blank lines indicate
combined presentation
classification
associate criteria
clinical practice
a complete description of the underlying pathological processes
the best available description
practical, functional, and flexible
organizing information
reference
nomenclature
in a wide variety of contexts
a common language
concise and explicit
an objective assessment
a tool for collecting and communicating
a structured way to understand and diagnose
mutually compatible
multiple diagnostic categories
common underlying vulnerabilities
a revised organizational structure meant to stimulate new clinical perspectives
how symptoms might be expressed
integration of scientific findings
environmental exposures
a single continuum
restrictive repetitive behaviors
sensitivity and specificity
specific impairments
streamlined classification
mixed features
"dependence" has been easily confused with the term "addiction"
widespread misunderstanding
enhanced specificity
separated into specific subtypes
symptomatic presentations
the names of everyone involved are too numerous to mention here
countless hours
balance and objectivity
the years and travails of the developmental process
the culmination of efforts
the purpose, structure, content, and use
a succinct overview of its key elements
coding and recording procedures
reliable diagnosis
implications for treatment and research
the science of mental disorders continues to evolve

real and durable progress
careful, iterative changes
the touchstone classification of mental disorders
finding the right balance is critical
speculative results do not belong in an official nosology
a too-rigid categorical system does not capture clinical experience or important scientific observations
varying levels of severity
a more accurate description
a clear and concise description
syndrome combinations
normal life variation
transient responses to stress
well-defined boundaries
symptom clusters
many, if not most
shared symptoms
neural substrates
we have come to recognize that the boundaries between disorders
are more porous than originally perceived
eventual cures
providing guidelines
strengths and weaknesses
emerging research that did not support the boundaries
a clear concept of the next evolutionary stage
strategic directions for its revision
revising criteria
basis of rationale, scope of change, expected impact
the deletion of existing disorders
nosology
potential changes
where possible, continuity should be maintained
the degree of change
broader methodological concerns
the presence of contradictory findings
development of a refined definition
not otherwise specified
considered for deletion
routine clinical practices
underlying dimensional features
stratified samples
cross-cutting symptoms
estimates of reliability
diagnostic criteria
evidence for change
antecedent validators
concurrent validators

prospective validators
for consideration and response
blinded results
small iterative changes
major conceptual changes
correcting flaws that had become apparent over time
utility and feasibility
proposed revisions
a historically determined cognitive schema
high rates of comorbidity
rethinking the organizational structures
a linear system
designated by alphanumeric codes
according to some rational and relational structure
remain within the bounds
overly rapid change
reordering and regrouping
revised structure
the clear virtue of creating a common language for communication
relationships within the classification
conditions for further study
different viewpoints emerge
an effort was made
to consider various viewpoints
a shared organizational structure
the use of a shared framework
the proposed linear structure
the initial overall structure
where to place a disorder in the face of incomplete - or more often, conflicting - data
the preponderance of evidence
the contours of individual disorders
simple and linear organization
may not fully capture the complexity
heterogeneity
revised organization
an expanded numeric-alphanumeric coding system
iteration
sequential order
assigned to complement earlier organizational structures
structural problems
a large number of narrow diagnostic categories
relevant evidence
comorbidity
genetic and environmental risk factors
categorical structure
excluding false-positive results

overly narrow
the once plausible goal of identifying homogenous populations for treatment and research
clinical reality
progressive subtyping
like most common human ills
inform possible new groupings
framework
empirical guidelines
developed and published
regrouping
pathophysiological commonalities
a base for future replication
reanalyzed over time to continually asses validity
a "living document"
adaptable to future discoveries
clustering
internalizing and externalizing factors
an empirically supported framework
adjacent placement
dimensional approaches
biological markers
underlying mechanisms
despite the problem posed
training materials
reformulation
supplement or supersede
processes that manifest early in life
a similar approach has been taken
the comprehensive use of lifespan information
to mirror clinical reality
better and more flexible
the next epoch of research
a useful guide
experiences and expression
transmitted, revised, and recreated
family and other social systems and institutions
experiences, symptoms, and behaviors
adaptation
idioms of distress
causal explanations
the boundaries between normality and pathology
thresholds of tolerance
an experience becomes problematic or pathological
the judgment that a given behavior is abnormal
correct mistaken interpretations
vulnerability

stigma or support
alternative and complementary
acceptance or rejection
the clinical encounter
accuracy and acceptance
relatively invariant symptoms
group, community, or context
shared concepts
ways of expressing
naming essential features
everyday experiences
salient features of folk classifications
expectations of treatment
treatment response
potential differences
nomenclature
variations attributable to an individual's reproductive organs
psychological, behavioral, and social consequences
at risk for a disorder
moderate the overall risk
prevalence and incidence rates
differences in presentation
indirectly relevant
a more comprehensive list of symptoms
reproductive life cycle events
the onset of an illness episode
to communicate the specific reason
providing maximum flexibility
some feature of the presentation itself
this is left entirely up to clinical judgment
to identify gaps
conceptual lack of clarity
routine practice
challenging to determine what to include
a manageable size
field trials
supplementary modules
additional helpful information
the organizational structure
dimensional measures
analyzed over time to continually assess its validity and enhance its value
the history and developmental process
revision
designed to provide a practical guide
primary purpose
a case formulation assessment

a fully informed treatment plan for each individual
cognitive, emotional, behavioral, and physiological processes
far more complex than can be described in these brief summaries
intended to summarize characteristic syndromes of signs and symptoms
it is not sufficient to simply check off the symptoms in the diagnostic criteria
to make a mental disorder diagnosis
a more reliable assessment
relative severity and valence of individual criteria
the relatively limited repertoire of human emotional responses to internal and external stresses
a homeostatic balance
a disruption in normal functioning
the combination of predisposing, precipitating, perpetuating, and protective factors
a psychopathological condition in which physical signs and symptoms exceed normal ranges
available contextual and diagnostic information
a comprehensive treatment plan
recommendations for the selection and use of the more appropriate evidence-based
treatment options for each disorder are beyond the scope of this manual
scientific effort
does not fully describe the full range of mental disorders that individuals experience
genetic/environmental interactions
human development affecting cognitive, emotional and behavioral function
virtually limitless
presentations that do not fit exactly into the diagnostic boundaries
only the most prominent symptom expressions
a particular chapter
possible
no definition can capture all aspects of all disorders
should help
determine prognosis, treatment plans, and potential treatment outcomes
associated with the symptom(s)
risks and benefits
other factors
a clear need for treatment or care
appropriate care
approaches to validating
antecedent validators
concurrent validators
predictive validators
tend to congregate more frequently
incontrovertible etiological or pathophysiological mechanisms
a given set of diagnostic criteria
developed for clinical, public health, and research purposes
additional information is usually required
competency
to separate the concepts
in the absence of clear biological markers

it has not been possible to completely separate normal
gap in information
particularly problematic
mild forms
when necessary
making
text descriptions
only when the full criteria are met
when full criteria are not met
specific criteria for defining disorder severity
descriptive features
course
presentations
subtypes and specifiers
provided for increased specificity
mutually exclusive and jointly exhaustive phenomenological subgrouping
as a consequence, more than one specifier may be given
an opportunity to define a more homogeneous subgrouping
to convey information that is relevant to the management of the individual's disorder
a number of criteria sets
intensity, frequency, duration
disorder-specific definitions
additional information
and/or
other conditions that are not mental disorders
a separate chapter
devoted
adverse effects of medication
other conditions may be a focus
when more than one diagnosis for an individual is given
occasioning the admission
when more than one diagnosis is given
the reason for visit
the main focus of attention
it is often difficult (and somewhat arbitrary)
for example
for example, it may be unclear
each condition may have contributed equally
indicated by listing it first
listed in order of focus
not enough information is available
unable to give an adequate history
the duration of illness
before remission has occurred
accompanied by an identifying diagnostic and statistical code
specific recording protocols

further specification
further clarified in a section on recording procedures
alternative terms enclosed in parentheses
developing a comprehensive case formulation
well-established measures
extensive review
conditions for further study
the scientific evidence is not yet available to support widespread clinical use
highlight the evolution and direction of scientific advances
considered as a useful aid to communication
designed to be used
to establish a baseline for comparison
to monitor changes
the current consensus on the evolving knowledge in our field
forensic consequences
does not provide treatment guidelines
when used appropriately
the use of an established system
value and reliability
providing a compendium
a check on ungrounded speculation
the functioning of a particular individual
finally
information about longitudinal course may improve decision making
at a past or future point in time
however
informed by an awareness of the risks and limitations of its use
categories, criteria, and textual descriptions
a risk
misused or misunderstood
the imperfect fit between questions
presence
additional information is usually required beyond that contained
precisely
otherwise insufficiently trained
cautioned
does not carry any necessary implications
regarding the etiology or causes
degree of control
even when diminished
at a particular time
parenthetically
where needed
separate recording procedures
to indicate other reasons
adapted

neither reviewed nor approved
additional context
a group of conditions with onset in the developmental period
typically manifest early
impairments
very specific limitations of learning
frequently co-occur
symptoms of excess
only when the characteristic deficits of social communication
are accompanied by excessively repetitive behaviors, restricted interests, and insistence on sameness
reasoning, problem solving, planning, abstract thinking
judgment, academic learning, and learning from experience
impairments in adaptive functioning
disturbances of the normal fluency
broken words
words produced with an excess of physical tension
may produce lifelong functional impairments
persistent deficits in social communication and social interaction across multiple contexts
developing, maintaining, and understanding relationships
the presence of restricted, repetitive patterns
compensatory mechanisms
an opportunity to individualize
a richer clinical description
levels of inattention
disorganization
hyperactivity-impulsivity
inability to stay on task
seeming not to listen
losing materials
overactivity
inability to wait
manifested by clumsiness and slowness
stereotypic movement
repetitive, seemingly driven, and apparently purposeless
sudden, rapid, recurrent, nonrhythmic
waxing-waning
as the name implies
specific deficits in an individual's ability to perceive or process information
efficiently and accurately
the use of specifiers
symptomatology
etiology
mild
moderate
severe
profound

