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Understanding DSM-5-TR: Changes, Updates, and Ethical Practices in Mental Health.

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Abstract

This overview delves into the DSM-5-TR, exploring its historical development, organization, and significant changes, emphasizing cultural, racist, and discriminatory considerations, coding intricacies, and the assessment of children. The updated criteria for various disorders are examined, with a particular focus on Prolonged Grief Disorder and its associated concerns. Future research suggests enhancing the DSM-5-TR through dimensional approaches and investigating their impact on clinical practice and patient outcomes. Mental health professionals are urged to use the DSM-5-TR effectively and ethically, considering both its strengths and limitations. The paper aims to comprehensively understand the DSM-5-TR and its prospective role in shaping research and clinical practices.

Keywords: DSM, Changes, Updates, DSM-5, DSM-TR, Prolonged Grief Disorder

The DSM-5-TR: An Overview of Changes and Updates

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a classification system mental health professionals use to diagnose and classify mental disorders. The DSM has undergone numerous revisions since its initial publication in 1952, with the most recent edition being DSM-5, published in 2013. The evolution of the DSM and its impact on the field of psychology are important concepts to review.

The DSM is a crucial resource for healthcare professionals in diagnosing mental disorders (American Psychiatric Association [APA], 2022). It is a standardized guide that enables clinicians to diagnose various disorders that affect mood, personality, identity, and cognition, among others, consistently and accurately. The DSM has had a significant impact on the care of people suffering from mental health issues in the United States (Buckley, M. R. 2014). While the manual does not address treatment options, it informs research, public health policy, education, reimbursement systems, and forensic science (APA, 2022).

Since its first publication in 1952, DSM has undergone several revisions by the American Psychological Association (APA). The latest version, DSM-5-TR, was released in March 2022, nine years after the publication of DSM-5, reflecting the scientific advances made since its previous publication (APA, 2022). The development of DSM-5-TR involved the work of over 200 subject matter experts, including many who were part of the development of DSM-5 (APA, 2022). The experts, drawn from various fields, including psychiatry, psychology, social work, pediatrics, neurology, nursing, epidemiology, and anthropology, participated in three separate revision processes overseen by the DSM-5 Task Force, DSM Steering Committee, and the Revision Subcommittee (APA, 2022). Proposed changes to the text were reviewed for conflicts of interest and objectivity by the DSM Steering Committee, APA Assembly, and Board of Trustees before approval (APA, 2022).

The DSM-5-TR is published by the American Psychiatric Association and is used by clinicians and researchers to diagnose and classify mental disorders (APA, 2022). Understanding the historical evolution of the DSM is crucial in comprehending how it has become a vital tool for diagnosing and treating mental disorders in clinical practice.

Historical Overview of the DSM

The DSM has undergone several revisions since its inception, with each edition reflecting changes in understanding mental disorders. The first edition, published in 1952, was heavily influenced by psychoanalytic theory and focused on the classification of disorders based on observable symptoms (APA, 1952). The second edition, published in 1968, expanded the number of disorders and included diagnostic criteria for each disorder (APA, 1968). The third edition, published in 1980, marked a significant departure from the previous editions, as it relied on a descriptive approach that emphasized observable behaviors rather than underlying causes (APA, 1980). The fourth edition, published in 1994, included a multiaxial system that allowed for a more comprehensive assessment of an individual's mental health (APA, 1994). Finally, the fifth edition, published in 2013, includes revisions to diagnostic criteria and the addition of new disorders, such as hoarding disorder and binge-eating disorder (APA, 2013).

While mental health professionals have widely used the DSM, it has also been subject to criticism. One of the main criticisms is that it relies too heavily on observable symptoms and does not consider the underlying causes of mental disorders (Kendell, 1975; Buckley, M. R., 2014). Additionally, there has been criticism that the DSM is influenced by pharmaceutical companies, which 10may have financial incentives to promote the diagnosis of

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certain disorders (Cosgrove & Krimsky, 2012). Finally, there has been criticism that the DSM is overly reliant on a medical model of mental health that may not be appropriate for all individuals (Bracken & Thomas, 2001).

