic disorders.

World Health Organization Disability Assessment Schedule 2.0:

Clarifications were added to the instructions on how to calculate the summary scores for the WHODAS 2.0 36-item full version.

Cultural Context

The cultural context section provides a comprehensive review of the cultural context of mental disorders and the cultural formulation interview (CFI) for clinical use. It includes basic information on integrating culture and social context in clinical diagnoses, as well as cultural formulation, and cultural concepts of distress.

In DSM-5-TR, key terms that help to highlight the cultural context of illness experience are provided. Understanding this context is essential for effective diagnostic assessment and clinical management. Definitions and clarifications were provided for terms such as culture, race, and ethnicity.

Examples of the cultural concepts of distress were revised in DSM-5-TR to provide more clarifications and ensure that no stigmatizing or generalizing language was used.

The cultural formulation section presents an outline for a systematic person-centered cultural assessment that is designed to be used by any clinician providing services to any individual in any care setting. This section also includes an interview protocol, the cultural formulation interview, that operationalizes these components.

The cultural concepts of distress section describe the ways individuals express, report, and interpret experiences of illness and distress. Cultural concepts of distress include idioms, explanations or perceived causes, and syndromes.

Alternative DSM-5 Model for Personality Disorder

The alternative DSM-5 Model for personality disorders provides an alternative to the extant personality disorders classification in Section II. This section was not changed from DSM-5.

Conditions for Further Study

The chapter includes proposed criteria sets presented for conditions on which research is encouraged. It is hoped that such research will allow the field to better understand these conditions and inform future decisions about possible placement in the DSM. Persistent complex bereavement disorder, originally located in this section, has been moved to the chapter “trauma- and stressor-related disorders” in Section II as an official diagnosis. Based on thorough reviews finding sufficient evidence of validity, reliability, and clinical utility to justify its recognition as an official DSM diagnosis, it is now named “prolonged grief disorder” and the criteria have been appropriately reformulated.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5-TR in 2022.

APA is a national medical specialty society whose more than 37,400 physician members specialize in the diagnosis, treatment, prevention, and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact APA Communications at 202-459-9732 or press@psych.org.

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