abstract thinking
executive function
short-term memory
a somewhat concrete approach to problems and solutions
communication, conversation, and language
difficulties regulating emotion and behavior
limited understanding of risk
at risk of being manipulated by others
individuals need some support
support is typically needed
conceptual skills lag markedly
understanding of time
occurs slowly
day-to-day life
much less complex
limited conceptual and communication skills
additional supports and learning opportunities
over an extended period of time
little understanding of written language or concepts involving numbers, quantity, time
extensive supports for problem solving throughout life
conceptual skills generally involve the physical world rather than symbolic processes
co-occurring motor and sensory impairments may prevent functional use of objects
speech may be single words or phrases
may be supplemented through augmentative means
focused on the here and now
relationships with family members and familiar others are a source of pleasure and help
skill acquisition in all domains involves longterm teaching and ongoing support
conceptual skills generally involve the physical world rather than symbolic processes
co-occurring motor and sensory impairments may prevent functional use of objects
symbolic communication in speech or gesture
expresses
desires and emotions
nonverbal, nonsymbolic communication
co-occurring sensory and physical impairments
essential features
deficits in general mental abilities
impairment in everyday adaptive functioning
reasoning, problem solving, planning, abstract thinking
judgment, learning from instruction and experience, and practical understanding
verbal comprehension, working memory, perceptual reasoning
quantitative reasoning, abstract thought, and cognitive efficacy
psychometrically valid, comprehensive, culturally appropriate
psychometrically sound tests of intelligence
approximately two standard deviations or more below the population mean
a margin for measurement error
practice effects

brief intelligence screening tests or group tests
instruments must be normed
for the individual's sociocultural background
native language
communication, language, and/or motor or sensory function
areas of relative strengths and weaknesses
approximations of conceptual functioning
how well a person meets community standards
personal independence and social responsibility
adaptive reasoning in three domains: conceptual, social, and practical
competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge
problem solving, and judgment in novel situations, among others
learning and self-management across life settings
standardized measures are used with knowledgeable informants
and the individual
to the extent possible
interpreted using clinical judgment
difficult to assess in a controlled setting
corroborative information
a heterogeneous condition with multiple causes
naivete in social situations
a tendency for being easily led by others
a lack of awareness of risk and danger
periods of worsening
progressive worsening
may change over time
early and ongoing interventions may improve adaptive functioning
significant improvement
no longer appropriate
it is common practice
after an appropriate course of intervention is provided
contingent on the presence of supports
a variety of labor and delivery-related events
cultural sensitivity and knowledge
needed during assessment
a comprehensive evaluation
whenever criteria A, B, and C are met
specific to the communication and learning domains
complicated by social-communication
may interfere with understanding and complying with test procedures
may be unstable
prognosis and outcome
assessment procedures
may require modifications
knowledgeable informants are essential
for identifying symptoms

with a similar meaning
cannot be reliably assessed
unable to undergo systematic assessments
this category requires reassessment after a period of time
presence of severe problem behaviors
this category should only be used in exceptional circumstances
requires reassessment after a period of time
deficits in language, speech and communication
speech is the expressive production of sounds
an individual's articulation
fluency, voice, and resonance quality
language includes form
function
use of a conventional system of symbols
communication includes any verbal or nonverbal behavior
whether intentional or unintentional
that influences the behavior, ideas, or attitudes of another individual
persistent difficulties in the acquisition and use of language across modalities
reduced vocabulary
limited sentence structure
impairments in discourse
resulting in functional limitations
individually or in any combination
spoken communication, written communication, or sign language
dependent on both receptive and expressive skills
expressive ability
the production of vocal, gestural, or verbal signals
receptive ability
the process of receiving and comprehending language messages
usually affects vocabulary and grammar
limit the capacity for discourse
smaller and less varied than expected
especially in past tense
frequently underestimated
using context to infer meaning
word-finding problems
impoverished verbal definitions
poor understanding of synonyms
multiple meanings
word play
problems with remembering new words and sentences
difficulties following instructions of increasing length
difficulties rehearsing strings of verbal information
difficulties remembering novel sound sequences
a reduced ability to provide adequate information about the key events and to narrate a coherent story
can be use to guide

estimates of severity
a positive family history
adept at accommodating
limited language
may appear to be shy or reticent to talk
notable and persistent
marked by changes
changes appear across the dimensions
sounds, words, grammar
narratives/expository texts
conversational skills
increments and synchronies
considerable variation
highly predictive of later outcomes
stable
highly predictive of later outcomes
likely to change
predominantly expressive impairments
resistant to treatment
highly heritable
a history of language impairment
this distinction may be difficult to make
needs to be excluded
primary cause
usually associated with these problems
loss of speech and language
persistent difficulty
prevents verbal communication of messages
the disturbance causes limitations
individually of in any combination
speech sound production
the clear articulation of the phonemes
the ability to coordinate the movements of the articulators
underlying mechanisms
not what would be expected
should be intelligible
may be understandable
the ability to rapidly coordinate
a particular aspect of difficulty
history of delay
incoordination
chewing, maintaining mouth closure, and blowing the nose
if present, these should also be coded
learning to produce speech sounds clearly and accurately
learning to produce connected speech fluently
articulation of speech sounds

developmental pattern
it is not unusual
processes for shortening words and syllables
immature phonological simplification processes
produced clearly
pronounced accurately
learned later
misarticulation
within normal limits
when multiple sounds are involved
part of a plan
produce them accurately
particularly common
frontal or lateral patterns of airstream direction
abnormal tongue-thrust swallowing pattern
respond well
improve over time
may not be lifelong
normal variations
considered before making
may result in abnormalities
in excess
usually associated with these problems
may be due to structural deficits
distinctive features of voice
differentiation may be difficult
when there is no or minimal general body motor involvement
selective mutism
in one or more contexts or settings
embarrassment
in "safe" settings
disturbances in the normal fluency and time patterning of speech
frequent and marked occurrences
sound and syllable repetitions
sound prolongations of consonants as well as vowels
broken words
pauses within a word
audible or silent blocking
filled or unfilled pauses in speech
circumlocutions
words substitutions to avoid problematic words
words produced with an excess of physical tension
monosyllabic whole-word repetitions
causes anxiety
frequent repetitions
varies from situation to situation

often absent during oral reading, singing, or talking to inanimate objects
fearful anticipation of the problem may develop
insidious or more sudden
start gradually
with repetition
become more frequent and interfering
short and simple utterances
predicting recovery or persistence
whole-word or phrase repetitions
incomplete phrases, interjections, unfilled pauses, and parenthetical remarks
increase in frequency or complexity
a side effect
a temporal relationship
specific neurological insults
vocal tics and repetitive vocalizations
repetitive sounds
nature and timing
persistent difficulties
verbal and nonverbal communication
greeting and sharing information
in a manner that is appropriate for the social context
avoiding use of overly formal language
difficulties following rules
taking turns in conversation
rephrasing when misunderstood
knowing how to use verbal and nonverbal signals to regulate interaction
difficulties understanding what is not explicitly stated
making inferences
nonliteral or ambiguous meanings
idioms, humor, metaphors
multiple meanings that depend on the context
for interpretation
functional limitations in effective communication
exceed limited capacities
difficulty with pragmatics
naturalistic contexts
changing language according to the needs of the listener or situation
following rules for conversations and storytelling
language impairment
a history of delay
may avoid social interactions
may not become apparent
when language and social interactions become more complex
variable
improving substantially over time
continuing to have difficulties

may cause lasting impairments
such as written expression
restricted/repetitive patterns of behavior, interests, or activities
restricted/repetitive patterns of behavior, interests, and activities
a comprehensive history should be obtained
only if the developmental history fails to reveal any evidence of
restricted/repetitive patterns of behavior, interests, or activities
functional limitations of effective communication
the differentiating feature is the timing
in excess of the intellectual limitations
clinically significant distress or impairment
includes presentations in which there is insufficient information
across multiple contexts
examples are illustrative, not exhaustive
abnormal social approach
failure of normal back-and-forth conversation
reduced sharing of interests, emotion, or affect
failure to initiate or respond
nonverbal communicative behaviors
poorly integrated verbal and nonverbal communication
abnormalities in eye contact and body language
deficits in understanding and use of gestures
a total lack of facial expressions
nonverbal communication
difficulties in sharing imaginative play or in making friends
restricted, repetitive patterns of behavior, interests, or activities
stereotyped or repetitive motor movements, use of objects, or speech
insistence on sameness
highly restricted
fixated interests that are abnormal in intensity or focus
apparent indifference to pain/temperature
adverse response to specific sounds or textures
excessive smelling or touching of objects
visual fascination with lights or movement
may be masked by learned strategies
these disturbances are not better explained
used to describe succinctly
may vary by context and fluctuate over time
discussion of personal priorities and targets
often uneven
assessed and described
speaks in full sentences
has fluent speech
receptive language may lag behind
considered separately
the stage at which functional impairment becomes obvious

intervention, compensation, and current supports
in at least some contexts
pervasive and sustained
most valid and reliable when based on multiple sources of information
when possible
varying manifestations
the ability to engage with others and share thoughts and feelings
no sharing of emotions
absent imitation
what language exists
used to request or label rather than to comment
difficulties in processing and responding
when and how to join a conversation
what not to say
struggle in novel or unsupported situations
suffer from the effort and anxiety
consciously calculating
absent, reduced, or atypical use of eye contact
a lack of pointing, showing, or bring objects to share interest with others
often fail to use expressive gestures spontaneously
difficulty in coordinating nonverbal communication
odd, wooden, or exaggerated
may be relatively subtle
should be judged against norms
manifested by rejection
passivity
inappropriate approaches
playing by very fixed rules
appropriate in one situation but not another
irony, white lies
there may be an apparent preference
without a complete or realistic idea
important to consider
simple motor stereotypies
hand flapping
finger flicking
repetitive use of objects
repetitive speech
use of "you" when referring to self
use of words, phrases, or prosodic patterns
excessive adherence to routines
resistance to change
rigidity of thinking
repetitive questioning
abnormal in intensity or focus
fascinations and routines