Despite its criticisms, the DSM has had a significant impact on the field of psychology. The use of standardized diagnostic criteria has allowed for more consistent diagnoses and facilitated communication among mental health professionals (Widiger & Frances, 1989). Additionally, the DSM has allowed for the development of evidence-based treatments for specific disorders (Craske et al., 2017). Finally, the DSM has played a role in reducing the stigma associated with mental illness by providing a common language for discussing mental disorders (Angermeyer & Matschinger, 2003).

The DSM has undergone numerous revisions since its initial publication in 1952, reflecting changes in the understanding of mental disorders. While the DSM has been subject to criticism, it has also had a significant impact on the field of psychology. The use of standardized diagnostic criteria has allowed for more consistent diagnoses, facilitated communication among mental health professionals, and allowed for the development of evidence-based treatments for specific disorders. Despite its limitations, the DSM continues to be an important tool for mental health professionals in diagnosing and treating mental disorders (Buckley, M. R., 2014).

Organization

According to the American Psychiatric Association (APA) (2021), DSM-5-TR reflects the latest scientific understanding of mental disorders. In DSM-5, the diagnostic criteria for many individual disorders were clarified based on scientific advances, and the manual itself was reorganized (APA, 2022). The changes were kept in DSM-5-TR and are evident in its table of contents, which signals how various conditions relate to each other and the occurrence of mental disorders across the lifespan (APA, 2022; APA Releases DSM-5-TR Revisions, 2022). The primary goals for the manual's framework are to help clinicians make more accurate and consistent diagnoses and to help researchers better study how disorders relate to one another, which can lead to better treatment for patients.

The chapters in DSM-5-TR are sequenced based on the current understanding of the underlying vulnerabilities and symptom characteristics of disorders, reflecting what has been learned about how the brain functions and how genes and environment influence health and behavior (APA, 2022; APA Releases DSM-5-TR Revisions, 2022). They are grouped by broad categories that, in some cases, indicate the common features within larger disorder groups. The new framework is intended to encourage research within and across diagnostic groupings with the hope of advancing our understanding of the relationships between disorders (APA, 2022).

DSM-5-TR is organized in sequence with the developmental lifespan, with disorders typically diagnosed in childhood detailed first, followed by those in adolescence, adulthood, and later life. Disorders previously addressed in a single "infancy, childhood, and adolescence" chapter are now integrated throughout the manual (APA,2022).

The DSM-5-TR, the text revision of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, maintains the same 20 disorder chapters as the previous edition. These 20 chapters are presented in a table below for reference, showing the continuity of the classification system used for the diagnosis of mental disorders.

Table 1.
Summary of Chapters

Neurodevelopmental Disorders	Obsessive-Compulsive and Related Disorders
Schizophrenia Spectrum and Other Psychotic Disorders	Trauma- and Stressor-Related Disorders
Bipolar and Related Disorders	Dissociative Disorders
Depressive Disorders	Somatic Symptom and Related Disorders
Anxiety Disorders	Feeding and Eating Disorders
Elimination Disorders	Sleep-Wake Disorders
Other Mental Disorders and Additional Codes	Sexual Dysfunctions
Disruptive, Impulse-Control, and Conduct Disorders	Gender Dysphoria
Substance-Related and Addictive Disorders	Personality Disorders
Neurocognitive Disorders	Paraphilic Disorder

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Medication-Induced Movement Disorders and Other Adverse Effects of Medication	Other Conditions That May Be a Focus of Clinical Attention

Note. The DSM-5-TR, the text revision of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, maintains the same 20 disorder chapters as the previous edition.

The Major Changes

With the help of the DSM, clinicians can accurately and reliably identify illnesses that affect a patient's cognition, identity, mood, and personality. The primary goal of the DSM is to update the descriptive text provided for each DSM diagnosis based on research assessments since the publication of the previous version (American Psychiatric Association (APA), 2022). The DSM-5-TR, which was released in March 2022, includes new diagnostic entities in addition to updated and revised definitions of specifiers and diagnostic criteria.

