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DSM-IV-TR Classification categories
## What's New in DSM-IV-TR?

The *DSM-IV Text Revision* (APA, 2000) has changed the diagnostic criteria for a number of disorders in DSM-IV.

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<td>Tourette’s Disorder</td>
<td>Symptoms must cause marked distress or significant impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted even if symptoms do not cause marked distress or significant impairment.</td>
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<tr>
<td>Chronic Motor or Vocal Tic Disorder</td>
<td>Symptoms must cause marked distress or significant impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted even if symptoms do not cause marked distress or significant impairment.</td>
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<tr>
<td>Transient Tic Disorder</td>
<td>Symptoms must cause marked distress or significant impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted even if symptoms do not cause marked distress or significant impairment.</td>
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| Dementia Due to Other General Medical Conditions | Lists as Distinct Axis I disorders:  
  - Dementia due to HIV disease  
  - Dementia due to head trauma  
  - Dementia due to Parkinson’s disease  
  - Dementia due to Huntington’s disease  
  - Dementia due to Pick’s disease  
  - Dementia due to Creutzfeldt-Jakob disease  | These are no longer listed as distinct Axis I disorders. Instead, they are grouped together as Dementia due to other general medical conditions, with the particular medical condition coded on Axis III. |
| Personality Change Due to a General Medical Condition | Diagnosis is not warranted if the personality change occurs as part of dementia. | A diagnosis is warranted even in cases of dementia when the personality change is prominent. |
| Exhibitionism                    | Sexually arousing fantasies, sexual urges, or behaviors must cause significant distress or impairment in order to warrant diagnosis. | Diagnosis is warranted if person acts on sexual urges, even if such actions do not cause marked distress, impairment, or interpersonal difficulty. If person manifests only sexual urges or fantasies (not actions), these must cause marked distress or interpersonal difficulty to warrant diagnosis. |
| Frotteurism                      | Sexually arousing fantasies, sexual urges, or behaviors must cause significant distress or impairment in order to warrant diagnosis. | Diagnosis is warranted if person acts on sexual urges, even if such actions do not cause marked distress, impairment, or interpersonal difficulty. If person manifests only sexual urges or fantasies (not actions), these must cause marked distress or interpersonal difficulty to warrant diagnosis. |

Source: APA, 2000, 1994  
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## What’s New in DSM-IV-TR? (Continued)

The *DSM-IV Text Revision* (APA, 2000) has changed the diagnostic criteria for a number of disorders in DSM-IV.

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<td>Pedophilia</td>
<td>Sexually arousing fantasies, sexual urges, or behaviors must cause significant distress or impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted if person acts on sexual urges, even if such actions do not cause marked distress, impairment, or interpersonal difficulty. If person manifests only sexual urges or fantasies (not actions), these must cause marked distress or interpersonal difficulty to warrant diagnosis.</td>
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<td>Sexual Sadism</td>
<td>Sexually arousing fantasies, sexual urges, or behaviors must cause significant distress or impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted if person acts on sexual urges with a non-consenting person, even if such actions do not cause the patient marked distress, impairment, or interpersonal difficulty. If the individual manifests only sexual urges or fantasies (not actions), these must cause marked distress or interpersonal difficulty to warrant diagnosis.</td>
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<td>Voyeurism</td>
<td>Sexually arousing fantasies, sexual urges, or behaviors must cause significant distress or impairment in order to warrant diagnosis.</td>
<td>Diagnosis is warranted if person acts on sexual urges, even if such actions do not cause marked distress, impairment, or interpersonal difficulty. If person manifests only sexual urges or fantasies (not actions), these must cause marked distress or interpersonal difficulty to warrant diagnosis.</td>
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Axis I Disorders in DSM-IV-TR

Disorders Usually First Diagnosed in Infancy, Childhood, and Adolescence
Disorders in this group tend to emerge and sometimes dissipate before adult life. They include pervasive developmental disorders (such as autism); learning disorders; attention-deficit hyperactivity disorder; conduct disorders; and separation anxiety disorder.

Delirium, Dementia, Amnestic, and Other Cognitive Disorders
These disorders are dominated by impairment in cognitive functioning. They include Alzheimer’s disease and Huntington’s disease.

Mental Disorders Due to a General Medical Condition
These are mental disorders that are caused primarily by a general medical disorder. They include mood disorder due to a general medical condition.

Substance-Related Disorders
These disorders are brought about by the use of substances that affect the central nervous system, such as alcohol use disorders, opioid use disorders, amphetamine use disorders, cocaine use disorders, and hallucinogen use disorders.

Schizophrenia and Other Psychotic Disorders
In this group of disorders, functioning deteriorates until the patient reaches a state of psychosis or loss of contact with reality.

Mood Disorders
Disorders in this group are marked by severe disturbances of mood that cause people to feel extremely and inappropriately sad or elated for extended periods of time. They include major depressive disorder and bipolar disorder.

Anxiety Disorders
Anxiety is the predominant disturbance in this group of disorders. They include generalized anxiety disorder, phobic disorders, panic disorder, obsessive-compulsive disorder, acute stress disorder, and posttraumatic stress disorder.

Somatoform Disorders
These disorders, marked by physical symptoms that apparently are caused primarily by psychological rather than physiological factors, include pain disorders, conversion disorders, somatization disorder, and hypochondriasis.

Factitious Disorders
People with these disorders intentionally produce or feign psychological or physical symptoms.

Source: APA, 2000, 1994
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Axis I Disorders in DSM-IV-TR (Continued)

Dissociative Disorders
These disorders are characterized by a change in the usually integrated functions of memory and identity. They include dissociative amnesia; dissociative fugue, and dissociative identity disorder (multiple personality disorder).

Eating Disorders
People with these disorders display abnormal patterns of eating that significantly impair their functioning. The disorders include anorexia nervosa and bulimia nervosa.

Sexual Disorders and Gender Identity Disorders
These disorders in sexual functioning, behavior, or preferences include paraphilias, sexual dysfunctions, and gender identity disorder.

Sleep Disorders
People with these disorders display chronic sleep problems. The disorders include primary insomnia, primary hypersomnia, sleep terror disorder, and sleepwalking disorder.

Impulse-Control Disorders
People with these disorders are chronically unable to resist impulses, drives, or temptations to perform certain acts that are harmful to them or to others. The disorders include pathological gambling, kleptomania, pyromania, and intermittent explosive disorders.

Adjustment Disorder
The primary feature of these disorders is a maladaptive reaction to a clear stressor such as divorce or business difficulties that occur within three months after the onset of the stressor.

Other Conditions That May Be a Focus of Clinical Attention
This category consists of certain conditions or problems that are worth noting because they cause significant impairment, such as relational problems, problems related to abuse or neglect, medication-induced movement disorders, and psychophysiological disorders.
Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health–illness. Do not include impairment in functioning due to physical (or environmental) limitations.

**Code**  
[Note: Use intermediate codes when appropriate (e.g., 45, 68, 72).]

91–100 Superior functioning in a wide range of activities. Life’s problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

81–90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

71–80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61–70 Some mild symptoms (e.g., depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well; has some meaningful interpersonal relationships.

51–60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (e.g., new friends, conflicts with peers or co-workers).

41–50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

Source: APA, 2000, 1994  
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Global Assessment of Functioning (GAF) Scale (Continued)

31–40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21–30 Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).

11–20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) or occasionally fails to maintain minimal personal hygiene (e.g., smears feces) or gross impairment in communication (e.g., largely incoherent or mute).

1–10 Persistent danger of severely hurting self or others (e.g., recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

0 Inadequate information.
Diagnostic Criteria for Generalized Anxiety Disorder

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.
   (1) restlessness or feeling keyed up or on edge
   (2) being easily fatigued
   (3) difficulty concentrating or mind going blank
   (4) irritability
   (5) muscle tension
   (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D. The focus of the anxiety and worry is not confined to features of an Axis 1 disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Hypochondriasis); and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not exclusively occur during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.
Diagnostic Criteria for Specific Phobia

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack. Note: In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.

C. The person recognizes that the fear is excessive or unreasonable. Note: In children, this feature may be absent.

D. The phobic situation(s) is (are) avoided or else is endured with intense anxiety or distress.

E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person’s normal routine, occupational (academic) functioning, or social activities or relationships, or there is a marked distress about having the phobia.