extreme responses to specific sounds or textures
excessive smelling or touching of objects
fascination with lights or spinning objects
apparent indifference to pain, heat, or cold
learn to suppress repetitive behavior in public
a source of pleasure and motivation
even if symptoms are no longer present
the features must cause clinically significant impairment
not in line
exceed difficulties expected
diagnostic instruments with good psychometric properties
can improve reliability
over time
an uneven profile of abilities
the gap between
disruptive/challenging
cationic-like
typically not of the magnitude of a catatonic episode
it is possible
to experience a marked deterioration
mutism, posturing, grimacing
waxy flexibility
expansion of the diagnostic criteria
increased awareness
a true increase in the frequency
pattern of onset
symptoms are typically recognized
if symptoms are more subtle
in cases where skills have been lost
a history of gradual or relatively rapid deterioration
distinguished from the rare instances
previously described
behavioral features
a lack of interest
plateaus or regression
gradual or relatively rapid
such losses are rare
much more unusual
losses of skills
frequently involve delayed language
without any attempt
odd play patterns
unusual communication patterns
odd and repetitive behaviors
absence of typical play
enjoy repetition

based on the type, frequency, and intensity
lines up objects for hours
continue throughout life
often most marked
in at least some areas
able to fine a niche
naive and vulnerable
difficulties organizing practical demands
coping mechanisms
stress and effort maintaining a socially acceptable facade
scarcely anything is known
perhaps prompted
a breakdown
criteria are currently met
provided there is no evidence
the absence
should not do so
difficulties in at least some contexts
other important areas of functioning
a variety of nonspecific risk factors
estimates
appear to be associated
associated with a known genetic mutation
risk for the remainder
making relatively small contributions
markedly impaired against the norms
recognition
in clinic samples
accompanying intellectual impairments
language delays may go unrecognized
subtler manifestation
insistence on routines
aversion to change
sensory sensitivities
extremely difficult
coping with change
difficulties establishing independence
continued rigidity
difficulty with novelty
functional consequences
unknown
may be observed
a substantial portion
no longer a major area of concern
in certain contexts and settings
in some forms

there may be problems
care should be taken to enquire carefully
difficult to differentiate
developed language
symbolic skills
present a challenge
nonverbal problem solving
no apparent discrepancy
explained
abnormalities of attention
hyperactivity
attentional difficulties
mental
normal, or near normal
hallucinations and delusions
"Do you hear voices when no one is there?"
an inability to comprehend and construct sentences
observable signs
increases in challenging behavior
evaluation
literacy and numeracy
fairly frequent
extreme and narrow
a persistent pattern
that is inconsistent
not solely a manifestation
failure to understand tasks or instructions
close attention to details
makes careless mistakes
difficulty sustaining attention
does not seem to listen
mind seems elsewhere
in the absence of any obvious distraction
does not follow through
easily sidetracked
extraneous stimuli
may include unrelated thoughts
forgetful
remaining in place
feeling restless
uncomfortable being still for extended time
difficult to keep up with
while waiting
persistent pattern of inattention
wandering off task
lacking persistence

difficulty sustaining focus
excessive motor activity
a child running about
excessive fidgeting, tapping, or talkativeness
hasty actions
occur in the moment without forethought
darting into the street without looking
confirmation of substantial symptoms
symptoms vary depending on context
may be minimal or absent
consistent external stimulation
underlying cognitive processes
findings are not diagnostic
highly variable normative behaviors
inattention becomes more prominent and impairing
relatively stable
motoric hyperactivity
restlessness, inattention, poor planning, and impulsivity persist
the main manifestation
inattention becomes more prominent
confined to fidgetiness
an inner feeling of jitteriness
restlessness
impatience
impulsivity may remain problematic
effortful control
constraint
elevated novelty seeking
it is not know whether these associations are causal
neither necessary nor sufficient
possible influences
neurological soft signs
co-occurring clumsiness
interaction patterns
prevalence rates
sustained effort
great variability
marked symptoms
resist conforming to others' demands
complicating
typically generalized
prolonged observation
frustration, lack of interest, or limited ability
difficult-to-manage behavior
isolation
inability to tolerate a change

expected course of events
during a major transition
attraction to external stimuli
preoccupation with enjoyable activities
inattention due to worry
rumination
restlessness
inability to concentrate
poor concentration
increased activity
poor concentration
increased impulsivity
episodic
occurring several days at a time
features of disorganization
cognitive dysregulation
unspecified
chooses not to specify
inaccurate or slow and effortful word reading
frequently guesses words
sounding out words
may add, omit, or substitute vowels or consonants
written expression of ideas lacks clarity
numbers, their magnitude, and relationships
gets lost
activities of daily living
a pattern of learning difficulties
clarity or organization of written expression
performing accurate or fluent calculations
to complete all activities efficiently
with impairment
the basis for abnormalities
an interaction of genetic, epigenetic, and environmental factors
to perceive or process
efficiently and accurately
persistent difficulties
in contrast to talking or walking
disrupts the normal pattern
it is not simply a consequence of lack of opportunity
a range of observable, descriptive behaviors or symptoms
observed, probed
ascertained
difficulties are persistent, not transitory
extraordinarily high levels of effort or support
significant interference
avoidance of activities

norm-referenced
criterion-referenced
distributed along a continuum
there is no natural outpoint
to a large extent arbitrary
on the basis of clinical judgment
normal levels
identified
presence of neurological signs
comprehensive assessment is required
no single data source is sufficient
based on a synthesis
previous and current
previous or current
typically persists
unless indicated by marked changes
amelioration
worsening
delays in attention
slow, effortful, inaccurate
it remains unclear
cause, correlate, or consequence
underspecified or unknown
circumscribed alterations
cognitive processing
brain structure and function
precursors such as language delays or deficits
difficulties in rhyming or counting
the course and clinical expression are variable
a persistent or shifting array
language sounds
trouble learning nursery rhymes
mispronounce words
trouble remembering names
invented spelling
letter-sound correspondence
fluent word decoding
reading aloud is slow
the magnitude that a spoken or written number represents
problems recognizing and manipulating phonemes
unable to recognize common irregularly spelled words
long, multisyllable words
confuse words that sound alike
poor comprehension
guess wildly
express fear of reading aloud

refuse to read aloud
word decoding
slow and effortful
connected text slowly without much effort
frequently need to reread material to understand or get the main point
trouble making inferences from written text
avoid activities
slow and effortful
problems making important inferences
alternative approaches to access print
broader expression
appears to aggregate in families
the combined role of genetic and environmental factors
genes related to one presentation
highly correlated
genes related to another manifestation
predictive of later difficulties
predictive of worse mental health outcome
systematic, intensive, individualized instruction
evidence-based interventions
improve or ameliorate
mitigating the otherwise poor outcomes
cognitive processing requirements
slow reading of single words
direct mapping
slow but accurate
negative functional consequences
high levels of psychological distress
poorer overall mental health
normal variations
external factors
even when it is different
abnormal findings
marked decline
problems may not necessarily reflect specific difficulties
may reflect difficulties
expected by chance
there is a decline
often rapid
independently interferes with the execution of activities of daily living
the acquisition and execution of coordinated motor skills
clumsiness
dropping or bumping into objects
slowness and inaccuracy of performance of motor skills
catching an object
affecting movement

impaired skills requiring motor coordination
negotiating stairs
completing puzzles
movement execution may appear awkward
less precise
slow speed
speed and accuracy are required
affected by coordination problems
lack of stability
visual function examination
neurological examination
usually suppressed
mirror movements
overflow
still unclear, requiring further evaluation
although there may be improvement
assembling puzzles
continuing difficulty in learning new tasks
complex/automatic motor skills
using tools
presentation, course, and outcome
spatial mentalizing
rapid motoric adjustments
the complexity of the required movements
activities of daily living
consideration of the context
impaired functional performance
co-occurring conditions
problems in coordination
additional findings
in excess of what could be accounted for
may fall, bump into objects, or knock things over
careful observation
different contexts
distractibility
impulsiveness
complex coordination skills
hyperextensible joints
found on physical examination
often with a complaint of pain
problems of inattention
clusters of co-occurrence
impaired movement control
motor planning
ascribing impaiment
repetitive, seemingly driven, and apparently purposeless

sensory stimulus or distraction
continuous monitoring and protective measures
severity
easily suppressed
continuous movements
various dimensions
frequency, impact
retinal detachment
repetitive, seemingly driven, and apparently purposeless
rhythmical movements
movements may or may not respond to efforts to stop them
repetitive movements
self-restraining behaviors
sitting on hands
wrapping arms in clothing
finding a protective device
repertoire of behaviors
variable
individually patterned
rotating hand movements
flicking or fluttering fingers
arm waving or flapping
head nodding
visual impairment
rocking the torso
waving a small string repetitively in front of the face
many times during a day
lasting a few seconds
several minutes or longer
in a single day
excited, stressed, fatigued, or bored
undetected
resolve over time
may persist for years
may change
environmental stress
fear may alter physiological state
by virtue of a particular syndrome
restrained
attitudes toward unusual behaviors
must be considered
in the transition from sleep to awake
distraction or sensory stimulation
reciprocity
absent
sufficiently severe

consistent and fixed
pattern or topography
fixed, rhythmic, and prolonged
brief, rapid, random, fluctuating
the absence of obsessions
the nature of repetitive behaviors
driven to perform repetitive behaviors
an obsession
according to rules
seemingly driven but apparently purposeless
may not be patterned or rhythmical
the exclusion of habits
a neurological history and examination
limb movements
sudden, rapid, recurrent
wax and wane in frequency
the physiological effects of a substance
criteria have never been met for
absence of any known cause
at any point in time
almost any muscle group
eye blinking
throat clearing
for varying lengths of time
either simple or complex
eye blinking
shoulder shrugging
extension of the extremities
throat clearing, sniffing, and grunting
contraction of the diaphragm
a combination of simple tics
simultaneous head turning and shoulder shrugging
can appear purposeful
repeating one's own sounds
repeating the last-heard word
an abrupt, sharp bark
a known etiology
weeks to months
persistent symptoms
the incidence
is exceedingly rare
a result of a central nervous system to insult
an initial diagnostic assessment
carefully evaluated
abnormal movements
when there is strong evidence