Culture, Racism, and Discrimination

The American Psychological Association (APA) recognized concerns from members and mental health professionals regarding the appropriate handling of race, ethnoracial differences, racism, and discrimination in the Diagnostic and Statistical Manual of Mental Disorders. To address these concerns in DSM-5-TR, the APA adopted multiple strategies, including a Cross-Cutting Review Committee on Cultural Issues and an Ethnoracial Equity and Inclusion Work Group. The former consisted of 19 experts in cultural psychiatry, psychology, and anthropology, while the latter was composed of 10 mental health practitioners from diverse ethnic and racial backgrounds with expertise in disparity-reduction practices. These groups reviewed the texts for cultural influences on disorder characteristics and references to race, ethnicity, nationality, and related concepts throughout DSM-5-TR to avoid perpetuating stereotypes or including discriminatory clinical information (APA, 2022).

Changes implemented in DSM-5-TR included the use of language that challenges the view that races are discrete and natural entities. The term "racialized" was used instead of "race/racial" to highlight the socially constructed nature of race (Bradley, Noble & Hendricks, 2023). The term "ethnoracial" was used in the text to denote U.S. Census categories that combine ethnic and racial identifiers. The terms "minority" and "non-White" were avoided because they describe social groups in relation to a racialized "majority," which tends to perpetuate social hierarchies. The emerging term "Latinx" was used in place of Latino/Latina to promote gender-inclusive terminology. The term "Caucasian" was not used because it is based on obsolete and erroneous views about the geographic origin of a prototypical pan-European ethnicity. Prevalence data on specific ethnoracial groups were included when existing research documented reliable estimates based on representative samples (APA, 2022).

In addition, information was provided on variations in symptom expression, attributions for disorder causes or precipitants, and factors associated with differential prevalence across demographic groups. Cultural norms that may affect the level of perceived pathology were also reported. Attention was paid to the risk of misdiagnosis when evaluating individuals from socially oppressed ethnoracial groups (APA, 2022).

Coding

According to the APA, the DSM-5-TR offers the benefit of standardizing invoicing and coding. In addition to facilitating billing and coding, standardization provides several important advantages for both practitioners and clients. Patients are guaranteed to receive adequate and helpful care regardless of their location, social standing, or financial situation, thanks to the universality of diagnosis (APA, 2022).

Standardization also allows for a precise assessment of issues, supports the creation of achievable treatment goals, and enables professionals to evaluate the effectiveness of their interventions (Rogers, 2003; Strong 2015). Furthermore, it helps to guide research into psychological disorders. Given the wide range of symptoms present in various syndromes, medical criteria ensure that multiple research teams focus on a particular illness, although this may be more philosophical than pragmatic (APA, 2022). Additionally, it reduces confusion in therapeutic recommendations. The DSM-5-TR diagnostic criteria act as a roadmap, even though accurate assessment and therapy of mental illnesses are an art (APA, 2022). In brief treatment sessions, practitioners may not have sufficient time to thoroughly examine a patient's history and concerns. The diagnostic criteria provided in the DSM can assist psychotherapists in establishing a starting point for further development during treatment interviews (APA, 2022, 2015).

The DSM-5's expansiveness with mental diagnosis, both in terms of newly proposed categories and laxer diagnostic standards for pre-existing categories, was the primary source of contention. While the DSM-5 Task Force was receptive to clinical utility concerns related to identifying patients, there are reported concerns over the over-labeling of common discomfort as a mental disorder (APA, 2022).

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To avoid errors in diagnosis, the DSM-5 criteria for mania and hypomania now include a change in activity or energy during the manic episode, in addition to mood changes. This helps to avoid mistaking typical reactions, such as irritability episodes, for manic episodes, which has been associated with high mania false-positive rates in epidemiologic research (APA, 2022).

Section III

In the DSM-5-TR, there have been controversies surrounding the scientific evidence and clinical experience supporting the book's contents (APA, 2022). The DSM-5-TR 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 (APA, 2022).

One of the changes in the Assessment Measures in DSM-5-TR is the deletion of the binary classification of the Sex "Male/Female" checkboxes at the beginning of each measure (APA, 2022). The clinical sequence includes Level 1 and Level 2 cross-cutting self/informant-rated measures, which serve as a review of systems across mental disorders and provide selected means of obtaining more in-depth information on potentially significant symptoms to inform diagnosis, treatment planning, and follow-up (APA, 2022). The World Health Organization Disability Assessment Schedule 2.0 in DSM-5-TR has clarifications added to the instructions on how to calculate the summary scores for the WHODAS 2.0 36-item full version (APA, 2022).