F. In individuals under 18 years, the duration is at least 6 months.

G. The anxiety, Panic Attacks, or phobic avoidance associated with the specific object or situation is not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder.

Specify type:

- Animal Type
- Natural Environment Type (e.g., heights, storms, water)
- Blood-Injection-Injury Type
- Situational Type (e.g., airplanes, elevators, enclosed places)
- Other Type (e.g., phobic avoidance of situations that may lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds or costumed characters)
Diagnostic Criteria for Social Phobia

A. A marked and persistent fear of one or more social or performance situations in which
the person is exposed to unfamiliar people or to possible scrutiny by others. The indi-
vidual fears that he or she will act in a way (or show anxiety symptoms) that will be hu-
miliating or embarrassing. Note: In children, there must be evidence of the capacity for
age-appropriate social relationships with familiar people and the anxiety must occur in
peer settings, not just in interactions with adults.

B. Exposure to the feared social situation almost invariably provokes anxiety which may
take the form of a situationally bound or situationally predisposed Panic Attack. Note: In
children, the anxiety may be expressed by crying, tantrums, freezing, or shrinking
from social situations with unfamiliar people.

C. The person recognizes that the fear is excessive or unreasonable. Note: In children, this
feature may be absent.

D. The feared social or performance situations are avoided or else are endured with intense
anxiety or distress.

E. The avoidance, anxious anticipation, or distress in the feared social or performance situ-
ation(s) interferes significantly with the person’s normal routine, occupational (acade-
mic) functioning, or social activities or relationships, or there is a marked distress about
having the phobia.

F. In individuals under 18 years, the duration is at least 6 months.

G. The fear of avoidance is not due to the direct physiological effects of a substance (e.g., a
drug of abuse, a medication) or a general medical condition and is not better accounted
for by another mental disorder (e.g., Panic Disorder With or Without Agoraphobia, Sep-
aration Anxiety Disorder, Body Dysmorphic Disorder, a Pervasive Developmental Dis-
order, or Schizoid Personality Disorder).

H. If a general medical condition or another mental disorder is present, the fear in Crite-
rian A is unrelated to it, e.g., the fear is not of Stuttering, trembling in Parkinson’s dis-
ease, or exhibiting abnormal eating behavior in Anorexia or Bulimia Nervosa.
Criteria for Panic Attack

Note: A Panic Attack is not a codable disorder. Code the specific diagnosis in which the Panic Attack occurs (e.g., 300.21 Panic Attack with Agoraphobia).

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. palpitations, pounding heart, or accelerated heart rate
2. sweating
3. trembling or shaking
4. sensations of shortness of breath or smothering
5. feeling of choking
6. chest pain or discomfort
7. nausea or abdominal distress
8. feeling dizzy, unsteady, lightheaded, or faint
9. derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. fear of losing control or going crazy
11. fear of dying
12. paresthesias (numbness or tingling sensations)
13. chills or hot flushes
Criteria for Agoraphobia

Note: Agoraphobia is not a codable disorder. Code the specific disorder in which the Agoraphobia occurs (e.g., 300.21 Panic Attack with Agoraphobia or 300.22 Agoraphobia Without History of Panic Disorder).

A. Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile.

Note: Consider the diagnosis of Specific Phobia if the avoidance is limited to one or only a few specific situations, or Social Phobia if the avoidance is limited to social situations.

B. The situations are avoided (e.g., travel is restricted) or else are endured with marked distress or with anxiety about having a Panic Attack or panic-like symptoms, or require the presence of a companion.

C. The anxiety of phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).
Diagnostic Criteria for Panic Disorder Without Agoraphobia

A. Both (1) and (2):
   (1) recurrent unexpected Panic Attacks
   (2) at least one of the attacks has been followed by 1 month (or more) of one (or more)
   of the following:
      (a) persistent concern about having additional attacks
      (b) worry about the implications of the attack or its consequences (e.g., losing con-
           trol, having a heart attack, “going crazy”)
      (c) a significant change in behavior related to the attacks

B. Absence of Agoraphobia.

C. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a
drug of abuse, a medication) or a general medication condition (e.g., hyperthyroidism).

D. The Panic Attacks are not better accounted for by another mental disorder, such as So-
cial Phobia (e.g., on exposure to feared social situations), Specific Phobia (e.g., on expo-
sure to a specific phobic situation), Obsessive-Compulsive Disorder (e.g., on exposure to
dirt by someone with an obsession about contamination), Posttraumatic Stress Disorder
(e.g., in response to stimuli associated with a severe stressor), or Separation Anxiety Dis-
order (e.g., in response to being away from home or close relatives).

Source: APA, 2000, 1994
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Diagnostic Criteria for Obsessive-Compulsive Disorder

A. Either obsessions or compulsions:

   Obsessions as defined by (1), (2), (3), and (4):
   (1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
   (2) the thoughts, impulses, or images are not simply excessive worries about real-life problems
   (3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
   (4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

   Compulsions are defined by (1) and (2):
   (1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
   (2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: This does not apply to children.

C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person’s normal routine, occupational (or academic) functioning, or usual social activities or relationships.

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia; or guilty ruminations in the presence of a Major Depressive Disorder).

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Source: APA, 2000, 1994
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Diagnostic Criteria for Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:
   (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
   (2) The person’s response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently reexperienced in one or more of the following ways:
   (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
   (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
   (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). In young children, trauma-specific reenactment may occur.
   (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
   (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
   (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
   (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
   (3) inability to recall an important aspect of the trauma
   (4) markedly diminished interest or participation in significant activities
   (5) feeling of detachment or estrangement from others
   (6) restricted range of affect (e.g., unable to have loving feelings)
   (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
   (1) difficulty falling or staying asleep
   (2) irritability or outbursts of anger
   (3) difficulty concentrating
   (4) hypervigilance
   (5) exaggerated startle response

Source: APA, 2000, 1994
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Diagnostic Criteria for Posttraumatic Stress Disorder
(Continued)

E. Duration of the disturbance (symptoms in criteria B, C, D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

- Acute: if duration of symptoms is less than 3 months
- Chronic: if duration of symptoms is 3 months or more

Specify if:

- With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

Source: APA, 2000, 1994
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Diagnostic Criteria for Acute Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:
   (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   (2) the person’s response involved intense fear, helplessness, or horror

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following Dissociative symptoms:
   (1) a subjective sense of numbing, detachment, or absence of emotional responsiveness
   (2) a reduction in awareness of his or her surroundings
   (3) derealization
   (4) depersonalization
   (5) Dissociative amnesia

C. The traumatic event is persistently reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual’s ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

H. The disturbance is not due to the direct physiological effects of a substance or general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.
Diagnostic Criteria for Psychological Factors Affecting General Medical Condition

A. A general medical condition (coded on Axis III) is present.

B. Psychological factors adversely affect the general medical condition in one of the following ways:
   (1) the factors have influenced the course of the general medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the general medical condition
   (2) the factors interfere with the treatment of the general medical condition
   (3) the factors constitute additional health risks for the individual
   (4) stress-related physiological responses precipitate or exacerbate symptoms of the general medical condition

Choose name based on the nature of the psychological factors (if more than one factor is present, indicate the most prominent):

- Mental Disorder Affecting... [Indicate the General Medical Condition] (e.g., an Axis I disorder such as Major Depressive Disorders delaying recovery from a myocardial infarction)

- Psychological Symptoms Affecting... [Indicate the General Medical Condition] (e.g., depressive symptoms delaying recovery from surgery; anxiety exacerbating asthma)

- Personality Traits or Coping Style Affecting... [Indicate the General Medical Condition] (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behavior contributing to cardiovascular disease)

- Maladaptive Health Behaviors Affecting... [Indicate the General Medical Condition] (e.g., overeating; lack of exercise; unsafe sex)

- Stress-Related Physiological Response Affecting... [Indicate the General Medical Condition] (e.g., stress-related exacerbations of ulcer, hypertension, arrhythmia, or tension headache)

- Other of Unspecified Psychological Factors Affecting... [Indicate the General Medical Condition] (e.g., interpersonal, cultural, or religious factors)

Source: APA, 2000, 1994
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Diagnostic Criteria for Somatization Disorder

A. A history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment in social, occupational, or other important areas of functioning.