plausible, proximal, and probable
common in childhood
transient in most cases
estimated prevalence
frequency of identified cases
differences in access to care
peak severity
with a decline in severity
diminished symptoms
persistently severe or worsening symptoms
symptoms manifest similarly
vocalizations over time
a premonitory urge
a somatic sensation
a feeling of tension
resisted
the need to perform
"just right"
vulnerability
anxiety, excitement, and exhaustion
during calm, focused activities
relaxing at home
participating in exciting activities
observing a gesture or sound
making a similar gesture or sound
incorrectly perceived by others
as purposeful
a particular problem
associated with worse
do not appear to vary
perceived and managed
influencing patterns
help seeking
choices of treatment
distress or impairment
unaware
may function well
social isolation, interpersonal conflict
substantial psychological distress
rare complications
hitting oneself in the face
forceful head and neck movements
rhythmic, repetitive, predictable movements
no obvious adaptive function
stop with distraction
prolonged duration

constant repetitive fixed form and location
cessation with distraction
rapid, random, continual, abrupt, irregular, unpredictable, nonstereotyped actions
timing, direction, and distribution of movements vary from moment to moment
attempted voluntary action
simultaneous sustained contracture
distorted posture
of parts of the body
are not seen during sleep
normal background activity
a sudden unidirectional movement
lack of suppressibility
clues
a certain number of times
until a "just right" feeling is achieved
aggressive symmetry
impairment
situations in which the clinician chooses to communicate the specific reason
insufficient information to make a more specific diagnosis
to communicate the specific reason
in emergency room settings
negative symptoms
fixed beliefs that are not amenable to change
conflicting evidence
persecutory, referential, somatic, religious, grandiose
a major catastrophe will occur
health and organ function
deemed bizarre
clearly implausible
not understandable
an outside force that has removed his or her organs and replaced them with someone else's organs
without leaving any wounds or scars
despite a lack of convincing evidence
a loss of control over mind or body
thoughts have been "removed"
alien thoughts have been put into one's mind
actions are being acted on or manipulated by some outside force
a delusion and a strongly held idea
veracity
perception-like experiences
vivid and clear
full force and impact of normal perceptions
experienced as voices
familiar or unfamiliar
in the context of a clear sensorium
within the range of normal experience

disorganized thinking
answers to questions may be obliquely related or completely unrelated
nearly incomprehensible
severe enough to substantially impair effective communication
may manifest itself in a variety of ways
childlike "silliness"
unpredictable agitation
a marked decrease in reactivity to the environment
resistance to instructions
bizarre posture
a complete lack of verbal and motor responses
purposeless and excessive motor activity without obvious cause
staring, grimacing, mutism
the echoing of speech
a substantial portion
particularly prominent
diminished emotional expression
reductions in the expression of emotions
movements of the hand, head, and face
alogia, anhedonia, and asociality
a manifestation of limited opportunities
organized along a gradient
time-limited conditions
a pervasive pattern
cognitive or perceptual distortions
abnormalities of beliefs, thinking, and perception
described together
inadequate or contradictory information
negative symptoms
a range of cognitive domains
the use of testing instruments
use the best available information to make a judgement
the sensation of being infested with insects
behavior that is not obviously bizarre or odd
another person is in love
having made some important discovery
unfaithful
conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals
bodily functions or sensations
clearly implausible
an individual's belief that a stranger has removed his or her internal organs and replaced them with someone else's organs without leaving any wounds or scars
assessment measures
a complete stranger
efforts to contact the object

an imposter
incorrect inferences
small bits of "evidence"
there is an internal parasite
direct impact of the delusions
there may be "factual insight" but no true insight
sending hundreds of letters
impairment may be substantial
apparent normality
completely convinced
temporal relationship
superimposed
frequent derailment or incoherence
premorbid level of functioning
markedly stressful to almost anyone
change from a non psychotic state to a clearly psychotic state
vital for making critically important distinctions
emotional turmoil or overwhelming confusion
rapid shifts
acting on the basis of delusions
careful attention
possibility
feigned
waiting for recovery
noticeable change
confusion or perplexity
prodromal, active, and residual phases
lack of criterion
incidence is low
experience dysfunction
differs in duration
failure to achieve
contradiction
no single symptom is pathognomonic
a constellation of signs
a significant portion of time
in the absence of treatment
ideas of reference or magical thinking
unusual perceptual experiences
sensing the presence of an unseen person
understandable but vague
mumbling in public
laughing in the absence of an appropriate stimulus
a disturbed sleep pattern
depersonalization, derealization, and somatic concerns
anxiety and phobias are common

slower processing speed
reductions in attention
to infer the intentions of other people
lack of "insight"
unawareness of symptoms
a coping strategy
spontaneous or random
differences are evident
cellular architecture
white matter connectivity
gray matter
minor physical anomalies
abrupt or insidious
impaired cognition is common
alterations in cognition
largely unexplained
may not be reliably predicted
exacerbations and remissions
progressive deterioration
season of birth
risk alleles
common and rare
ideas that appear to be delusional in one culture may be commonly held in another
styles of emotional expression, eye contact, and body language
sometimes in response to
feelings of hopelessness
prominent obsessions
flashbacks that have a hallucinatory quality
part of the presentation
corresponding sections
loss of interest
untreated
in need of treatment
there are no tests or biological measures that can assist in making the diagnosis
a typical pattern
variable
overdiagnosis
substantial variability
may change over time
in contrast
severe and prominent
laboratory findings
during the course of a delirium
"other substance"
"unknown substance"
specific substance

the diagnostic code is selected
an etiological factor
(if any)
followed by the word "with"
not included here
considering the onset, course, and other factors
soon after exposure
a month or more
other (or unknown) substances
evoke psychotic symptoms
marked anxiety, emotional liability, and depersonalization
resolves upon removal
etiologically related to symptoms
a prescribed treatment
the history often provides the primary basis for such a judgement
the causative agent
direct pathophysiological consequence
not better explained
by a quantitative assessment
mediated response
marked stressor
visual, olfactory, gustatory, tactile, or auditory
specific hallucinatory phenomena
simple and unformed
highly complex and organized
infallible guidelines
several considerations
another mental disorder
temporal association
difficult to estimate
a single transient state
recurrent, cycling with exacerbations
in the context of chronic conditions
phenomenology
cumulative effects
vision and hearing impairments
identification and treatment
central nervous system
patterns of prevalence
clearly delineated
successful resolution of the condition
during the course of a delirium
symptoms that occur during or shortly after
especially indicative
a marked psychomotor disturbance
excessive or peculiar

can be puzzling
marked unresponsiveness to marked agitation
seemingly opposing clinical features
variable manifestations
a lack of awareness
there are potential risks
not actively relating to the environment
passive induction of a posture held against gravity
even resistance
mutism
opposition
no response to instructions or external stimuli
spontaneous
active maintenance of a posture against gravity
odd, circumstantial
repetitive, abnormally frequent, non-goal-directed movements
agitation
grimacing
mimicking another's speech
mimicking another's movements
brief
clinical picture
marked psychomotor disturbance
ruled out
not limited to
a side effect
not better explained
coded and listed separately
physiological effects
neurological conditions
metabolic conditions
physical examination findings
laboratory findings
patterns of prevalence
occurs exclusively during the course of a delirium
abnormal positioning
the nature of the underlying mental disorder
condition is unclear
insufficient information
in emergency room settings
important areas of functioning
the specific reason
include the following
persistent auditory hallucinations
occurring in the absence
persistent delusions

insight is relatively maintained
in the context of a relationship
delusional material
separated
placed between
in recognition of their place
a bridge between
modern understanding
no longer thought to be a "milder" condition
the amount of time
instability of mood
in the hope of encouraging further study
abnormally
persistently elevated
expansive
present most of the day, nearly every day
noticeable change from usual behavior
flight of ideas
subjective experience
distractibility
attention too easily drawn to unimportant or irrelevant external stimuli
reported or observed
purposeless non-goal-directed activity
present most of the day, nearly every day
thoughts are racing
unequivocal change
observable by others
persists at a fully syndromal level
increased irritability, edginess, or agitation
depressed mood
loss of interest or pleasure
most of the day, nearly every day
subjective report
feels sad, empty, or hopeless
observation made by others
appears tearful
consider failure
insomnia or hypersomnia nearly every day
merely subjective feelings of restlessness or being slowed down
fatigue or loss of energy nearly every day
diminished ability to think or concentrate
indecisiveness
recurrent thoughts of death
fear of dying
responses to a significant loss
feelings of intense sadness

symptoms may be understandable
carefully considered
exercise of clinical judgment
expression of distress in the context of loss
feelings of emptiness and loss
inability to anticipate happiness or pleasure
occurs in waves
so-called pangs of grief
associated with thoughts or reminders
thought content
unable to cope
in recording the name of a diagnosis
a distinct period during which there is an abnormally, persistently elevated, expansive, or irritable mood
persistently increased activity or energy
euphoric
excessively cheerful
"feeling on top of the world"
a highly infectious quality
easily recognized as excessive
unlimited and haphazard enthusiasm
spontaneously state
extensive conversations with strangers in public
rapid shifts
happiness, silliness and "goofiness" are normal
recurrent
inappropriate to the context
beyond what is expected
happiness is unusual
mood change occurs at the same time
obvious to those who know
multiple overlapping new projects
initiated with little knowledge of the topic
may reach delusional proportions
seeking publicity for some impractical invention
overestimation of abilities
full of energy
rapid, pressured, loud, and difficult to interrupt
without concern for the relevance of what is said
thoughts race at a rate faster than they can be expressed
a nearly continuous flow of accelerated speech
abrupt shifts
disorganized, incoherent, and particularly distressful
experienced as so crowded that it is very difficult to speak
an inability to censor immaterial external stimuli
background noises
attending to instructions