The cultural context section in DSM-5-TR provides a comprehensive review of the cultural context of mental disorders and the cultural formulation interview (CFI) for clinical use (APA, 2022). It includes basic information on integrating culture and social context in clinical diagnoses, as well as cultural formulation and cultural concepts of distress. The cultural concepts of distress section describe the ways individuals express, report, and interpret experiences of illness and distress. It includes idioms, explanations or perceived causes, and syndromes (APA, 2022).

The alternative DSM-5 Model for personality disorders provides an alternative to the extant personality disorders classification in Section II, but this section was not changed from DSM-5 (APA, 2022). The chapter on conditions for further study 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 (APA, 2022).

One of the controversies in DSM-5-TR is the recognition of prolonged grief disorder as an official DSM diagnosis. Originally located in the chapter on conditions for further study, it has been moved to the chapter "trauma- and stressor-related disorders" in Section II as an official diagnosis (APA, 2022). The proposed criteria for prolonged grief disorder have undergone thorough reviews that found sufficient evidence of validity, reliability, and clinical utility to justify its recognition as an official DSM diagnosis (APA, 2022). However, some have criticized the inclusion of prolonged grief disorder as a mental disorder, arguing that grief is a normal and necessary response to loss and that pathologizing it could lead to overdiagnosis and unnecessary treatment (Shear et al., 2016).

The DSM-5-TR has faced controversies surrounding the scientific evidence and clinical experience supporting its contents. The changes in the Assessment Measures, cultural context section, and alternative DSM-5 Model for personality disorders aim to enhance clinical practice, understand the cultural context of mental disorders, and facilitate further study of proposed emerging diagnoses (APA, 2022).

Children

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR) adopts a lifespan approach to mental health, similar to the DSM-5. The DSM-5-TR acknowledges that childhood conditions can persist and be influenced by developmental factors across the lifespan, and therefore, the organization of childhood disorders reflects this continuum. The DSM-5-TR also emphasizes the need for a careful, comprehensive evaluation before diagnosing a child with a mental disorder and prescribing medication, consistent with medical practice. Parents and other individuals who interact regularly with the child play a crucial role in symptom observation and reporting.

The DSM-5-TR updates some diagnostic criteria to capture the experiences and symptoms of children more precisely. For example, the criterion A phrase in the autism spectrum disorder has been revised to "as manifested by all of the following" to maintain a high diagnostic threshold. Similarly, the age range for diagnosing disruptive mood dysregulation disorder and its validity has been updated to "6–18 years." The note in Criterion A.2 of posttraumatic stress disorder, indicating that "witnessing does not include events that are witnessed only in electronic media, television, movies, or pictures," has been removed for its redundancy. Lastly, Prolonged Grief Disorder is a new disorder in the DSM-5-TR, with specific language added to differentiate reactions in children and adolescents from adults (APA,2022).

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Updated Criteria Disorders

According to the American Psychiatric Association (APA, 2022), the DSM-5-TR largely maintains the diagnostic criteria sets from DSM-5 but includes changes such as revised criteria set disorders and the addition of a new disorder, prolonged grief disorder. These changes were made through a rigorous and deliberative multilevel review process (APA, 2022; PsychCentral, nd; First et. al, 2022). Although the text revision scope did not entail major changes to the criteria sets or other DSM-5 constructs, certain diagnostic criteria sets were updated for clarification purposes alongside updates to the manual (APA, 2022). The criteria set in DSM-5-TR that originated from DSM-5 are still referred to as "DSM-5-criteria," while the new diagnostic entity of prolonged grief disorder is referred to as a DSM-5-TR disorder due to its inclusion in this volume. Proposals for changes resulting from the text revision process underwent review and approval by the DSM Steering Committee, as well as the APA Assembly and Board of Trustees, as part of the DSM-5 Iterative Revision process (APA, 2022).

DSM-5-TR Changes in Criteria for Bipolar and Related Disorders. (DSM-5-TR) made several changes to the criteria for bipolar and related disorders due to another medical condition, bipolar I disorder, and bipolar II disorder. The DSM-IV grouping of mood disorders was eliminated in favor of separate bipolar and related disorders and depressive disorders groupings in DSM-5. As a result, changes were made to enhance the consistency and clarity of the criteria.