B. Each of the following criteria must have been met, with individual symptoms occurring at any time during the course of the disturbance.

1. Four pain symptoms: a history of pain related to at least four different sites or functions (e.g., head, abdomen, back, joints, extremities, chest, rectum, during menstruation, during sexual intercourse, or during urination)

2. Two gastrointestinal symptoms: a history of at least two gastrointestinal symptoms other than pain (e.g., nausea, bloating, vomiting other than during pregnancy, diarrhea, or intolerance of several different foods)

3. One sexual symptom: a history of at least one sexual or reproductive symptom other than pain (e.g., sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy)

4. One pseudoneurological symptom: a history of at least one symptom or deficit suggesting a neurological condition not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphony, urinary retention, hallucinations, loss of touch or pain, double vision, blindness, deafness, seizures; dissociative symptoms such as amnesia; or loss of consciousness other than fainting)

C. Either (1) or (2):

1. After appropriate investigation, each of the symptoms in Criterion B cannot be fully explained by a known general medical condition or the direct effects of a substance (e.g., a drug of abuse, a medication)

2. When there is a related general medical condition, the physical complaints or resulting social or occupational impairment are in excess of what would be expected from the history, physical examination, or laboratory findings

D. The symptoms are not intentionally produced or feigned (as in Factitious Disorder or Malingering).

Source: APA, 2000, 1994
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Diagnostic Criteria for Conversion Disorder

A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.

B. Psychological factors are judged to be associated with the symptom or deficit because the initiation or exacerbation of the symptom or deficit is preceded by conflicts or other stressors.

C. The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).

D. The symptom or deficit cannot, after appropriate investigation, be fully explained by a general medical condition, or by the direct effects of a substance, or as a culturally sanctioned behavior or experience.

E. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.

F. The symptom or deficit is not limited to pain or sexual dysfunction, does not occur exclusively during the course of the Somatization Disorder, and is not better accounted for by another mental disorder.

Source: APA, 2000, 1994
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Diagnostic Criteria for Pain Disorder

A. Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.

B. The pain causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain.

D. The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).

E. The pain is not better accounted for by a Mood, Anxiety, or Psychotic Disorder and does not meet criteria for Dyspareunia.

Diagnostic Criteria for Hypochondriasis

A. Preoccupation with fears of having, or the idea that one has, a serious disease based on the person’s misinterpretation of bodily symptoms.

B. The preoccupation persists despite appropriate medical evaluation and reassurance.

C. The belief in Criterion A is not of delusional intensity (as in Delusional Disorder, Somatoform Type) and is not restricted to a circumscribed concern about appearance (as in Body Dysmorphic Disorder).

D. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The duration of the disturbance is at least 6 months.

F. The preoccupation is not better accounted for by Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, a Major Depressive Episode, Separation Anxiety, or another Somatoform Disorder.

Source: APA, 2000, 1994
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Diagnostic Criteria for Body Dysmorphic Disorder

A. Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person’s concern is markedly excessive.

B. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The preoccupation is not better accounted for by another mental disorder (e.g., dissatisfaction with body shape and size in Anorexia Nervosa).

Diagnostic Criteria for Factitious Disorder

A. Intentional production or feigning of physical or psychological signs or symptoms.

B. The motivation for the behavior is to assume a sick role.

C. External incentives for the behavior (such as economic gain, avoiding legal responsibility, or improving physical well-being, as in Malingering) are absent.

Code based on type:
With Predominantly Psychological Signs and Symptoms
With Predominantly Physical Signs and Symptoms
With Combined Psychological and Physical Signs and Symptoms

Source: APA, 2000, 1994
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Diagnostic Criteria for Dissociative Amnesia

A. The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.

B. The disturbance does not occur exclusively during the course of Dissociative Identity Disorder, Dissociative Fugue, Posttraumatic Stress Disorder, Acute Stress Disorder, or Somatization Disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a neurological or other general medical condition (e.g., Amnestic Disorder Due to Head Trauma).

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic Criteria for Dissociative Fugue

A. The predominant disturbance is sudden, unexpected travel away from home or one’s customary place of work, with inability to recall one’s past.

B. Confusion about personal identity or assumption of a new identity (partial or complete).

C. The disturbance does not occur exclusively during the course of Dissociative Identity Disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., temporal lobe epilepsy).

D. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Diagnostic Criteria for Dissociative Identity Disorder

A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

B. At least two of these identities or personality states recurrently take control of the person’s behavior.

C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures).

Diagnostic Criteria for Depersonalization Disorder

A. Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one’s mental processes or body (e.g., feeling like one is in a dream).

B. During the depersonalization experience, reality testing remains intact.

C. The depersonalization causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The depersonalization experience does not occur exclusively during the course of another mental disorder, such as Schizophrenia, Panic Disorder, Acute Stress Disorder, or another Dissociative Disorder, and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., temporal lobe epilepsy).
Criteria for Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from the previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observations made by others)

(3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), a decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

(4) insomnia or hypersomnia nearly every day

(5) psychomotor agitation or retardation nearly every day (observable by others)

(6) fatigue or loss of energy nearly every day

(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day

(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observed by others)

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Source: APA, 2000, 1994
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Criteria for Manic Episode

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
   (1) inflated self-esteem or grandiosity
   (2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
   (3) more talkative than usual or pressure to keep talking
   (4) flight of ideas or subjective experience that thoughts are racing
   (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   (6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
   (7) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The symptoms do not meet the criteria for a Mixed Episode.

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Criteria for Mixed Episode

A. The criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.

B. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).
Criteria for Hypomanic Episode

A. A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four, if the mood is only irritable) and have been present to a significant degree:
   (1) inflated self-esteem or grandiosity
   (2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
   (3) more talkative than usual or pressure to keep talking
   (4) flight of ideas or subjective experience that thoughts are racing
   (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   (6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
   (7) excessive involvement in pleasurable activities that have a high potential for painful consequences

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

D. The disturbance in mood and the change in functioning are observable by others.

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hypothyroidism).

Note: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment should not count toward a diagnosis of Bipolar II disorder.
Diagnostic Criteria for Major Depressive Disorder, Single Episode

A. Presence of a single Major Depressive Episode

B. The Major Depressive Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

C. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode. Note: This exclusion does not apply if all the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.

Diagnostic Criteria for Major Depressive Disorder, Recurrent

A. A presence of two or more Major Depressive Episodes.

Note: To be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive Episode.

B. The Major Depressive Episodes are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

C. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.

Note: This exclusion does not apply if all the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.
Diagnostic Criteria for Dysthmic Disorder

A. Depressed mood for most of the day, for more days than not, as indicated either by sub-
jective account or observation by others, for at least 2 years. Note: In children and ado-
lescents, mood can be irritable and duration must be at least 1 year.

B. Presence, while depressed, of two (or more) of the following:
   (1) poor appetite or overeating
   (2) insomnia or hypersomnia
   (3) low energy or fatigue
   (4) low self-esteem
   (5) poor concentration or difficulty making decisions
   (6) feelings of hopelessness

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the per-
son has never been without the symptoms in Criteria A and B for more than 2 months at
a time.

D. No Major Depressive Episode has been present during the first 2 years of the distur-
bance (1 year for children and adolescents); i.e., the disturbance is not better accounted
for by chronic Major Depressive Disorder, or Major Depressive Disorder, In Partial Re-
mission.

   Note: There may have been a previous Major Depressive Episode provided there was a
full remission (no significant signs or symptoms for 2 months) before development of
the Dysthmic Disorder. In addition, after the initial 2 years (1 year in children or ado-
lescents) of Dysthmic Disorder, there may be superimposed episodes of Major Depres-
sive Disorder, in which case both diagnoses may be given when the criteria are met for a
Major Depressive Episode.

E. There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and
criteria have never been met for Cyclothymic Disorder.

F. The disturbance does not occur exclusively during the course of a chronic Psychotic
Disorder, such as Schizophrenia or Delusional Disorder.

G. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug
of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

H. The symptoms cause clinically significant distress or impairment in social, occupational,
or other important areas of functioning.

