Innovations in Counseling: Working with Minority Populations- Part 2
Session 5: DSM-5: Exploring New Clinical Perspectives (Part 1)

Webinar Follow-up Question and Answer Session with Dr. Matt Buckley.

Question from William Arick
Is there still an Axis 1 and 2?

Answer from Presenter
No, the multiaxial system has been eliminated from the DSM-5 and likely future versions of the DSM as well.

Question from William Arick
On the slide (#9) is that example a complete sample for one individual?

Answer from Presenter
Yes, the sample diagnosis was designed to provide a comprehensive clinical picture/diagnosis of one client. There are certainly other ways of presenting a diagnosis; this is just one example.

Question from Joshua Hulen
Is RAD still diagnosed only in childhood?

Answer from Presenter
Yes, because it is first in the Trauma and Stressor-Related Disorders chapter, it follows a developmental framework and is exclusively a childhood condition. There are certainly adults that may have been diagnosed with RAD as a child, but the diagnosis would only likely be a historical one and not current. The DSM-5 makes the following statement: “It is unclear whether reactive attachment disorder occurs in older children and, if so, how it differs from its presentation in young children. Because of this, the diagnosis should be made with caution in children older than 5 years” (p. 267).

Question from Wendy Sabin
What is the date when DSM 5 classification must be used?

Answer from Presenter
The target date as mandated by congress (in the Protecting Access to Medicare Act of 2014; public law 113-93 enacted on 4/1/14) for full implementation of the DSM-5 is October 1, 2015.
Question from Tiffany Bryant
Why do you think it has taken such a while for the changes to have been made?

Answer from Presenter
Research into specific disorders is a long and tedious process. The DSM-5 emerged from how the manual (DSM-IV-TR) was performing in clinical settings and the body of research to support changes within the manual, including the creation of new disorders, the collapsing of disorders and diagnostic categories and “conditions for further study.” It will take time for the DSM-5 to be accepted, integrated, and fully utilized and then the tedious work will commence in planning for the next edition, including the development of workgroups, committees, research agendas and field-testing.

Question from Candace Callaghan
Would you now code an axis 2 as an axis 1?

Answer from Presenter
Please see the response to question #1. The principal diagnosis is made first and then each following diagnosis would be sequenced relative to the severity of the diagnosis, including priority of treatment. Please see pp. 22-23 in the DSM-5.

Question from Helen Godfrey
Where can I find the Cultural Formulation Interview please?

Answer from Presenter
A copy of the CFI is located on pp. 749-759 in the DSM-5 and a pdf copy is located on the www.psychiatry.org/dsm5 website.

Question from William Arick
When do we start submitting billings with DSM-5 Diagnoses?

Answer from Presenter
You can start submitting DSM-5 codes right now as there is virtually no difference in the codes between DSM-5 and DSM-IV-TR. The codes are consistent with the ICD-10 codes which are used for diagnosis and billing purposes. Also, please see my response to question #4.
**Question from Carmen Gutierrez**
In regards to the DSM-5 Assessments will they be available in Spanish? If yes, where could one find them?

**Answer from Presenter**
Some assessments are available in Spanish, but there is not a comprehensive translation of these assessments to this date and I don’t know when there will be. Some assessment instruments in Spanish are available on a variety of websites such as the following (this is not a comprehensive list):


http://www.ptsd.va.gov/professional/assessment/DSM_5_Validated_Measures.asp

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**Question from Rose Colorafi**
Could you give an example of one or two substance use disorders with specifiers including descriptors?

**Answer from Presenter**
Some examples of substance use disorder diagnoses are the following:

305.90 Alcohol Use Disorder, In early remission, Moderate
305.30 Cannabis Use Disorder, In a controlled environment, Severe
305.90 Inhalant Use Disorder (Liquid paper), In sustained remission, Mild

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**Question from Joshua Hulen**
What are implications of the changes with insurance companies?

**Answer from Presenter**
The primary issues related to the DSM-5 are how coding will occur and what diagnoses are covered. The most current information regarding these issues is located on the APA website at:

http://www.psychiatry.org/practice/managing-a-practice/coding--reimbursement

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**Question from Diane Cheney**
In regards to Asperger’s- Is this new social communication disorder under the DSM-5, or now under Speech-Language Pathologists?

**Answer from Presenter**
Asperger’s disorder is now subsumed under Autism Spectrum Disorders and based on the new specifiers, the DSM-5 diagnosis for the former Asperger’s disorder would be:
299.00 Autism Spectrum Disorder; Requiring Substantial Support for deficits in Social Communication and interaction; requiring Support with Restricted Repetitive Behaviors, Interests and Activities; Without accompanying intellectual impairment; Without accompanying language impairment

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