In addition, the changes in criterion A for "substance-induced mood disorder" and "mood disorder due to a general medical condition" were made to differentiate them into their bipolar and depressive disorder components. The rewording in DSM-5-TR aimed to provide better clarity and avoid misinterpretation of the criteria requiring elevated, expansive, or irritable mood or markedly diminished interest or pleasure in all or almost all activities (APA, 2022).

Furthermore, changes to criterion B in bipolar I disorder and criterion C in bipolar II disorder were made to improve the differentiation between mood episodes that were part of schizoaffective disorder and those concurrent with other psychotic disorders. The DSM-IV versions of these criteria were changed because determining whether mood episodes are "better explained by" other psychotic disorders was difficult. As a result, DSM-5-TR has revised these criteria to specify that at least one manic episode in bipolar I disorder and at least one hypomanic episode, and at least one major depressive episode in bipolar II disorder are not better explained by schizoaffective disorder and not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

DSM-5-TR also added examples to Other Specified Bipolar and related disorders and to Other Specified Depressive Disorders to diagnose manic episodes or major depressive episodes that are superimposed on a psychotic disorder. Moreover, the definition of mood-congruent/mood-incongruent psychotic features specifier in bipolar disorders depended on the type of episode. As a result, different versions of this specifier are available depending on the type of episode. Finally, DSM-5-TR has also updated the definitions for the bipolar severity specifiers to provide greater clarity.

Schizophrenia Spectrum and Other Psychotic Disorders. DSM-5-TR has made changes to criterion A of attenuated psychosis syndrome (APS) to improve its clarity. The previous inclusion of the phrase "with relatively intact reality testing" in criterion A caused confusion and logical inconsistency as it defined delusions and hallucinations, as forms of reality distortion, with intact reality testing. To address this, the phrase was removed, and the three symptoms (attenuated forms of delusion, hallucination, and disorganized speech) were more accurately defined using a "gatekeeper" to distinguish the attenuated from non-attenuated forms (APA, 2022). Additionally, example #4 "delusional symptoms in partner of individual with delusional disorder" was revised in DSM-5-TR to clarify that the diagnosis of the "inducer" is not limited to individuals with delusional disorder but can occur with any chronic psychotic disorder with prominent delusions, such as some cases of schizophrenia and schizoaffective disorder (APA, 2022; Psychiatry Advisor, 2022; First, et al, 2022). The terminology was updated to "delusional symptoms in the context of the relationship with an individual with prominent delusions" to eliminate the term "partner," which could imply a romantic relationship. This change prevents confusion over the requirement of an intimate relationship for the delusional belief to occur (APA, 2022).

Depressive Disorders & Anxiety Disorders. The DSM-5-TR includes several changes in criteria and definitions for depressive disorders. The DSM-IV mood disorders grouping was replaced by a bipolar and related disorders grouping and a depressive disorder grouping, which led to differences in the wording of criterion A in depressive disorder due to another medical condition. The criterion was reworded to be clearer and match the wording in other related disorders. Consequently, criterion D in major depressive disorder was modified to reflect the original DSM-IV wording concerning the relationship between mood episodes and psychotic disorders, and to provide better clarity regarding which mood episodes apply. The DSM-5-TR includes a new example of a major depressive episode superimposed, which applies when a major depressive episode occurs concurrently with a psychotic disorder that does not have mood episodes as part of its diagnostic criteria. Additionally, the DSM-5-TR removed the parenthetic "dysthymia" from persistent depressive disorder, which is defined as a

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2-year period of depressed mood, most of the day, for more days than not. The term dysthymia is a remnant of dysthymic disorder in DSM-IV and is misleading and potentially confusing. The DSM-5-TR also eliminated extraneous specifiers in persistent depressive disorder and the definitions of these specifiers. Although the DSM-5 listed seven out of eight specifiers that apply to major depressive disorder, only the anxious distress specifier and the atypical features specifier are explicitly applicable to persistent depressive disorder in DSM-5-TR. Finally, there is only one change in social anxiety disorder, the parenthetical "(Social Phobia)" has been removed as it no longer provides clinical utility.