Specify if:

   Early Onset: if onset is before age 21 years
   Late Onset: if onset is age 21 or older
Diagnostic Criteria for Bipolar I Disorder, Single Manic Episode

A. Presence of only one Manic Episode and no past major Depressive Episodes.
   Note: Recurrence is defined as either a change in polarity from depression or an interval of at least 2 months without manic symptoms.

B. The Manic Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Diagnostic Criteria for Bipolar II Disorder

A. Presence (or history) of one or more Major Depressive Episodes.

B. Presence (or history) of at least one Hypomanic Episode.

C. There has never been a Manic Episode or a Mixed Episode.

D. The mood symptoms in criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Source: APA, 2000, 1994
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Diagnostic Criteria for Cyclothymic Disorder

A. For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode. Note: In children and adolescents, the duration must be at least 1 year.

B. During the above 2-year period (1 year in children and adolescents), the person has not been without the symptoms in Criterion A for more than 2 months at a time.

C. No Major Depressive Episode, Manic Episode, or Mixed Episode has been present during the first 2 years of the disturbance.

D. The symptoms in Criterion A are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, or Psychotic Disorder Not Otherwise Specified.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Source: APA, 2000, 1994
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Appendix B

Diagnostic Criteria for Anorexia Nervosa

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone administration, e.g., estrogen.)

Specify type:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Source: APA, 2000, 1994
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Diagnostic Criteria for Bulimia Nervosa

A. Recurrent episodes of binge-eating. An episode of binge eating is characterized by both of the following:
   (1) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during that similar period of time under similar circumstances
   (2) A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behavior both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type:

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Nonpurging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Source: APA, 2000, 1994
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Diagnostic Criteria for Substance Intoxication

A. The development of a reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Note: Different substances may produce similar or identical syndromes.

B. Clinically significant maladaptive behavioral or psychological changes that are due to the effect of the substance on the central nervous system (e.g., belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) and develop during or shortly after use of the substance.

C. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Diagnostic Criteria for Substance Withdrawal

A. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.

B. The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.
Criteria for Substance Abuse

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

(1) recurring substance use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household

(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)

(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Source: APA, 2000, 1994
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Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

(1) tolerance as defined by either of the following:
   (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
   (b) markedly diminished effect with continued use of the same amount of the substance

(2) withdrawal, as manifested by either of the following:
   (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
   (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

(3) the substance is often taken in larger amounts or over a longer period than was intended

(4) there is a persistent desire or unsuccessful effort to cut down or control substance use

(5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chainsmoking), or recover from its effects

(6) important social, occupational, or recreational activities are given up or reduced because of substance use

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)
Diagnostic Criteria for Hypoactive Sexual Desire Disorder

A. Persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity. The judgment of deficiency or absence is made by the clinician, taking into account the factors that affect sexual functioning, such as age and the context of the person’s life.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The sexual dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Diagnostic Criteria for Sexual Aversion Disorder

A. Persistent or recurrent extreme aversion to, and avoidance of, all (or almost all) genital sexual contact with a sexual partner.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The sexual dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction).
Diagnostic Criteria for Female Sexual Arousal Disorder

A. Persistent or recurrent inability to attain, or to maintain until completion of the sexual activity, an adequate lubrication-swelling response to sexual excitement.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The sexual dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Diagnostic Criteria for Male Erectile Disorder

A. Persistent or recurrent inability to attain, or to maintain until completion of the sexual activity, an adequate erection.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The erectile dysfunction is not better accounted for by another Axis I disorder (other than a Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
Diagnostic Criteria for Female Orgasmic Disorder

A. The persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase. Women exhibit wide variability in the type or intensity of stimulation that triggers orgasm. The diagnosis of Female Orgasmic Disorder should be based on the clinician’s judgment that the woman’s orgasmic capacity is less than would be reasonable for her age, sexual experience, and the adequacy of stimulation she receives.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The orgasmic dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Diagnostic Criteria for Male Orgasmic Disorder

A. Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase during sexual activity that the clinician, taking into account the person’s age, judges to be adequate in focus, intensity, and duration.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The orgasmic dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
**Diagnostic Criteria for Premature Ejaculation**

A. Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it. The clinician must take into account factors that affect duration of the excitement phase, such as age, novelty of sexual partner or situation, and recent frequency of sexual activity.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The premature ejaculation is not due exclusively to the direct effects of a substance (e.g., withdrawal from opioids).

**Diagnostic Criteria for Dyspareunia**

A. Recurrent or persistent genital pain associated with sexual intercourse in either a male or a female.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The disturbance is not caused exclusively by Vaginismus or lack of lubrication, is not better accounted for by another Axis I disorder (except another Sexual Dysfunction), and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

**Diagnostic Criteria for Vaginismus**

A. Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The disturbance is not better accounted for by another Axis I disorder (e.g., Somatization Disorder) and is not due exclusively to the direct physiological effects of a general medical condition.

Source: APA, 2000, 1994
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Diagnostic Criteria for Exhibitionism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one’s genitals to an unsuspecting stranger.

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Diagnostic Criteria for Fetishism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects (e.g., female undergarments).

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The fetish objects are not limited to articles of female clothing used in cross-dressing (as in Transvestic Fetishism) or devices designed for the purpose of tactile genital stimulation (e.g., a vibrator).

Diagnostic Criteria for Frotteurism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person.

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Diagnostic Criteria for Pedophilia

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

C. The person is at least 16 years and at least 5 years older than the child or children in Criterion A.

Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

Source: APA, 2000, 1994
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Diagnostic Criteria for Sexual Masochism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic Criteria for Sexual Sadism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.

B. The person has acted on these sexual urges with a non-consenting person, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Diagnostic Criteria for Transvestic Fetishism

A. Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.

B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic Criteria for Voyeurism

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.

B. The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

Source: APA, 2000, 1994
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Diagnostic Criteria for Gender Identity Disorder

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following:
(1) repeatedly stated desire to be, or insistence that he or she is, the other sex
(2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
(3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies about being the other sex
(4) intense desire to participate in the stereotypical games and pastimes of the other sex
(5) strong preference for playmates of other sex

In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live and be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.

In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics that simulate the other sex), or belief that he or she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Diagnostic Criteria for Schizophrenia

A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
   (1) delusions
   (2) hallucinations
   (3) disorganized speech (e.g., frequent derailment or incoherence)
   (4) grossly disorganized or catatonic behavior
   (5) negative symptoms, i.e., affective flattening, alogia, or avolition

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person’s behavior or thoughts, or two or more voices conversing with each other.

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criteria A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criteria A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective and Mood Disorder exclusion: Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

E. Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

F. Relationship to a Pervasive Developmental Disorder: If there is history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

Source: APA, 2000, 1994
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**Diagnostic Criteria for Paranoid Type**

A type of Schizophrenia in which the following criteria are met:

A. Preoccupation with one or more delusions or frequent auditory hallucinations.

B. None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

**Diagnostic Criteria for Disorganized Type**

A type of Schizophrenia in which the following criteria are met:

A. All of the following are prominent:
   1. disorganized speech
   2. disorganized behavior
   3. flat or inappropriate affect

B. The criteria are not met for Catatonic Type.

**Diagnostic Criteria for Catatonic Type**

A type of Schizophrenia in which the following criteria are met:

1. motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
2. excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
3. extreme negativism (an apparently motiveless resistance to all instructions, or maintenance of a rigid posture against attempts to be moved) or mutism
4. peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing
5. echolalia or echopraxia

Source: APA, 2000, 1994
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Diagnostic Criteria for Undifferentiated Type

A type of Schizophrenia in which symptoms that meet Criterion A are present, but the criteria are not met for the Paranoid, Disorganized, or Catatonic Type.

Diagnostic Criteria for Residual Type

A type of Schizophrenia in which the following criteria are met:

A. Absence of prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior.

B. There is continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms listed in Criterion A for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
Diagnostic Criteria for Schizoaffective Disorder

A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet Criterion A for Schizophrenia.

   Note: The Major Depressive Episode must include Criterion A1: depressed mood.

B. During the same period of illness, there have been delusions or hallucinations for at least two weeks in the absence of prominent mood symptoms.

C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.

D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify type:

Bipolar Type: if the disturbance includes Manic or a Mixed Episode (or a Manic or Mixed Episode and Major Depressive Episodes).