excessive planning
pacing
holding multiple conversations simultaneously
increased activity criterion
excessive optimism
reckless involvement
likely to have catastrophic consequences
expected to have dissipated completely
sufficient evidence
an indication
described within the text
sharper sense of smell, hearing, or vision
poor judgment, loss of insight, and hyperactivity
may last moments, hours, or, more rarely, days
it is difficult to define with precision what is "normal"
baseline
incomplete interepisode recovery
little information exists
one possible explanation
patterns of comorbidity
fewer symptoms or for a short duration
adding to diagnostic complexity
a careful history of symptoms
anxious rumination may be mistaken for racing thoughts
efforts to minimize anxious feelings may be taken as impulsive behavior
substantial overlap
many symptoms overlap
common in both conditions
persistent and particularly severe
a clear change
untreated
unequivocal change
fully syndrome level beyond the physiological effect
sufficient evidence
caution is indicated
increased irritability, edginess, or agitation
represent a change
depressed mood most of the day, nearly every day
feels sad, empty, or hopeless
markedly diminished interest
nearly every day
subjective
observation
decrease or increase
consider failure
insomnia or hypersomnia nearly every day

not merely subjective feelings
restlessness
being slowed down
loss of energy
nearly every day
feelings of worthlessness
which may be delusional
nearly every day
diminished ability to think or concentrate
nearly every day
normal response
carefully considered
unpredictability
requisite number of symptoms
most of the day
nearly every day
a noticeable change
somatic treatments
superimposed
fluctuations
for a lifetime diagnosis
unlikely to complain initially
a persistent pattern
unpredictable
fluctuating, unreliable
disadvantageous
several days of euthymia
substantial differences
chronicity of illness
which can be severe
disabling
impulsivity
heightened levels of creativity
may be nonlinear
higher creativity
heightened creativity
ambivalence
complicating its detection
the interval between
is the feature that defines
if this pattern is present
switching
may occur
spontaneously
regardless of subsequent course
often a challenge

must exceed what is expected
does not appear to have any clinical utility
there may be genetic factors
taken into account
equal
mixed, differing
there is little to no evidence
in treatment seeking or other factors
patterns of illness
may be challenging
the lethality of attempts
return to a fully functional level
recovery lags substantially behind recovery
cognitive impairments
evaluating individuals
periods of psychotic symptoms
absence
noticeable increase
baseline
mood lability
impulsivity
differentiated
carefully considering
more often than not
commonly co-occurring
do not seem to follow a course of illness that is truly independent
have strong associations
tend to associate
moderately associated
a chronic, fluctuating mood disturbance
severity, pervasiveness, or duration
symptoms must be persistent
pattern of mood swings
associated features
some individuals may function particularly well
over the prolonged course
temperamental, moody, unpredictable, inconsistent, or unreliable
apparently equally common
an insidious onset and a persistent course
needs to be clearly differentiated
an increased familial risk
frequent marked shifts
difficulties in initiating and maintaining sleep
a prominent and persistent disturbance in mood
diminished interest or pleasure in all, or almost all, activities
capable of producing the symptoms

the symptoms precede the onset
the symptoms persist for a substantial period of time
judged to be an etiological factor
a separate diagnostic code is given
persists beyond the physiological effects
an indicator
side effects
fundamentally distinct
insufficient for the diagnosis
simple agitation is not the same as excess involvement
the initial presentation may be one of a delirium
inhalation quickly
in minutes
very brief and typically resolves
persists at a fully syndromal level
sufficient evidence
prominent and persistent
there are exceptions
never complete
the clinician's best judgement is the essence of this diagnosis
acutely or subacutely
the clinician must make a clinical judgment
based on temporal sequence
symptoms may exacerbate impairments
may incur worse outcomes
it is believed, but not established
it is also suggested, but not established
it is important to differentiate symptoms
hypervigilant delirious symptoms
excited catatonic symptoms
acute anxiety states
situations in which the clinician chooses to communicate
symptoms cause clinically significant distress or impairment
in emergency room settings
feeling keyed up or tense
feeling unusually restless
difficulty concentrating because of worry
fear that something awful might happen
anxious distress
high levels of anxiety
depressed mood
feels sad or empty
appears tearful
diminished interest or pleasure in all, or almost all, activities
fatigue or loss of energy
a change from the person's usual behavior

marked impairment
elevated, expansive mood
flight of ideas
increase in energy
increased or excessive involvement in activities
decreased need for sleep
treatment planning
monitoring of response to treatment
can occur in any combination and order
opposite polarity
does not feel much better, even temporarily, when something good happens
profound despondency, despair
moroseness
empty mood
a near-complete absence of the capacity for pleasure
suspiciousness or paranoia
either with or without psychotic features
a fluctuating level of awareness or attention
the potential impact
and the long-term implications
lifetime pattern
a regular seasonal pattern
an obvious effect of seasonally related psychosocial stressors
disappears
a temporal seasonal relationship
pattern of onset and remission
seasonal depressive episodes
seasonally linked psychosocial stressors
the intensity of the symptoms is distressing
the intensity of the symptoms is seriously distressing
the presence of sad, empty, or irritable mood
accompanied by somatic and cognitive changes
duration, timing, or presumed etiology
changes in affect, cognition, and neurovegetative functions
normal sadness and grief
bereavement may induce great suffering
depression-like phenomena
intensity or duration
situation or provocation
by history or observation
cannot coexist
contention
sharp increase in rates
episodic presentations
likely to change
typically manifesting before full criteria for the syndrome are met

familial aggregation and genetics
exhibit both commonalities and differences
perturbed decision making
tasks assessing attention deployment in response to emotional stimuli
unique signs of dysfunction
among community samples
there is an equal gender prevalence
severe functional consequences
marked disruption in a child's family and peer relationships
difficulty succeeding in school
unable to participate in the activities typically enjoyed by healthy children
family life is severely disrupted
trouble initiating or sustaining friendships
severe disruption in the lives of the affected individual and their families
the presence or absence of multiple other conditions
requires particularly careful assessment
the longitudinal course of the course symptoms
the change in mood must be accompanied by the onset, or worsening, of associated cognitive, behavioral, and physical symptoms
persistent
present over many months
it may wax and wane to a certain degree
the presence of severe and frequently recurrent outburst
a persistent disruption in mood between outbursts
severe impairment in at least one setting (i.e., home, school, or among peers)
high risk for depressive and anxiety disorders
a high risk for behavioral problems as well as mood problems
in the context of exacerbation
routines are disturbed
intercurrent, persistent irritability
the range of comorbid illnesses appears particularly diverse
when the routines
are disturbed
a change from previous functioning
depressed mood most of the day, nearly every day
feels sad, empty, hopeless
appears tearful
markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
not merely subjective feelings of restlessness
being slowed down
fatigue or loss of energy nearly every day
feelings of worthlessness
diminished ability to concentrate
recurrent thoughts of death
fear of dying
clinically significant distress

impairment in social, occupational, or other important areas of functioning
responses to a significant loss
bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability
feelings of intense sadness
rumination about the loss
expression of distress in the context of loss
sadness may be denied at first
the mood may be irritable rather than sad
difficulty thinking, concentrating, or making decisions
functioning may appear to be normal but requires markedly increased effort
depressed, sad, hopeless, discouraged
feeling "blah"
having no feelings
feeling anxious
a tendency to respond to events with angry outbursts or blaming others
a pattern of irritability when frustrated
loss of interest or pleasure is nearly always present, at least to some degree
"not caring anymore"
social withdrawal
difficulty sleeping or sleeping excessively
inability to sit still, pacing, hand-wringing
slowed speech, thinking, and body movements
increased pauses
decreased energy
tiredness and fatigue
even the smallest tasks seem to require substantial effort
the efficiency with which tasks are accomplished may be reduced
negative evaluations
blaming oneself for being sick
impaired ability to think, concentrate, or make even minor decisions
easily distracted
often unable to function
poor concentration
a passive wish not to awaken in the morning
a desire to give up in the face of perceived insurmountable obstacles
an intense wish to end what is perceived as an unending and excruciatingly painful emotional state
an inability to foresee any enjoyment in life
the wish to not be a burden to others
nursing homes have a markedly increased likelihood of death
separation anxiety may occur
melancholia, psychotic features, and risks
functional abnormalities
likelihood of onset increases markedly
onset in late life is not uncommon
quite variable
decreases the likelihood that treatment will be followed by full symptom resolution

the risk of recurrence becomes progressively lower over time
a powerful predictor of recurrence
no clear effects of current age on the course or treatment response
does not generally increase or decrease with time
in response to stressful life events
a set of potent risk factors
prominent feelings of hopelessness
impairment can be very mild, such that many of those who interact with the affected individual are unaware
impairment may, however, range to complete incapacity
decreases in physical, social, and role functioning
distractibility and low frustration tolerance
sadness or loss of interest
periods of sadness are inherent aspects of the human experience
depressed mood for most of the day, for more days than not
marked affective lability
marked anxiety, tension, and/or feelings of being keyed up or on edge
decreased interest in usual activities
subjective difficulty in concentration
lethargy, easy fatigability, or marked lack of energy
a sense of being overwhelmed or out of control
significant distress or interference with work, school, usual social activities, or relationships with others
avoidance of social activities
the expression of mood lability, irritability, dysphoria, and anxiety symptoms
accompanied by behavioral and physical symptoms
must have an adverse effect on work or social functioning
it is not uncommon for symptoms to linger
symptoms are of comparable severity
estimates are substantially inflated if they are based on retrospective reports
seasonal changes
frequency, intensity, and expressivity or symptoms
help-seeking patterns
symptoms must be associated with clinically meaningful distress
an obvious and marked impairment in the ability to function socially or occupationally
impairment in social functioning
a prominent and persistent disturbance in mood
the symptoms persist for a substantial period of time
the disturbance cases clinically significant distress or impairment in social, occupational, or other important areas of functioning
depressive symptoms persist beyond the expected length of physiological effects
can last for a long period
a marked change in thoughts and behavior
physiological consequences of the medical condition
paranoid, histrionic, and antisocial
a prominent and persistent period of depressed mood
direct physiological effects

