Previously we explained the validity of pastors using the DSM-IV. In this article we will discuss the layout of the DSM Manual in general.

We will also discuss the layout of diagnostic pages in the DSM. Almost all diagnostic pages are laid out the same. Once the pastor understands the general diagnostic layout, reading and researching the DSM becomes much easier.

**General Layout of the DSM IV**

The general layout of the DSM IV is very logical. Although the DSM itself doesn't use the categories below, we can easily break the Table of Contents down into the following sub-groups:

**Introductory Material**

- Task Force on DSM-IV
- Work Groups for the DSM-IV-TR Test Revision
- Acknowledgements for the DSM-IV-TR Text Revision
- Introduction
- Cautionary Statement
- Use of the Manual
- DSM-IV-TR Classification
- Multiaxial Assessment

**Axis I Classifications**

- Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
Dissociative Disorders
Sexual and Gender Identity Disorders
Eating Disorders
Sleep Disorders
Impulse-Control Disorders Not Elsewhere Classified
Adjustment Disorders

Axis II Classifications
Personality Disorders

Additional Coding
Other Conditions That May Be a Focus of Clinical Attention
Additional Codes

Appendices
A. Decision Trees for Differential Diagnosis
B. Criteria Sets and Axes Provided for Further Study
C. Glossary of Technical Terms
D. Highlights of Changes in DSM-IV Test Revision
E. Alphabetical Listing of DSM-IV-TR Diagnoses and Codes
F. Numerical Listing of DSM-IV-TR Diagnoses and Codes
G. ICD-9CM Codes for Selected General Medical Conditions and Medication-Induced Disorders
H. DSM-IV Classification (With ICD-10 Codes)
I. Outline for Cultural Formulation and Glossary of Cultural-Bound Syndromes
J. DSM-IV Contributors
K. DSM-IV Revision Advisers

Layout of a DSM Diagnostic Classification Section for Axis I

We will survey the layout for each of the fifteen Axis I Classification sections (see Axis I Classifications above). Each of the classification sections is laid out in exactly the same format. That format is essentially in outline format.

First, we will simply layout the outline. Then, we will examine the contents of each of the outline headings so that the user can more fully understand what each of the sections and sub-sections does.

Each classification section contains specific descriptions and diagnostic criteria for Disorders. Let's look at the structure of a Classification section.
Generic Outline of a Diagnostic Classification Section

This is a generic outline format:

Introduction to the whole classification group

I. Sub-Classification #1
   A. Disorder #1.1
   B. Disorder #1.2
   C. Disorder #1.3
   D. Disorder #1.4

II. Sub-Classification #2
    A. Disorder #1.1
    B. Disorder #1.2
    C. Disorder #1.3
    D. Disorder #1.4

III. Sub-Classification #3
     A. Disorder #1.1
     B. Disorder #1.2
     C. Disorder #1.3
     D. Disorder #1.4

IV. Sub-Classification #4
    A. Disorder #1.1
    B. Disorder #1.2
    C. Disorder #1.3
    D. Disorder #1.4

Each Disorder contains roughly the same flow of information specific to the Disorder. Although not all Disorders contain exactly the same information, the information always follows an exact format.

For example, a Disorder may contain the following features list of information found under the specific Disorder itself:

1. Diagnostic Features
2. Specifiers
3. Associated Features and Disorders
4. Specific Age and Gender Features
5. Prevalence
6. Course
7. Familial Pattern
8. Differential Diagnosis
Following this information for each Disorder, specific minimum criteria are presented by which an individual can be clinically diagnosed as having that Disorder. Sometimes the clinical diagnostic criteria are complex, other times the diagnostic criteria are rather simple.

**Specific Outline of Mood Disorders**

We have surveyed the general format for a disorder classification. Now, we will apply that outline directly to an actual DSM IV classification and further explain the content of each of the sections. We will only examine one specific Disorder completely. All of the others will be truncated. The reader should understand that each of these categories contains complete diagnostics for each Disorder. The Disorder that we will survey completely will be Dysthymic Disorder.

**Introduction to Mood Disorders.** This introduction surveys all of Disorders classified under Mood Disorders. Each is compared with the other and some of the specifics about each are listed. This gives the reader a "general feel" for what Mood Disorders are.