Depressive Type: if the disturbance only includes Major Depressive Episode.

Diagnostic Criteria for Schizophreniform Disorder

A. Criteria A, D, and E of Schizophrenia are met.

B. An episode of the disorder (including prodromal, active, and residual phases) lasts at least 1 month but less than 6 months. (When the diagnosis must be made without waiting for recovery, it should be qualified as “Provisional.”)

Specify if:

Without Good Prognostic Features

With Good Prognostic Features: as evidenced by two (or more) of the following:

1) onset of prominent psychotic symptoms within 4 weeks of the first noticeable change in usual behavior or functioning

2) confusion or perplexity at the height of the psychotic episode

3) good premorbid social and occupational functioning

4) absence of blunted or flat affect

Source: APA, 2000, 1994
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Diagnostic Criteria for Delusional Disorder

A. Nonbizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, or deceived by spouse or lover, or having a disease) of at least 1 month’s duration.

B. Criterion A for Schizophrenia has never been met. Note: Tactile and olfactory hallucinations may be present in Delusional Disorder if they are related to the delusional theme.

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre.

D. If mood episodes have occurred concurrently with delusions, their total duration has been brief relative to the duration of the delusional periods.

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify type (the following types are assigned based on the predominant delusional theme):

- Erotomanic Type: delusions that another person, usually of higher status, is in love with the individual.
- Grandiose Type: delusions of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- Jealous Type: delusions that the individual’s sexual partner is unfaithful
- Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way.
- Somatic Type: delusions that the person has some physical defect or general medical condition
- Mixed Type: delusions characteristic of more than one of the above types but no one theme predominates
- Unspecified Type
Diagnostic Criteria for Brief Psychotic Disorder

A. Presence of one (or more) of the following symptoms:
   (1) delusions
   (2) hallucinations
   (3) disorganized speech (e.g., frequent derailment or incoherence)
   (4) grossly disorganized or catatonic behavior

   Note: Do not include a symptom if it is a culturally sanctioned response pattern.

B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid level of functioning.

C. The disturbance is not better accounted for by a Mood Disorder with Psychotic Features, Schizoaffective Disorder, or Schizophrenia and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify if:

   With Marked Stressor(s) (brief reactive psychosis): if symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person’s culture

   Without Marked Stressor(s): if symptoms do not occur shortly after, or are not apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person’s culture

   With Postpartum Onset: if onset is within 4 weeks postpartum

Source: APA, 2000, 1994
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Diagnostic Criteria for Shared Psychotic Disorder (Folie à Deux)

A. A delusion develops in an individual in the context of a close relationship with another person(s), who has an already established delusion.

B. The delusion is similar in content to that of the person who already has the established delusion.

C. The disturbance is not better accounted for by another Psychotic Disorder (e.g., Schizophrenia) or a Mood Disorder with Psychotic Features and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Diagnostic Criteria for Psychotic Disorder due to a General Medical Condition

A. Prominent hallucinations or delusions.

B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.

C. The disturbance is not better accounted for by another mental disorder.

D. The disturbance does not occur exclusively during the course of a delirium.

Source: APA, 2000, 1994
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Diagnostic Criteria for Substance-Induced Psychotic Disorder

A. Prominent hallucinations or delusions. Note: Do not include hallucinations if the person has insight that they are substance induced.

B. There is evidence from the history, physical examination, or laboratory findings of either (1) or (2):

1. The symptoms in Criterion A developed during, or within a month of, Substance Intoxication or Withdrawal

2. Medication use is etiologically related to the disturbance

C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication, or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related episodes).

D. The disturbance does not occur exclusively during the course of a delirium.

Note: This diagnosis should be made instead of a diagnosis of Substance Intoxication or Substance Withdrawal only when symptoms are in excess of those usually associated with the intoxication or withdrawal syndrome and when the symptoms are sufficiently severe to warrant independent clinical attention.

Specify if:

With Onset During Intoxication: if criteria are met for Intoxication with the substance and the symptoms develop during the intoxication syndrome

With Onset During Withdrawal: if criteria are met for Withdrawal from the substance and the symptoms develop during, or shortly after, a withdrawal syndrome
General Diagnostic Criteria for a Personality Disorder

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture. This pattern is manifested in two (or more) of the following areas:

(1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
(2) affectivity (i.e., the range, intensity, ability, and appropriateness of emotional response)
(3) interpersonal functioning
(4) impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early childhood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

Source: APA, 2000, 1994
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Diagnostic Criteria for Paranoid Personality Disorder

A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
   (1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
   (2) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
   (3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
   (4) reads hidden, demeaning, or threatening meanings into benign remarks or events
   (5) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights
   (6) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
   (7) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition.

Diagnostic Criteria for Schizoid Personality Disorder

A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning in early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
   (1) neither desires nor enjoys close relationships, including being part of a family
   (2) almost always chooses solitary activities
   (3) has little, if any, interest in having sexual experiences with another person
   (4) takes pleasure in few, if any, activities
   (5) lacks close friends or confidants other than first-degree relatives
   (6) appears indifferent to the praise or criticism of others
   (7) shows emotional coldness, detachment, or flattened affectivity

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder and is not due to the direct physiological effects of a general medical condition.
Diagnostic Criteria for Schizotypal Personality Disorder

A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
   (1) ideas of reference (excluding delusions of reference)
   (2) odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or “sixth sense”; in children and adolescents, bizarre fantasies or preoccupations)
   (3) unusual perceptual experiences, including bodily illusions
   (4) odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
   (5) suspiciousness or paranoid ideation
   (6) inappropriate or constricted affect
   (7) behavior or appearance that is odd, eccentric, or peculiar
   (8) lack of close friends or confidants other than first-degree relatives
   (9) excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder.
Diagnostic Criteria for Antisocial Personality Disorder

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
   (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
   (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
   (3) impulsivity or failure to plan ahead
   (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
   (5) reckless disregard for safety of self or others
   (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
   (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

B. The individual is at least age 18 years.

C. There is evidence of Conduct Disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

Diagnostic Criteria for Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
(2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
(3) identity disturbance: markedly and persistently unstable self-image or sense of self
(4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
(5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
(7) chronic feelings of emptiness
(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
(9) transient, stress-related paranoid ideation or severe dissociative symptoms

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**Diagnostic Criteria for Histrionic Personality Disorder**

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. is uncomfortable in situations in which he or she is not the center of attention
2. interaction with others often characterized by inappropriate sexually seductive or provocative behavior
3. displays rapidly shifting and shallow expression of emotions
4. consistently uses physical appearance to draw attention to self
5. has a style of speech that is excessively impressionistic and lacking in detail
6. shows self-dramatization, theatricality, and exaggerated expression of emotion
7. is suggestible, i.e., easily influenced by others or circumstances
8. considers relationships to be more intimate than they actually are

**Diagnostic Criteria for Narcissistic Personality Disorder**

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. requires excessive admiration
5. has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviors or attitudes
Diagnostic Criteria for Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
2. is unwilling to get involved with people unless certain of being liked
3. shows restraint within intimate relationships because of the fear of being shamed or ridiculed
4. is preoccupied with being criticized or rejected in social situations
5. is inhibited in new interpersonal situations because of feelings of inadequacy
6. views self as socially inept, personally unappealing, or inferior to others
7. is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

Diagnostic Criteria for Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
2. needs others to assume responsibility for most major areas of his or her life
3. has difficulty expressing disagreement with others because of fear of loss of support or approval. Note: Do not include realistic fears of retribution.
4. has difficulty initiating projects or doing things on his or her own (because of lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
5. goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
6. feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
7. urgently seeks another relationship as a source of care and support when a close relationship ends
8. is unrealistically preoccupied with fears of being left to take care of himself or herself

Source: APA, 2000, 1994
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Diagnostic Criteria for Obsessive-Compulsive Personality Disorder

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
2. shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
3. is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
4. is overly conscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
5. is unable to discard worn-out or worthless objects even when they have no sentimental value
6. is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
7. adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
8. shows rigidity and stubbornness

Source: APA, 2000, 1994
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Diagnostic Criteria for Separation Anxiety Disorder

A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

(1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
(2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
(3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
(4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation
(5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
(6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
(7) repeated nightmares involving the theme of separation
(8) repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

B. The duration of the disturbance is at least 4 weeks.

C. The onset is before age 18 years.

D. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

E. The disturbance does not occur exclusively during the courses of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and, in adolescents and adults, is not better accounted for by Panic Disorder With Agoraphobia.