a careful and comprehensive assessment of multiple factors is necessary
there are no epidemiological studies that provide evidence to differentiate the risk
presentations for which there is insufficient information to make a more specific diagnosis
in emergency room settings
anxious distress
feeling keyed up or tense
feeling unusually restless
difficulty concentrating because of worry
fear that something awful might happen
a high potential for painful consequences
mixed symptoms are observable by others
does not feel much better, even temporarily, when something good happens
profound despondency, despair, and/or moroseness
a near-complete absence of the capacity for pleasure
either mood does not brighten at all, or it brightens only partially
more sever, longer lasting, or present without a reason
contradistinction
a fluctuating level of awareness or attention
an obvious effect of seasonally related psychosocial stressors
it is unclear whether a seasonal pattern is more likely
may also be linked to a particular season
no significant signs or symptoms of the disturbance were present
severity is based on the number or criterion symptoms, the severity of those symptoms, and the degree of functional disability
excessive fear and anxiety
the emotional response to real or perceived imminent threat
anticipation of future threat
surges of autonomic arousal for fight or flight
thoughts of immediate danger
escape behaviors
muscle tension
vigilance in preparation for future danger
cautious or avoidant behaviors
close examination of the types of situations that are feared or avoided
the content of the associated thoughts or beliefs
often stress-induced
tend to persist if not treated
separation from attachment figures
persistent fear or anxiety about harm coming to attachment figures
events that could lead to loss of or separation from attachment figures
reluctance to go away from attachment figures
nightmares and physical symptoms of distress
the failure to speak has significant consequences
interferes with normal social communication
fearful or anxious about or avoidant of circumscribed objects or situations
fearful or anxious about or avoidant of social interactions and situations

recurrent unexpected panic attacks
persistently concerned or worried
abrupt surges of intense fear or intense discomfort
being in open spaces
being in enclosed spaces
standing in line or being in a crowd
being outside of the home alone
escape might be difficult
help might not be available
persistent and excessive anxiety and worry
mind going blank
to capture change in severity over time
excessive fear or anxiety concerning separation from those to whom the individual is attached
anticipating or experiencing separation from home
illness, injury, disasters, or death
getting lost
becoming ill
persistent reluctance or refusal to go out
repeated nightmares involving the theme of separation
refusing to leave home
excessive resistance to change
refusal to go outside
concerns about having an illness
worry about the well-being or death of attachment figures
reluctant or refuse to go out
palpitations, dizziness, feeling faint
social isolation
anxiety is manifested only when separation is experienced
worries emerge
demands and opportunities for separation
not going away
not leaving
not traveling
not working outside the home
fear of separation from loved ones
traumatic events
separation from loved ones
experienced during the traumatic event
intense yearning or longing
intense sorrow and emotional pain
may become depressed while being separated
forced to separate
unusual perceptual experiences
misperception of an actual stimulus
tendency to rely on others
proximity and safety

the duration of the disturbance is at least 1 month
may interfere with social communication
social isolation and withdrawal
anxiety is present as well
symptoms of social anxiety
social isolation
social anxiety
social impairment
may face increasing social isolation
social avoidance
fear or anxiety may be expressed by crying, tantrum, freezing, or clinging
provokes immediate fear or anxiety
actively avoided or endured with intense fear or anxiety
fear, anxiety, or avoidance is persistent
fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
the amount of fear experienced may vary with proximity to the feared object or situation
fear and anxiety are often expressed differently between children and adults
the individual intentionally behaves in ways that are designed to prevent or minimize contact
observation of others going through a traumatic event
wax and wane
young children typically are not able to understand the concept of avoidance
parental overprotectiveness
parental loss and separation
patterns of impairment
decreased quality of life
impairments in occupational and interpersonal functioning
impairment may be seen in caregiving duties and volunteer activities
reduced mobility
reduced physical and social functioning
fear of
enclosed spaces
"standing in line or being in a crowd"
avoidance behavior
marked fear or anxiety about one or more social situations
social situations are avoided
a marked, or intense, fear or anxiety of social situations
social situations almost always provoke fear or anxiety
the degree and type of fear and anxiety may vary
avoidance must interfere significantly with the individual's normal routine
insidious, developing slowly
higher levels of social anxiety for specific situations
a focus on somatic symptoms
limited insight
changes to social environment or roles
susceptible to environmental influences

a fear that is at times experienced with delusional intensity
a greater number of social fears
decreased well-being, employment, workplace productivity, socioeconomic status, and quality of life
avoid social situations
social communication deficits
social fears and avoidance
palpitations, pounding heart, or accelerated heart rate
sweating
trembling or shaking
sensations of shortness of breath or smothering
feelings of choking
chest pain or discomfort
nausea or abdominal distress
feeling dizzy, unsteady, light-headed, or faint
chills or heat sensations
numbness
feelings of unreality
being detached from oneself
fear of losing control or "going crazy"
fear of dying
a significant maladaptive change
appears to occur from out of the blue
careful questioning as to the sequence of events
physical concerns
the presence of life-threatening illnesses
social concerns
concerns about mental functioning
attempts to minimize or avoid
reorganizing daily life to ensure that help is available
restricting usual daily activities
waking from sleep in a state of panic
constant or intermittent feelings of anxiety
related to health and mental health concerns
pervasive concerns about abilities to complete daily tasks or withstand daily stressors
may have episodic outbreaks
continuous severe symptomatology
"fearful spells"
"panicky feelings"
careful questioning
not overlooked
difficulties in symptom reporting
reporting intense fear or panic
episodes of fear or distress
proneness to experiencing negative emotions
identifiable stressors
disease, or death in the family

vulnerability
mental and somatic symptoms
"attack of nerves"
"soul loss"
may create fear of certain situations
consequences are likely to vary from one culture to another
disparate mechanisms of action
high levels of social, occupational, and physical disability
considerable economic costs
absent from work or school
emergency room visits
direct physiological consequences
loss of consciousness
persistent concern and worry
numerous general medical symptoms and conditions
cause and effect
symptoms are presented for the purpose of identifying
palpitations, pounding heart, or accelerated heart rate
sweating
trembling or shaking
sensations of shortness of breath or smothering
feelings of choking
chest pain and discomfort
nausea or abdominal distress
feeling dizzy, unsteady, light-headed, or faint
chills or heat sensations
numbness
feelings of unreality
fear of losing control or "going crazy"
fear of dying
tinnitus, neck soreness, headache, uncontrollable screaming or crying
"fear of going crazy"
not intended as a pejorative or diagnostic term
peak intensity
an abrupt increase in discomfort
can return to either an anxious state or a calm state
occurs within minutes
discrete nature
typically greater severity
there is no obvious cue or trigger at the time of occurrence
expected or unexpected
careful questioning as to the sequence of events
panicking after fully waking from sleep
stressful life events
episodes of intense fear or discomfort
weaker autonomic response

"panicky feelings"
certain situations that are stressful
medical procedures
social settings
may be a risk factor
identifiable stressors
naturally occurring
abrupt surges of arousal, usually of heart rate
cardiorespiratory instabilities
poorer treatment response
greater health care utilization
marked fear or anxiety about
using public transportation
being in open spaces
being in enclosed places
standing in line or being in a crowd
being outside of the home alone
endured with intense fear or anxiety
avoidance is persistent
avoidance causes clinically significant distress
other situations may be feared
fear and anxiety cued by such situations
thoughts that something terrible might happen
"can't get out of here"
"there is nobody to help me"
the amount of fear experienced may vary with proximity to the feared situation
becomes anxious when standing in line
behaving in ways that are intentionally designed to prevent or minimize contact
arranging for food delivery to avoid entering shops and supermarkets
the avoidance can become so severe that the person is completely housebound
completely homebound
unable to leave their home
dependent on others for service or assistance to provide even for basic needs
substantially elevated risk
being in shops, standing in line, and being in open spaces are most often feared
sense of falling
having medical complications
considerable impairment
completely homebound and unable to work
fears of being directly harmed by the situation itself
thoughts are about detachment from significant others
situational clusters that trigger fear, anxiety, or avoidance
avoid leaving home
apathy
loss of energy
a physiological consequence of a medical condition

realistic concerns about being incapacitated
apprehensive expectation
difficult to control the worry
restlessness or feeling keyed up or on edge
being easily fatigued
difficulty concentrating or mind going blank
irritability
muscle tension
sleep disturbance
anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
worrisome thoughts
interfering with attention
worry about everyday, routine life circumstances
health and finances
the health of family members
the focus of worry may shift from one concern to another
impairment in social, occupational, or other important areas of functioning
difficulty concentrating
mind going blank
trembling, twitching, feeling shaky
associated with stress
manifested as an anxious temperament
the primary difference across age groups is in the content of the individual's worry
worries about safety
may limit activities
overzealous in seeking reassurance
require excessive reassurance
different patterns
excessive worrying impairs the individual's capacity to do things quickly and efficiently
worrying takes time and energy
difficulty concentrating
forthcoming problems
worry about future events
symptoms persist for a substantial period of time
symptoms may appear
after a modification or change
distressed about the meaning or the consequences of the associated medical condition
onset, exacerbation, or remission of the medical condition
the medical condition preceded the onset of the anxiety
laboratory assessments and/or medical examinations are necessary
a mix of different types of symptoms
evaluation
worry about illness
concern about pain
bodily preoccupations