Delirium & Conversion Disorder. The DSM-5-TR made some changes to enhance the clarity of the diagnostic criterion A for delirium. Previously, criterion A for delirium, which stated "A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment)," was found to be unclear. The criterion equated "awareness" with "reduced orientation to the environment," and the term "disorientation" was already used as one of the "additional disturbances in cognition" in criterion C. Therefore, to clarify the meaning, the parenthesized phrase "reduced orientation to the environment" was removed, and the second half of criterion A was revised to "accompanied by reduced awareness of the environment."

Furthermore, the example of attenuated delirium syndrome, which was used in DSM-5, was changed to subsyndromal delirium in DSM-5-TR. The previous example did not reflect the accepted terminology in the field, which is "subsyndromal delirium." Subsyndromal delirium is an intermediate condition that looks like full delirium, but its symptoms are at a lesser level of severity. Therefore, in DSM-5-TR, subsyndromal delirium is used as an example for other specified delirium (APA, 2022). Also, the DSM-5 added "Functional Neurological Symptom Disorder" in parentheses after the DSM-IV term "Conversion Disorder." In the DSM-5-TR, the terms were reversed so that Conversion Disorder was in parentheses (APA, 2022). The decision to switch the order was based on several reasons, including that Functional neurological (symptom) disorder is the preferred term for the international research and patient community, whereas Conversion disorder is not commonly used by researchers and clinicians (APA, 2022).

Autism Spectrum Disorder & Intellectual Disability. The DSM-5-TR includes changes to the diagnosis of autism spectrum disorder and intellectual developmental disorder (intellectual disability). The most noticeable change in autism spectrum disorder is to criterion A, which now requires all the following symptoms to be present for diagnosis. This change is intended to maintain a high diagnostic threshold and prevent any misunderstanding that "any of the following" may suffice (APA, 2022).

In the case of intellectual developmental disorder, the term "intellectual developmental disorder" is used to align with the World Health Organization's International Classification of Diseases, eleventh revision (ICD-11) Classification system, which uses the term "disorders of intellectual development." The term "intellectual disability" is retained in parentheses for continued use (APA, 2022).

In addition, the DSM-5-TR also includes updated text that removes a phrase from DSM-5 that appears to add a fourth criterion to the diagnostic criteria for intellectual disability. Additionally, the updated text clarifies that the diagnosis of intellectual disability is not appropriate for individuals with substantially higher IQ scores, even though the 65-75 IQ score range should not be seen as a strict cutoff. Other disorders' criteria that reference "intellectual developmental disorder (intellectual disability)" have also been updated to reflect the new terminology (APA, 2022).

Gender Dysphoria. In the DSM-5-TR the terminology used in the gender dysphoria specifiers has been updated to use culturally sensitive and less stigmatizing language. For example, "desired gender" has been changed to "experienced gender," "cross-sex medical procedure" to "gender-affirming medical procedure," "cross-sex hormone treatment" to "gender-affirming hormone treatment," and "natal male" to "individual assigned male at birth," and "natal female" to "individual assigned female at birth." "Differences in sex development" has been included as an alternate term for "disorders of sex development." (APA, 2022).

Narcolepsy. The narcolepsy subtypes in DSM-5-TR have been updated to align with the International Classification of Sleep Disorders, 3rd edition (ICSD 3) and the International Classification of Diseases, 11th edition (ICD-11) (APA,2022). The changes were implemented to harmonize the DSM narcolepsy subtypes with the three subtypes of narcolepsy designed in ICSD 3 and ICD-11. The updated subgroups incorporate robust data on the disease pathophysiology and disease stability, as well as the common clinical presentation of the disease (narcolepsy without cataplexy and without hypocretin deficiency) (APA,2022).

Suicidality. The DSM-5-TR has added diagnostic codes for suicidal behavior and non-suicidal self-injury in section 2 of the "other conditions that may be a focus of clinical attention" chapter (APA, 2022). This chapter includes conditions, behaviors, and psychosocial or environmental problems that may affect the diagnosis, course, prognosis, or treatment of an individual's mental disorder but are not mental disorders themselves (APA, 2022).

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The inclusion of these codes in DSM-5-TR is intended to draw attention to additional issues that clinicians may encounter in routine practice and to provide a systematic listing for documentation purposes (APA, 2022). This will improve the documentation of these behaviors, which can help estimate risk factors for future suicide attempts or death. Additionally, these codes can help clinicians record suicidal behavior and non-suicidal self-injury when they occur alongside other mental health conditions (APA,2022).