Early Onset: if onset occurs before age 6 years

Source: APA, 2000, 1994
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Diagnostic Criteria for Oppositional Defiant Disorder

A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
   (1) often loses temper
   (2) often argues with adults
   (3) often actively defies or refuses to comply with adults’ requests or rules
   (4) often deliberately annoys people
   (5) often blames others for his or her mistakes or misbehavior
   (6) is often touchy or easily annoyed by others
   (7) is often angry or resentful
   (8) is often spiteful or vindictive

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.

D. Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Source: APA, 2000, 1994
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Diagnostic Criteria for Conduct Disorder

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

   Aggression to people and animals
   (1) often bullies, threatens, or intimidates others
   (2) often initiates physical fights
   (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
   (4) has been physically cruel to people
   (5) has been physically cruel to animals
   (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
   (7) has forced someone into sexual activity

   Destruction of property
   (8) has deliberately engaged in fire setting with the intention of causing serious damage
   (9) has deliberately destroyed others’ property (other than by fire setting)

   Deceitfulness or theft
   (10) has broken into someone else’s house, building, or car
   (11) often lies to obtain goods or favors or to avoid obligations (i.e., ”cons” others)
   (12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

   Serious violations of rules
   (13) often stays out at night despite parental prohibitions, beginning before age 13 years
   (14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
   (15) is often truant from school, beginning before age 13 years

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Source: APA, 2000, 1994
© 2010 by Worth Publishers
Diagnostic Criteria for Conduct Disorder (Continued)

Specify type based on age at onset:

Childhood-Onset Type: onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years

Adolescent-Onset Type: absence of any criteria characteristic of Conduct Disorder prior to age 10 years

Specify severity:

Mild: few if any conduct problems in excess of those required to make the diagnosis and conduct problems cause only minor harm to others

Moderate: number of conduct problems and effect on others intermediate between “mild” and “severe”

Severe: many conduct problems in excess of those required to make the diagnosis or conduct problems cause considerable harm to others

Source: APA, 2000, 1994
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Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

A. Either (1) or (2):
   (1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

   Inattention
   (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
   (b) often has difficulty sustaining attention in tasks or play
   (c) often does not seem to listen when spoken to directly
   (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
   (e) often has difficulty organizing tasks and activities
   (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
   (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
   (h) is often easily distracted by extraneous stimuli
   (i) is often forgetful in daily activities

   (2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

   Hyperactivity
   (a) often fidgets with hands or feet or squirms in seat
   (b) often leaves seat in classroom or in other situations in which remaining seated is expected
   (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
   (d) often has difficulty playing or engaging in leisure activities quietly
   (e) is often “on the go” or often acts as if “driven by a motor”
   (f) often talks excessively

   Impulsivity
   (g) often blurts out answers before questions have been completed
   (h) often has difficulty awaiting turn
   (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsivity or inattentive symptoms that caused impairment were present before age 7 years.

Source: APA, 2000, 1994
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Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder (Continued)

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months

Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months

Source: APA, 2000, 1994
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Diagnostic Criteria for Enuresis

A. Repeated voiding of urine into bed or clothes (whether involuntary or intentional).

B. The behavior is clinically significant as manifested by either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

C. Chronological age is at least 5 years (or equivalent developmental level).

D. The behavior is not due exclusively to the direct physiological effect of a substance (e.g., a diuretic) or a general medical condition (e.g., diabetes, spina bifida, a seizure disorder).

Diagnostic Criteria for Encopresis

A. Repeated passage of feces into inappropriate places (e.g., clothing or floor) whether involuntary or intentional.

B. At least one such event per month for at least 3 months.

C. Chronological age is at least 4 years (or equivalent developmental level).

D. The behavior is not due exclusively to the direct physiological effects of a substance (e.g., laxatives) or a general medical condition except through a mechanism involving constipation.

Source: APA, 2000, 1994
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Diagnostic Criteria for Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

(1) qualitative impairment in social interaction, as manifested by at least two of the following:
   (a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   (b) failure to develop peer relationships appropriate to developmental level
   (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   (d) lack of social or emotional reciprocity

(2) qualitative impairments in communication, as manifested by at least one of the following:
   (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
   (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   (c) stereotyped or repetitive use of language or idiosyncratic language
   (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(3) restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
   (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
   (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   (d) persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.

Source: APA, 2000, 1994
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Diagnostic Criteria for Asperger’s Disorder

A. Qualitative impairment in social interaction, as manifested by at least two of the following:
   1. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   2. failure to develop peer relationships appropriate to developmental level
   3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
   4. lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
   1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   2. apparently inflexible adherence to specific, nonfunctional routines or rituals
   3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   4. persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).

Source: APA, 2000, 1994
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Diagnostic Criteria for Mental Retardation

A. Significantly subaverage intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning).

B. Concurrent deficits or impairments in present adaptive functioning (i.e., the person’s effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

C. The onset is before age 18 years.

Code based on degree of severity reflecting level of intellectual impairment:

- Mild Mental Retardation: IQ level 50–55 to approximately 70
- Moderate Mental Retardation: IQ level 35–40 to 50–55
- Severe Mental Retardation: IQ level 20–25 to 35–40
- Profound Mental Retardation: IQ level below 20 or 25

Source: APA, 2000, 1994
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Diagnostic Criteria for Mathematics Disorder

A. Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person’s chronological age, measured intelligence, and age-appropriate education.

B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require mathematical ability.

C. If a sensory deficit is present, the difficulties in mathematical ability are in excess of those usually associated with it.

Diagnostic Criteria for Disorder of Written Expression

A. Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person’s chronological age, measured intelligence, and age-appropriate education.

B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require the composition of written texts (e.g., writing grammatically correct sentences and organized paragraphs).

C. If a sensory deficit is present, the difficulties with writing skills are in excess of those usually associated with it.

Diagnostic Criteria for Reading Disorder

A. Reading achievement, as measured by individually administered standardized tests of reading accuracy or comprehension, is substantially below that expected given the person’s chronological age, measured intelligence, and age-appropriate education.

B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require reading skills.

C. If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.
Diagnostic Criteria for Phonological Disorder

A. Failure to use developmentally expected speech sounds that are appropriate for age and dialect (e.g., errors in sound production, use, representation, or organization, such as, but not limited to, substitutions of one sound for another [use of /t/ for target /k/ sound] or omissions of sounds such as final consonants).

B. The difficulties in speech sound production interfere with academic or occupational achievement or with social communication.

C. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the speech difficulties are in excess of those usually associated with these problems.

Diagnostic Criteria for Expressive Language Disorder

A. The scores obtained from standardized individually administered measures of expressive language development are substantially below those obtained from standardized measures of both nonverbal intellectual capacity and receptive language development. The disturbance may be manifest clinically by symptoms that include having a markedly limited vocabulary, making errors in tense, or having difficulty in recalling words or producing sentences with developmentally appropriate length or complexity.

B. The difficulties with expressive language interfere with academic or occupational achievement or with social communication.

C. Criteria are not met for Mixed-Receptive-Expressive Language Disorder or a Pervasive Developmental Disorder.

D. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the language difficulties are in excess of those usually associated with these problems.

Coding note: If a speech-motor or sensory deficit or a neurological condition is present, code the condition on Axis III.
Diagnostic Criteria for Mixed Receptive/Expressive Language Disorder

A. The scores obtained from a battery of standardized individually administered measures of both receptive and expressive language development are substantially below those obtained from standardized measures of nonverbal intellectual capacity. Symptoms include those for Expressive Language Disorder as well as difficulty understanding words, sentences, or specific types of words, such as spatial terms.

B. The difficulties with receptive and expressive language significantly interfere with academic or occupational achievement or with social communication.

C. Criteria are not met for a Pervasive Developmental Disorder.

D. If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the language difficulties are in excess of those usually associated with these problems.