the stress of the illness itself
the presence of obsessions and/or compulsions
recurrent and persistent thoughts
repetitive behaviors
rules that must be applied rigidly
repeated attempts to decrease or stop the behaviors
screen for these conditions
be aware of overlaps
diagnostic validators
treatment approaches
recurrent body-focused repetitive behaviors
varies among individuals
containment obsessions and cleaning compulsions
symmetry obsessions and repeating, ordering, and counting compulsions
fears of harm to oneself or others
not observable
reassurance seeking
persistent difficulty discarding or parting with possessions
there is no available space
recurrent pulling out of one's hair
recurrent picking of one's skin
feelings of anxiety or boredom
increasing sense of tension
varying degrees of conscious awareness
seeming to occur without full awareness
hand washing, ordering, checking
praying, counting, repeating words silently
rules that must be applied rigidly
preventing some dreaded event or situation
definitely or probably not true
may or may not be true
probably true
beliefs are true
dysfunctional beliefs
inflated sense of responsibility
tendency to overestimate threat
perfectionism and intolerance of uncertainty
the house will burn down
symptoms, comorbidity, course
pattern of familial transmission
contamination
horrific scenes
rituals
washing
checking
repeating words silently

thoughts of contamination leading to washing rituals
repeating rituals until it feels "just right"
to prevent a feared event
becoming ill
time-consuming
intrusive thoughts
double-checking that a door is locked
thoughts or compulsions that can be incapacitating
contamination obsessions
cleaning compulsions
a distressing sense of "incompleteness"
uneasiness
avoid people, places, and things
individuals with contamination concerns might avoid public situations
reduce exposure to feared contaminants
avoid social interactions
pattern of symptoms
can be stable over time
internalizing symptoms
higher negative emotionality
different environmental factors
various infectious agents
familial transmission
occurs across the world
similar symptom structure
regional variation in symptom expression exists
reduced quality of life
high levels of social and occupational impairment
avoidance situations
can also severely restrict functioning
specific
health consequences
contamination concerns
avoid doctors' offices and hospitals
fears of exposure to germs
excessive washing
no one in the family can have visitors for fear of contamination
this can lead to family dysfunction
recurrent thoughts, avoidant behaviors, and repetitive requests for reassurance
real-life concerns
can include content that is odd, irrational, or of a seemingly magical nature
social fear
an enduring and pervasive maladaptive pattern of excessive perfectionism and rigid control
pattern of familial transmission
any body area can be a focus of concern
usually difficult to resist or control

high levels of anxiety, social anxiety, social avoidance, depressed mood
sometimes becomes worse
analyzing and encoding details
configural aspects of visual stimuli
more similarities than differences
symptom severity
illness course
avoidance of some social situations
extreme and incapacitating
being completely housebound
psychosocial functioning and quality of life are markedly poor
difficult to resist or control
plucking, pulling
having or acquiring a serious illness
particularly elevated levels of somatization
maintaining a safe environment for self others
there is no available space
problematic
fears of losing important information
a symptom picture
maintaining a safe environment for self and others
severe overcrowding
extremely unsanitary conditions
indecisiveness
a universal phenomenon
moving through the house
attempts to improve a perceived defect or flaw
may vary over time
may endure for months or years
feeling a loss of control
avoidance of work, school, or other public situations
visually examine
tactilely or orally manipulate
an increasing sense of tension
irreversible damage
rubbing, squeezing, lancing, and biting
an uncomfortable bodily sensation
may come and go for weeks, months, or years at a time
can be life threatening
symptoms persist for a substantial period of time
a combination of motor and nonvoter features
a variety of acute neuropsychiatric symptoms
deserves further study
manifestation
the course of the underlying illness
a mix of different types of symptoms

a preoccupation with having or acquiring a serious illness
may or may not have diagnosed medical conditions
clearly observable by others
causes significant impairment or distress
exposure to a traumatic or stressful event
psychological distress following exposure to a traumatic or stressful event
symptoms can be well understood within an anxiety-or fear-based context
variable expressions of clinical distress
catastrophic or aversive
social neglect
the absence of adequate caregiving
inhibited, emotionally withdrawn behavior
seeks comfort
responds to comfort
minimal social and emotional responsiveness to others
irritability, sadness, or fearfulness
a pattern of extremes
repeated changes
limit opportunities to form stable attachments
frequent changes
rearing in unusual settings
lack of adequate care
each symptom manifesting at relatively high levels
comfort, support, protection, and nurturance
absent or grossly underdeveloped
no consistent effort
absence of expected comfort
diminished or absent expression of positive emotions
emotion regulation capacity is compromised
episodes of negative emotions of fear, sadness, or irritability
signs of poor care
absent-to-minimal attachment
serious social neglect
has not been studied
functional impairment across many domains
dampened expression of positive emotions
impairments
deficit in social communication
restricted, fixated interests
unusually sensory reactions
impairment in communication that is deliberate
a pattern of extremes
exposure to actual or threatened death
directly experiencing a traumatic event(s)
witnessing, in person, the even(s) as it occurred to others
learning that the traumatic event(s) occurred to a close family member or close friend

experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
first responders collecting human remains
police officers repeatedly exposed
electronic media, television, movies, or pictures
exposure is work related
recurrent distressing dreams
frightening dreams without recognizable content
reactions may occur on a continuum
a complete loss of awareness of present surroundings
intense or prolonged psychological distress
marked physiological reactions
persistent avoidance of stimuli associated with the traumatic event(s)
avoidance of or efforts to avoid
people, places, conversations, activities, objects, situations
negative alterations in cognitions and mood
"no one can be trusted"
"the world is completely dangerous"
fear, horror, anger, guilt, or shame
feelings of detachment or estrangement from others
persistent inability to experience positive emotions
problems with concentration
difficulty falling or staying asleep
an outside observer of
feeling as though one were in a dream
feeling a sense of unreality
time moving slowly
unreality of surroundings
unreal, dreamlike, distant, or distorted
frightening content
avoidance of or efforts to avoid activities, places
avoidance of or efforts to avoid people
fear, guilt, sadness, shame, confusion
constriction of play
socially withdrawn behavior
the world around the individual is experienced as unreal, dreamlike, distant, or distorted
exposure to one or more traumatic events
natural or human-made disasters
a life-threatening illness
debilitating medical condition
not necessarily considered a traumatic event
medical incidents
sudden, catastrophic events
unnatural death
a medical catastrophe
dissociative states that last from a few seconds to several hours or even days
prolonged distress

a physical sensation
always or almost always
“people in authority can’t be trusted”
“I can’t trust anyone ever again”
feeling detached or estranged from other people
jumpiness
jumping markedly in response to a telephone ringing
concentration difficulties
nightmares and safety concerns
sensory experience of hearing one’s thoughts spoken in one or more different voices
paranoid ideation
parents may report a wide range of emotional or behavioral changes in young children
children may focus on imagined interventions in their play or storytelling
restricted play
lose aspirations for the future
perceived life threat
inappropriate coping strategies
exposure to repeated upsetting reminders
adverse life events
financial or other trauma-related losses
inability to perform funerary rites
dizziness, shortness of breath, heat sensations
high levels of social, occupational, and physical disability
considerable economic costs
high levels of medical utilization
separation from home or family
repeated or extreme exposure
being in a daze
time slowing
debilitating medical condition
sudden, catastrophic events
stressful events
disaster
witnessing a medical catastrophe
experienced indirectly
alterations in awareness
perceiving that things are moving in slow motion
avoiding watching new coverage
refusing to return to a workplace
avoiding interacting with others
catastrophic
extremely negative thoughts
likelihood of future harm
significant separation anxiety
acute grief reactions
reactions to the loss

avoid going outside because of fear
impaired functioning in social, interpersonal, or occupational domains
in the context of a traumatic event
in response to an identifiable stressor
taking into account the external context
the symptoms do not represent normal bereavement
low mood, tearfulness, or feelings of hopelessness
nervousness, worry, jitteriness
a combination of depression and anxiety
may affect a single individual, an entire family, or a larger group or community
the death of a loved one
persistence of grief
the nature, meaning, and experience of the stressors and the evaluation of the response to the stressors
may vary across cultures
factors can precipitate, exacerbate, or put an individual at risk for medical illness
can worsen an existing condition
when bad things happen, most people get upset
can potentially disrupt every area of psychological functioning
unbidden intrusions into awareness and behavior
losses of continuity in subjective experience
inability to access information
influenced by the proximity to trauma
experiences of unreality
detachment from one's mind, self, or body
experiences of unreality
detachment from one's surroundings
alterations of experience
purposeful travel
bewildered wandering
"lost time"
information is missing
until and unless this happens
"amnesia for their amnesia"
may not be immediately evident to others
obscured by attempts to hide dysfunction
odd changes of perception
approximate and vague answers
marked discontinuity
inconsistent with ordinary forgetting
overtness or covertness
current level of stress
emotional resilience
for long periods of time
feel powerless to stop
a child's voice; crying
perplexing

the individual experiences no control
strong emotions
puzzling
"not under my control"
finding perplexing writings or drawings
"coming to" in the midst of doing something
somewhere at home
in the closet, on a bed or sofa, in the corner
cannot recall everyday events
as if a "spirit," supernatural being, or outside person has taken control
speaking and acting as though she were still alive
"taken over" by a demon or deity
resulting in profound impairment
disruptions in consciousness
a partial or complete loss of contact with or disorientation to current reality
higher levels of hypnotizability
transient psychotic phenomena
several brain regions have been implicated
overwhelming experiences
problems with memory, concentration, attachment
psychological decompensation
overt changes
the onset of a fatal illness
unexplained neurological symptoms
distressing, uncontrollable
long-term supportive treatment
restrictive levels of care
recurrent disruption of conscious functioning
rigorous assessment
rapid, subjective shifts in mood
fluctuation in levels of activation
may predominate for a relatively long period of time
may shift within minutes
full-blown changes
"i hear a little girl crying in a closet and an angry man yelling at her"
loss of control over thoughts, feelings, impulses, and acts
visual, tactile, olfactory, gustatory, and somatic hallucinations
delusional explanations for the phenomena
"i feel like someone else wants to cry with my eyes"
longitudinal variability
"all-good"
"all-bad"
identity and life history
important autobiographical information
a circumscribed period of time
the individual may remember part of a traumatic event but not other parts