I. **Mood Episodes** -- This is a description of the specific mood episodes associated with mood disorders. These are used to determine and classify specific Disorders.
   A. **Major Depressive Episode** -- each Episode contains a complete features list of information.
   B. **Manic Episode**
   C. **Mixed Episode**
   D. **Hypomanic Episode**

II. **Depressive Disorders**
   A. **Major Depressive Disorder (296.2x)** -- each Depressive Disorder contains a complete features list of information.
   B. **Dysthymic Disorder (300.4)** -- we will detail each area under Dysthymic Disorder. All other Disorders follow the same pattern.
      1. **Diagnostic Features** -- A list of all features associated with Dysthymia including which Episodes must have occurred. This is a general description of the Disorder.
      2. **Specifiers** -- Age of onset and some atypical features.
      3. **Associated Features and Disorders** -- Laboratory findings and similarities to other Disorders (e.g. Major Depressive Disorder).
      4. **Specific Age and Gender Features** -- A survey of gender specificity with the Disorder as well as age-related factors.
      5. **Prevalence** -- Percentage of the general population afflicted with the Disorder.
      6. **Course** -- The entire course and progression of the Disorder. Also lists the complexities associated with the Disorder.
      7. **Familial Pattern** -- Discussion about family members that may be more susceptible to the Disorder (i.e. Dysthymia is more prevalent among first-degree relatives who have experienced a Major Depressive Disorder).
      8. **Differential Diagnosis** -- This details the similarities and differences between Dysthymia and other possible diagnoses (i.e. Dysthymia may not be the proper diagnosis. Other diagnoses may include Major Depressive Disorder, Mood
Disorder Due to Medical Condition, or a Substance-Induced Mood Disorder). All differential criteria are discussed.

9. **Diagnostic Criteria** -- This is the technical criteria list for clinically diagnosing someone as having Dysthymic Disorder.

   C. **Depressive Disorder Not Otherwise Specified (311.0)** -- this is a "catch all" Disorder for atypical Depressive Disorders

### III. Bipolar Disorders

   A. **Bipolar Disorder I (296.7)** -- each Bipolar Disorder contains a complete features list of information.

   B. **Bipolar Disorder II (296.89)**

   C. **Cyclothymic Disorder (301.13)**

### IV. Other Mood Disorders

   A. **Mood Disorder Due to General Medical Condition (293.83)**

   B. **Substance-Induced Mood Disorder**

   C. **Mood Disorder Not Otherwise Specified (296.90)** -- this is a "catch all" Disorder for all atypical Mood Disorders not able to be diagnosed clinically using any of the other criteria.

Each Disorder has a specific number associated with it. Not all of the diagnoses in the DSM-IV have unique diagnostic numbers. Some diagnoses share numbers with other diagnosis. This is very prevalent among the Substance Abuse Disorders classification.

**Pastoral Understanding and Self-Education Using the DSM-IV-TR**

Each pastor who counsels is strongly encouraged to purchase a copy of the DSM-IV-TR. It is a reference Manual that no counselor who engages the emotions and psyche of another individual should be without.

From the cursory examination of the contents and structure of the DSM found above, I hope that the whole Manual has been made a little simpler.

I strongly suggest that every pastor purchase the DSM and start by looking through the Manual with a copy of this Tutorial in hand. The pastor should begin the process of reading through various sections of the Manual that they believe are most appropriate to their own counseling practices.

Without question, one of the major sections that every pastor should read carefully and in its entirety is the Axis II descriptions for the Personality Disorders. When an individual can be diagnosed as having one of the Personality Disorders, it is probably time to refer that individual.

Pastors should also pay close attention to the area under each Disorder titled "Course." This indicates where the Disorder will progress to in the future. If there appears to be grounds for substantial and lasting damage from a Disorder, it is also probably best to refer the individual to someone else who is more capable of dealing with the Disorder.
Counseling and Assessment Software
And the DSM-IV-TR

Since we at MARET Systems International believe that there is more good than bad in the DSM IV, we have included a substantial section in the Counseling and Assessment Software program that will allow pastors to view brief descriptions of each of the Axis I Disorders. All of the Disorders are organized in their outline form as found in the DSM itself.

We have also included the complete Differential Diagnosis Tree and the complete Personality Disorder Diagnosis. In no way is the material found in MARET's Counseling and Assessment software package designed to negate the need for the actual DSM IV Manual itself. In fact, without the Manual, you will find the elements in the software package to be rather inadequate. The information in the software package is found there to speed up the research process associated with diagnostic investigation. In order to make a clinical diagnosis you will still need the diagnostic criteria found in the DSM Manual itself.

The Counseling and Assessment Software package allows the user to completely search all of the Disorder titles and descriptions. This will help in the narrowing process when attempting to make a clinical diagnosis.

Using the Counseling and Assessment Software the pastor is able to make a diagnosis on all five of the Axes. That diagnosis is printable and is stored with the client's name in a database format. It also can be included in MARET's extensive documentation associated with referral.

Pastors are strongly encouraged to employ the faculties included in the Counseling and Assessment Software program to aid them in their use of the DSM diagnostic criteria. This should greatly enhance accuracy in assessment of individuals. It will also aid the client since it will help a pastor more accurately and more efficiently determine if referral is needed.