Coding note: If a speech-motor or sensory deficit or a neurological condition is present, code the condition on Axis III.
Diagnostic Criteria for Stuttering

A. Disturbance in the normal fluency and time patterning of speech (inappropriate for the individual’s age), characterized by frequent occurrences of one or more of the following:

1. sound and syllable repetitions
2. sound prolongations
3. interjections
4. broken words (e.g., pauses within a word)
5. audible or silent blocking (filled or unfilled pauses in speech)
6. circumlocutions (word substitutions to avoid problematic words)
7. words produced with an excess of physical tension
8. monosyllabic whole-word repetitions (e.g., “I-I-I-I see him”)

B. The disturbance in fluency interferes with academic or occupational achievement or with social communication.

C. If a speech-motor or sensory deficit is present, the speech difficulties are in excess of those usually associated with these problems.

Coding note: If a speech-motor or sensory deficit or a neurological condition is present, code the condition on Axis III.
Diagnostic Criteria for Developmental Coordination Disorder

A. Performance in daily activities that require motor coordination is substantially below that expected given the person’s chronological age and measured intelligence. This may be manifested by marked delays in achieving motor milestones (e.g., walking, crawling, sitting), dropping things, “clumsiness,” poor performances in sports, or poor handwriting.

B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living.

C. The disturbance is not due to a general medical condition (e.g., cerebral palsy, hemiplegia, or muscular dystrophy) and does not meet criteria for a Pervasive Developmental Disorder.

D. If Mental Retardation is present, the motor difficulties are in excess of those usually associated with it.

Coding note: If general medical condition or sensory deficit is present, code the condition on Axis III.
Diagnostic Criteria for Dementia of the Alzheimer’s Type

A. The development of multiple cognitive deficits manifested by both
   (1) Memory impairment (impaired ability to learn new information or to recall previously learned information)
   (2) one (or more) of the following cognitive disturbances:
      (a) aphasia (language disturbance)
      (b) apraxia (impaired ability to carry out motor activities despite intact motor function)
      (c) agnosia (failure to recognize or identify objects despite intact sensory function)
      (d) disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.

C. The course is characterized by gradual onset and continuing cognitive decline.

D. The cognitive deficits in Criteria A1 and A2 are not due to any of the following:
   (1) Other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson’s disease, Huntington’s disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)
   (2) systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis, HIV infection)
   (3) Substance-induced conditions

E. The deficits do not occur exclusively during the course of a delirium.

F. The disturbance is not better accounted for by another Axis I disorder (e.g., Major Depressive Disorder, Schizophrenia).

Code based on presence or absence of a clinically significant behavioral disturbance:

Without Behavioral Disturbance: if the cognitive disturbance is not accompanied by any clinically significant behavioral disturbance.

With Behavioral Disturbance: if the cognitive disturbance is accompanied by a clinically significant behavioral disturbance (e.g., wandering, agitation).

Specify subtype:

With Early Onset: if onset is age 65 years or below

With Late Onset: if onset is after age 65 years

Source: APA, 2000, 1994
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**Diagnostic Criteria for Dementia Due to Other General Medical Conditions**

A. The development of multiple cognitive deficits manifested by both
   (1) memory impairment (impaired ability to learn new information or to recall previously learned information)
   (2) one (or more) of the following cognitive disturbances:
      (a) aphasia (language disturbance)
      (b) apraxia (impaired ability to carry out motor activities despite intact motor function)
      (c) agnosia (failure to recognize or identify objects despite intact sensory function)
      (d) disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.

C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of one of the general medical conditions listed below.

D. The deficits do not occur exclusively during the course of a delirium.

Code based on presence or absence of a clinically significant behavioral disturbance:

Without Behavioral Disturbance: if the cognitive disturbance is not accompanied by any clinically significant behavioral disturbance.

With Behavioral Disturbance: if the cognitive disturbance is accompanied by a clinically significant behavioral disturbance (e.g., wandering, agitation).

Also code the general medical condition on Axis III (e.g., HIV infection, head injury, Parkinson’s disease, Huntington’s disease, Pick’s disease, Creutzfeldt-Jakob disease)

*NOS = Not otherwise specified
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DSM-IV-TR Classification


(All categories are on Axis I except those indicated otherwise.)

**Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence**

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategories</th>
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<td>Note: These are coded on Axis II.</td>
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<td>Mild mental retardation</td>
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<tr>
<td>Moderate mental retardation</td>
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<td>Severe mental retardation</td>
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<td>Profound mental retardation</td>
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<tr>
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<tr>
<td>Learning disorder NOS*</td>
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<td>Childhood disintegrative disorder</td>
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<td>Predominantly hyperactive-impulsive</td>
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<tr>
<td>Without constipation and overflow incontinence</td>
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<td>Stereotypic movement disorder</td>
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<td>Disorder of infancy, childhood, or adolescence NOS*</td>
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</tbody>
</table>

*NOS = Not otherwise specified
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(All categories are on Axis I except those indicated otherwise.)

## Delirium, Dementia, and Amnestic and Other Cognitive Disorders

### Delirium
- Delirium due to . . . (indicate the general medical condition)
- Substance intoxication delirium
- Substance withdrawal delirium
- Delirium due to multiple etiologies
- Delirium NOS*

### Dementia
- Dementia of the Alzheimer’s type, with early onset
- Dementia of the Alzheimer’s type, with late onset
- Vascular dementia

### Dementia Due to Other General Medical Conditions
- Dementia due to HIV disease
- Dementia due to head trauma

### Amnestic Disorders
- Amnestic disorders due to . . . (indicate the general medical condition)
- Substance-induced persisting amnestic disorder
- Amnestic disorder NOS*

### Other Cognitive Disorders
- Cognitive disorder NOS*

### Mental Disorders Due to a General Medical Condition Not Elsewhere Classified
- Catatonic disorder due to . . . (indicate the general medical condition)
- Personality change due to . . . (indicate the general medical condition)
- Mental disorder NOS* due to . . . (indicate the general medical condition)
### DSM-IV-TR Classification (Continued)


(All categories are on Axis I except those indicated otherwise.)

#### Substance-Related Disorders

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<tr>
<th>Specific substance categories: Alcohol; Amphetamine; Caffeine; Cannabis; Cocaine; Hallucinogen; Inhalant; Nicotine; Opioid; Phencyclidine; Sedative, Hypnotic, or Anxiolytic; Polysubstance; Other or unknown</th>
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<tbody>
<tr>
<td>Substance intoxication delirium</td>
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<tr>
<td>Substance withdrawal delirium</td>
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<td>Substance-induced persisting dementia</td>
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<td>Substance-induced persisting amnestic disorder</td>
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<td>Substance-induced psychotic disorder</td>
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<td>Substance-induced mood disorder</td>
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<td>Substance-induced anxiety disorder</td>
</tr>
<tr>
<td>Substance-induced sexual dysfunction</td>
</tr>
<tr>
<td>Substance-induced sleep disorder</td>
</tr>
<tr>
<td>Substance-related disorder NOS*</td>
</tr>
</tbody>
</table>

#### Substance Use Disorders

| Substance dependence |
| Substance abuse |

#### Substance-Induced Disorders

| Substance intoxication |
| Substance withdrawal |

#### Schizophrenia and Other Psychotic Disorders

| Schizophrenia |
| Paranoid type |
| Disorganized type |
| Catatonic type |
| Undifferentiated type |
| Residual type |
| Schizophreniform disorder |
| Schizoaffective disorder |
| Delusional disorder |
| Brief psychotic disorder |
| Shared psychotic disorder |
| Psychotic disorder due to . . . (indicate the general medical condition) |
| Substance-induced psychotic disorder |
| Psychotic disorder NOS* |

#### Mood Disorders

| Depressive Disorders |
| Major depressive disorder |
| Dysthmic disorder |
| Depressive disorder NOS* |
| Bipolar I disorder |
| Bipolar II disorder |
| Cyclothymic disorder |
| Bipolar disorder NOS* |
| Mood disorder due to . . . (indicate the general medical condition) |
| Substance-induced mood disorder |
| Mood disorder NOS* |
### Anxiety Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic disorder without agoraphobia</td>
<td>Posttraumatic stress disorder</td>
</tr>
<tr>
<td>Panic disorder with agoraphobia</td>
<td>Acute stress disorder</td>
</tr>
<tr>
<td>Agoraphobia without history of panic disorder</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>Specific phobia</td>
<td>Anxiety disorder due to . . . <em>(indicate the general medical condition)</em></td>
</tr>
<tr>
<td>Social phobia</td>
<td>Substance-induced anxiety disorder</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>Anxiety disorder NOS*</td>
</tr>
</tbody>
</table>