Finally, adding these codes will encourage research targeted at treating these behaviors specifically, rather than addressing them only as symptoms of an associated condition, such as major depressive disorder. By including these codes, DSM-5-TR aims to facilitate better care and treatment for individuals struggling with suicidal behavior and non-suicidal self-injury (APA, 2022).

Feeding and Eating Disorders. The (DSM-5-TR includes changes to improve the accuracy and clarity of the diagnostic criteria for avoidant/restrictive food intake disorder. The update involves editing Criterion A to remove the phrase "as manifested by persistent failure to meet appropriate nutritional and/or energy needs." This change was made to ensure consistency in the criteria and avoid confusion in the interpretation of Criterion A. The changes are expected to help clinicians and researchers implement the criteria more consistently and accurately (APA, 2022).

In addition, changes were made to the atypical anorexia nervosa example under other specified feeding or eating disorder to increase clarity and avoid misclassification. The description of the atypical anorexia nervosa example was edited to include the sentence: "Individuals with atypical anorexia nervosa may experience many of the physiological complications associated with anorexia nervosa." This clarification was made to emphasize that the presence of physiological consequences during presentation does not necessarily mean that the diagnosis is the typical anorexia nervosa.

Examining the DSM-5-TR's chapter changes, no matter how minimal they may seem, is crucial for every clinician to review. While most chapters show minimal changes, the inclusion of Prolonged Grief Disorder stands out as a significant change worth noting, as it will be discussed further below.

Prolonged Grief Disorder

DSM-5-TR, a revised version of DSM-V, became available in March 2022 with alterations to the text since its last update in 2013. The new version includes additional disorders such as Prolonged Grief Disorder (PGD), which is an updated form of a disorder in section III of DSM-5 and currently located in section II of DSM-5-TR as it is considered a response to trauma or stressor (APA, 2022; First et al., 2022; Bradley et al.,2022). PGD is characterized by a strong yearning or longing for a deceased loved one, typically accompanied by intense sadness, emotional suffering, and an obsession with memories or thoughts of the deceased. The changes were made to enable individuals to receive professional assistance with a diagnosis (APA, 2022; First et al., 2022; Bradley et al.,2022). PGD can only be diagnosed when the symptoms contribute to clinically significant impairment or suffering, and the duration and severity of the bereavement far exceed social, cultural, and religious norms, and no other illness or the side effects of any disorders provide a more comprehensive explanation (APA, 2022; First et al., 2022; Bradley et al.,2022). The DSM-5-TR's recognition of PGD enables practitioners to bill insurance companies for treating patients with the condition and is expected to encourage research and competition for FDA clearance of treatments (APA, 2022).

The decision to include PGD in the DSM-5-TR was based on its proposal in 2018, which underwent extensive review by the DSM Steering Committee and the Review Committee on Internalizing Disorders (APA, 2022). The criteria for the diagnosis were developed in a workshop in June 2019, which was attended by experts who considered the latest research in the field. The criteria were then finalized and approved by the DSM Steering Committee (APA,2022). They were subsequently made available for public comment and later approved by the APA's Assembly and Board of Trustees. PGD is included in Section 2, the trauma- and stressor-related disorders chapter (APA, 2022).

Prolonged grief disorder is defined as intense yearning or longing for the deceased, often accompanied by intense sorrow and emotional pain. Individuals with PGD may also experience preoccupation with thoughts or memories of the deceased, with children and adolescents potentially focusing on the circumstances of the death (APA, 2022; First et al., 2022; Bradley et al.,2022).

PGD argument

The addition of prolonged grief disorder (PGD) as a new diagnostic entity in the DSM-5-TR has been a topic of controversy among mental health professionals (Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022). Some experts have argued that grief is a normal and expected response to the loss of a loved one and that medicalizing it with a diagnosis could pathologize a natural human experience (Maercker et al., 2017). Others have expressed concern that the inclusion of PGD may lead to overdiagnosis and overtreatment, as well as create additional stigma for those experiencing grief (Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022).

One of the primary criticisms of the PGD diagnosis is its lack of specificity and overlap with other diagnoses, such as major depressive disorder (MDD) and adjustment disorder (AD) (Bonanno et al., 2017). Some researchers have suggested that the criteria for PGD are too broad and may capture a wide range of grief reactions that are not necessarily indicative of a mental disorder (Prigerson et al., 2017). Additionally, the diagnostic criteria for PGD do not account for cultural differences in grieving practices, which may result in misdiagnosis or underdiagnosis in certain populations (Martin et al., 2020; Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022).

Furthermore, there is concern that the diagnosis of PGD may have unintended consequences for bereaved individuals, such as interfering with the natural grieving process, creating additional stress and anxiety, and increasing the likelihood of taking psychotropic medication unnecessarily (Wakefield & First, 2012; Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022). The potential for labeling individuals with a mental disorder and the associated stigma may also discourage some from seeking help and support (Martin et al., 2020; Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022).

Despite the controversies surrounding the PGD diagnosis, some researchers argue that it has important clinical utility in identifying individuals who may benefit from early interventions and support services (Shear et al., 2021). They suggest that the diagnosis of PGD may help clinicians differentiate between normal grief reactions and those that are persistent and impairing and allow for targeted treatment approaches.

Overall, the addition of PGD to the DSM-5-TR has generated debate and controversy within the mental health community. While some experts argue that the diagnosis may have important clinical utility, others express concern that it may pathologize a natural human experience and create unintended consequences for bereaved individuals (Harrison, et. al, 2021; Bryant, 2018; Haneveld et. al, 2022; Shear et al., 2022). Further research is needed to determine the validity and reliability of the PGD diagnosis and its potential impact on grief and bereavement practices.

Future Direction

Future research is essential for further development of the DSM-5-TR to ensure effective and ethical mental health practice by social work clinicians. Specifically, research should focus on the impact of new diagnostic criteria and categories, clinical decision-making, treatment planning, and stigma surrounding mental illness (APA, 2022). Disorders such as complex post-traumatic stress disorder, disruptive mood dysregulation disorder, and prolonged grief disorder should be evaluated to determine their effectiveness. Additionally, social and cultural factors' influence on diagnosis and treatment must be examined to develop culturally sensitive and appropriate treatment plans. Moreover, research should explore the DSM-5-TR's strengths and limitations and how it can be used alongside other assessment tools to develop comprehensive and holistic treatment plans. By conducting this research, social work clinicians can enhance their understanding of the DSM-5-TR and improve their ability to provide effective mental health care to their clients.

Further research is needed to explore the use of dimensional approaches to diagnosis and treatment, as they could provide a clearer understanding of mental health disorders. Additionally, improving the cultural sensitivity and validity of the DSM-5-TR is crucial, as certain diagnoses and criteria may not adequately capture the experiences of individuals from diverse backgrounds (APA, 2022). Empirical research should evaluate the reliability and validity of the DSM-5-TR criteria and investigate the effectiveness of different treatment approaches for different diagnoses. Furthermore, research should examine the impact of the DSM-5-TR on clinical practice and patient outcomes, identifying ways in which the DSM can be improved to better serve the needs of mental health professionals and their clients. By addressing these areas of inquiry, mental health professionals can continue to improve their practice and provide better care for their clients.

Conclusion

In conclusion, an introduction to the DSM was provided, including a historical overview of its development and an overview of its organization. A review of some of the major changes made in the DSM-5-TR, with a focus on issues of culture, racism, and discrimination, as well as changes in coding and the consideration of children.

An overview of the updated criteria for a range of disorders was provided, including bipolar and related disorders, schizophrenia and other psychotic disorders, depressive disorder, anxiety disorder, delirium, conversion disorder, autism spectrum disorder, intellectual disability, gender dysphoria, narcolepsy, feeding and eating disorders, and suicidality. A closer review of Prolonged Grief Disorder was discussed to include some concerns related to this new diagnosis.

Finally, suggestions for future research should focus on improving the DSM-5-TR through the use of dimensional approaches and the exploration of its impact on clinical practice and patient outcomes. Additional suggestions for how mental health professionals can use the DSM-5-TR in a way that is both effective and ethical, taking into consideration its strengths and limitations are reviewed. Overall, this paper has provided an overview of the DSM-5-TR, the updates from the previous edition, and its future use in research and clinical practice.

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