### Somatoform Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization disorder</td>
<td>and a general medical condition</td>
</tr>
<tr>
<td>Undifferentiated somatoform disorder</td>
<td>Hypochondriasis</td>
</tr>
<tr>
<td>Conversion disorder</td>
<td>Body dysmorphic disorder</td>
</tr>
<tr>
<td>Pain disorder</td>
<td>Somatoform disorder NOS*</td>
</tr>
<tr>
<td>Associated with psychological factors</td>
<td></td>
</tr>
<tr>
<td>Associated with both psychological factors</td>
<td></td>
</tr>
</tbody>
</table>

### Factitious Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factitious disorder</td>
<td>With combined psychological and physical signs and symptoms</td>
</tr>
<tr>
<td>With predominantly psychological signs and symptoms</td>
<td>Factitious disorder NOS*</td>
</tr>
<tr>
<td>With predominantly physical signs and symptoms</td>
<td></td>
</tr>
</tbody>
</table>

### Dissociative Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociative amnesia</td>
<td>Depersonalization disorder</td>
</tr>
<tr>
<td>Dissociative fugue</td>
<td>Dissociative disorder NOS*</td>
</tr>
<tr>
<td>Dissociative identity disorder</td>
<td></td>
</tr>
</tbody>
</table>
# DSM-IV-TR Classification (Continued)


(All categories are on Axis I except those indicated otherwise.)

<table>
<thead>
<tr>
<th>Sexual Dysfunctions</th>
<th>Sexual Desire Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hypoactive sexual desire disorder</td>
</tr>
<tr>
<td></td>
<td>Sexual aversion disorder</td>
</tr>
<tr>
<td>Sexual Arousal Disorders</td>
<td>Female sexual arousal disorder</td>
</tr>
<tr>
<td></td>
<td>Male erectile disorder</td>
</tr>
<tr>
<td>Orgasmic Disorders</td>
<td>Female orgasmic disorder</td>
</tr>
<tr>
<td></td>
<td>Male orgasmic disorder</td>
</tr>
<tr>
<td></td>
<td>Premature ejaculation</td>
</tr>
<tr>
<td>Sexual Pain Disorders</td>
<td>Dyspareunia (not due to a general medical condition)</td>
</tr>
<tr>
<td></td>
<td>Vaginismus (not due to a general medical condition)</td>
</tr>
<tr>
<td>Sexual Dysfunction Due to a General Medical Condition</td>
<td>Substance-induced Sexual Dysfunction</td>
</tr>
<tr>
<td></td>
<td>Sexual Dysfunction NOS*</td>
</tr>
<tr>
<td></td>
<td>Paraphilias</td>
</tr>
<tr>
<td></td>
<td>Exhibitionism</td>
</tr>
<tr>
<td></td>
<td>Fetishism</td>
</tr>
<tr>
<td></td>
<td>Frotteurism</td>
</tr>
<tr>
<td></td>
<td>Pedophilia</td>
</tr>
<tr>
<td></td>
<td>Sexual Masochism</td>
</tr>
<tr>
<td></td>
<td>Sexual Sadism</td>
</tr>
<tr>
<td></td>
<td>Transvestic Fetishism</td>
</tr>
<tr>
<td></td>
<td>Voyeurism</td>
</tr>
<tr>
<td></td>
<td>Paraphilia NOS*</td>
</tr>
<tr>
<td>Gender Identity Disorders</td>
<td>Gender identity disorder</td>
</tr>
<tr>
<td></td>
<td>In children</td>
</tr>
<tr>
<td></td>
<td>In adolescents or adults</td>
</tr>
<tr>
<td></td>
<td>Gender identity disorder NOS*</td>
</tr>
<tr>
<td></td>
<td>Sexual disorder NOS*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eating Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia nervosa</td>
</tr>
<tr>
<td>Bulimia nervosa</td>
</tr>
<tr>
<td>Eating disorder NOS*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleep Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Sleep Disorders</td>
</tr>
<tr>
<td>Dyssomnias</td>
</tr>
<tr>
<td>Primary insomnia</td>
</tr>
<tr>
<td>Primary hypersomnia</td>
</tr>
<tr>
<td>Narcolepsy</td>
</tr>
<tr>
<td>Breathing-related sleep disorder</td>
</tr>
<tr>
<td>Circadian rhythm sleep disorder</td>
</tr>
<tr>
<td>Dyssomnia NOS*</td>
</tr>
<tr>
<td>Parasomnias</td>
</tr>
<tr>
<td>Nightmare disorder</td>
</tr>
<tr>
<td>Sleep terror disorder</td>
</tr>
<tr>
<td>Sleepwalking disorder</td>
</tr>
<tr>
<td>Parasomnia NOS*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleep Disorders Related to Another Mental Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Sleep Disorders</td>
</tr>
<tr>
<td>Sleep disorder due to . . . (indicate the general medical condition)</td>
</tr>
<tr>
<td>Substance-induced sleep disorder</td>
</tr>
</tbody>
</table>
Impulse-Control Disorders Not Elsewhere Classified

Intermittent explosive disorder
Kleptomania
Pyromania

Pathological gambling
Trichotillomania
Impulse-control disorder NOS*

Adjustment Disorders

Adjustment disorder
With depressed mood
With anxiety
With mixed anxiety and depressed mood

With disturbance of conduct
With mixed disturbance of emotions and conduct
Unspecified

Personality Disorders

Note: These are coded on Axis II.

Paranoid personality disorder
Schizoid personality disorder
Schizotypal personality disorder
Antisocial personality disorder
Borderline personality disorder

Histrionic personality disorder
Narcissistic personality disorder
Avoidant personality disorder
Dependent personality disorder
Obsessive-compulsive personality disorder
Personality disorder NOS*

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(All categories are on Axis I except those indicated otherwise.)

### Other Conditions That May Be a Focus of Clinical Attention

<table>
<thead>
<tr>
<th>Psychological Factors Affecting Medical Condition</th>
<th>Parent-child relational problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorder affecting medical condition</td>
<td>Partner relational problem</td>
</tr>
<tr>
<td>Psychological symptoms affecting medical condition</td>
<td>Sibling relational problem</td>
</tr>
<tr>
<td>Personality traits or coping style affecting medical condition</td>
<td>Relational problem NOS*</td>
</tr>
<tr>
<td>Maladaptive health behaviors affecting medical condition</td>
<td></td>
</tr>
<tr>
<td>Stress-related physiological response affecting medical condition</td>
<td></td>
</tr>
<tr>
<td>Other or unspecified psychological factors affecting medical condition</td>
<td></td>
</tr>
</tbody>
</table>

| Medication-Induced Movement Disorders                                                |                                                      |
| Neuroleptic-induced Parkinsonism                                                      |                                                      |
| Neuroleptic malignant syndrome                                                        |                                                      |
| Neuroleptic-induced acute dystonia                                                    |                                                      |
| Neuroleptic-induced acute akathisia                                                   |                                                      |
| Neuroleptic-induced tardive dyskinesia                                                |                                                      |
| Medication-induced postural tremor                                                   |                                                      |
| Medication-induced movement disorder NOS*                                             |                                                      |

| Other Medication-Induced Disorder                                                     |                                                      |
| Adverse effects of medication NOS*                                                   |                                                      |

| Additional Conditions That May Be a Focus of Clinical Attention                       |                                                      |
| Noncompliance with treatment                                                         |                                                      |
| Malingering                                                                            |                                                      |
| Adult antisocial behavior                                                             |                                                      |
| Child or adolescent antisocial behavior                                               |                                                      |
| Borderline intellectual functioning                                                   |                                                      |
| Age-related cognitive decline                                                        |                                                      |
| Bereavement                                                                           |                                                      |
| Academic problem                                                                     |                                                      |
| Occupational problem                                                                  |                                                      |
| Identity problem                                                                      |                                                      |
| Religious or spiritual problem                                                        |                                                      |
| Acculturation problem                                                                 |                                                      |
| Phase of life problem                                                                 |                                                      |

Source: APA, 2000, 1994  
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