semantic knowledge
conflicts due to restriction
there is no test, battery of tests, or set of procedures
specific, extensive, and/or complex
mixed disturbance of emotions and conduct
being an outside observer
perceptual alterations
distorted sense of time
unreal or absent self
emotional and/or physical numbing
individuals or objects are experienced as unreal, dreamlike, foggy, lifeless, or visually distorted
detachment
unfamiliarity
"I know I have feelings but I don't feel them"
"my thoughts don't feel like my own"
a diminished sense of agency
a split self
one part observing and one participating
an "out-of-body experience"
a feeling of unreality or detachment from, or unfamiliarity with, the world
in a fog, dream, or bubble
a glass wall between the individual and world around
surroundings may be experienced as artificial, colorless, or lifeless
blurriness
heightened acuity
widened or narrowed visual field
two-dimensionality or flatness
exaggerated three-dimensionality
altered distance or size of objects
voices or sounds are muted or heightened
"crazy" or "going crazy"
subjectively altered sense of time
too fast or too slow
constantly obsessing about whether they really exist
intensity of symptoms can wax and wane considerably
unwavering level of intensity
some typical patterns are reported
immature defenses
disconnection and overcorrection schemata
denial of reality
poor adaptation
deprivation
dependency, vulnerability, and incompetence
severe stress (interpersonal, financial, occupational)
meditative practices
subjective difficulty in focusing and retaining information

a general sense of disconnectedness from life
insensitivity to environmental stimuli
commonly encountered in primary care and other medical settings
the absence of a medical explanation
a lack of clarity
difficult to understand
medically unexplained symptoms
the absence of an explanation
problematic
reinforces mind-body dualism
predominant focus on lack of medical explanation
implying that their physical symptoms were not "real"
causes can remain obscure
genetic and biological vulnerability
increased sensitivity to pain
physical suffering
differences in medical care
variations in symptom presentation
often encountered in medical settings
increasing the risk for suffering, death, or disability
persistent problems related to illness perception
significant disruption of daily life
persistently high level of anxiety about health or symptoms
health concerns
the individual's suffering is authentic, whether or not it is medically explained
very high levels of worry about illness
threatening, harmful, or troublesome
fear the medical seriousness
health concerns may assume a central role in the individual's life
health-related quality of life is often impaired, both physically and mentally
unresponsiveness to medical interventions
new interventions may only exacerbate the presenting symptoms
medical assessment and treatment have been inadequate
worry about illness
frequent requests for medical help
illness worry is considered "understandable"
family, work, or environmental stresses
there may also be differences in medical treatment
differences due to variable access to medical care services
preoccupation with having or acquiring a serious illness
there is a high risk for developing a medical condition
there is a high level of anxiety about health
a preoccupation with having or acquiring a serious, undiagnosed medical illness
the idea that one is sick
hearing about someone else falling ill
reading a health-related news story

illness concerns assume a prominent place in the individual's life, affecting daily activities
health concerns often interfere with interpersonal relationships, disrupt family life, and damage occupational performance
loss of consciousness
episodes of unresponsiveness
a medical symptom or condition
development or exacerbation of, or delayed recovery from, the medical condition
factors interfere with the treatment of the medical condition
well-established health risks
results in medical hospitalization or emergency room visit
factors can adversely affect the medical condition by influencing its course or treatment
denial of symptoms
poor adherence to medical recommendations
denial of need for treatment
in response to a medical condition
the stress associated with acting as a caregiver for an ill spouse or partner
attitudes toward pain and death
variations in illness management
psychological and behavioral factors have been demonstrated to affect the course of many medical diseases
altered consumption or absorption
significantly impairs physical health
course, outcome, and treatment needs
a strong desire to control one's environment
occurs across culturally and socially diverse populations
a sense of lack of control
daytime distress
the rule, not the exception
breathing-related
the heart and lungs
difficulty falling asleep
with regard to frequency, duration
quantitative criteria, while arbitrary, are provided for illustrative purpose only
difficulties with attention
limited data on prevalence, risk factors, and comorbidity
major life events
illness, separation
fatigued or haggard
overaroused and "wired"
reduced quality of life
difficulty being fully awake
disorientation in time and space
low level of alertness
pauses in breathing
test results
maintaining a regular schedule benefits individuals at all ages

before treatment has begun
undetectable
danger
at risk for social isolation
social relations may suffer
may be overlooked (or absent)
unresponsiveness
breathing disturbances
breathing pauses
exact number
may vary according to the specific measurement techniques
numbers may change over time
airway obstruction
a reduction in airflow
a reduction in breathing
drops in oxygen
"failure to thrive"
respiratory disturbances
a pattern of periodic crescendo-decrescendo variation
hyperventilation alternating with hypoventilation
a poor prognostic marker for mortality
respiratory effort
ventilatory control
impairments of respiratory rhythm and ventilation
lung crackles
obstructive respiratory events
shallow breathing
worsening respiratory failure
shallow, erratic, or absent breathing
"can't breathe"
"wont' breathe"
progressive respiratory failure
a persistent or recurrent pattern
social isolation and/or lack of light and structured activities
exacerbations due to changes in work and social schedules
interpersonal functioning may worsen
decreased exposure or sensitivity to light and social and physical activity cues
precipitate and perpetuate
a change in routine
may exacerbate the symptoms
responsive to the efforts of others to communicate
intense fear
rapid breathing
sweating
the maximum duration of an event is unknown
eyes are typically open during these events

reduced alertness and responsiveness
a sense of overwhelming dread
a compulsion to escape
fatigue
physical or emotional stress
fever and sleep deprivation
in the absence of actually capturing an event
social isolation or occupational difficulties can result
efforts to avoid threats to survival
that incite anxiety, fear, or other dysphoric emotions
attempts to avoid or cope with imminent danger
poor concentration, depression, anxiety, or irritability
trying to escape from a threatening situation
emotion-filled
sitting or lying down in the day
sitting or lying down in the evening
a negative impact on mood
a lack of energy
quality-of-life impairments
impairment in affective, social, occupational, educational, academic, behavioral, or cognitive functioning
lack of knowledge
time of onset may indicate different etiologies and interventions
stressors
job loss
bereavement
medical factors relevant to prognosis, course, or treatment
experienced in an intrapersonal, interpersonal, and cultural context
complex interaction among biological, sociocultural, and psychological factors
use/misuse
prevalence is unclear
considerable psychological distress
sociocultural factors
unrealistic expectations
may vary markedly in relation to age, cultural setting, duration of symptoms, and presence of distress
"normal" reaction may lead to avoidance
pattern of avoidance
feelings of being emotionally connected
highly controversial
constructs and terms as they are widely used by clinicians
many experience uncertainty
significant conflict with societal norms
frequency, persistence, pervasiveness across situations, and impairment
confined to only one setting
most frequently the home
a pattern of problematic interactions with others
may be living in particularly poor conditions

in institutional settings
high levels of emotional reactivity
rapid onset
loss of friends, relatives, marital instability
demotion, loss of employment
general lack of concern
does not care about the consequences of breaking rules
disregards and is unconcerned about the feelings of others
multiple information sources are necessary
structural and functional differences
fascination with, interest in, curiosity about
"watchers"
witnessing its effects
broad range of severity, from mild to severe
current consensus criteria
a disturbance in attention
reduced ability to direct, focus, sustain, and shift attention
represents a change from baseline attention and awareness
in hospital settings
some symptoms often persist even after individuals are discharged from the hospital
questions must be repeated
attention wanders
easily distracted by irrelevant stimuli
range from simple and uniform to highly complex
calling out, screaming, cursing, muttering, moaning, or making other sounds
stimulation and environmental cues are lacking
low levels of activity
older individuals are especially susceptible
overly sensitive in the so-called worried well
careful questioning about specific symptoms
when individual's clinical manifestations lie at a boundary
additional research findings accumulate over time
testing is not available or is difficult to interpret
"probable" or "possible"
affects workplace and family life
severely disruptive
marked worsening
emergency department visits
hospitalizations
deaths
distrust
detachment
instability
social inhibition
thinking about the environment and oneself
a wide range of social and personal contexts

the loss of significant support persons or previously stabilizing social situations
pervasive distrust and suspiciousness of others
motives are interpreted as malevolent
in a variety of contexts
assume that other people will exploit, harm, or deceive them
hidden meanings
close relationships
lack of trust in others
wary of ambiguous situations
guarded or defensive behaviors
in response to the perceived neglect
a viscous cycle of mutual mistrust
socially isolated
under conditions of social isolation
solitariness
believing that their spouse's staking the dog out for a walk is the direct result of thinking an hour earlier it should be done
overly concrete or overly abstract
magical beliefs related to health and illness
a failure to plan ahead
a reckless disregard for the safety of themselves and others
instability
the loss of external structure
sensitive to environmental circumstances
unavoidable changes
job losses, interrupted education, and separation
without supporting facts and details
social withdrawal
"lonely"
"isolated"
unable to function adequately without the help of others
feel uncomfortable or helpless when alone
fears of being unable to care for themselves
preoccupied with fears
worry about being abandoned
preoccupation with orderliness, perfectionism, and mental and interpersonal control
attempt to maintain a sense of control
delays
repeated excessive cleaning
"you never know when you might need something"
a time-consuming, often painful process
patterns of prevalence
spying on others in private activities
potential harm to others
"intense and persistent"
some generalized vulnerability

the need for a test, procedure, or treatment
circumstances that may affect the patient's care
loneliness, isolation, and lack of structure in carrying out activities in daily living
at times of separation
the introduction of dimensional assessments
the term that has come into common use
examples have been added to the criterion items
subtypes have been replaced with presentation specifiers that map directly to the prior subtypes
acknowledgement is made in the text
two changes were made
eliminated due to their limited diagnostic stability, low reliability, and poor validity
reconceptualized
changes in mood and changes in activity or energy
too few symptoms of hypomania are present
to address concerns about potential overdiagnosis and overtreatment
severe psychosocial stressor
deletion of the requirement
out of proportion
deleted and replaced
modified to more adequately represent the expression of separation anxiety
to minimize overdiagnosis of transient fears
experienced directly, witnessed, or experienced indirectly
avoidance/numbing
alterations in arousal and reactivity
maladaptive thoughts, feelings, and behaviors
high health anxiety
often encountered in medical settings
individual vulnerability factors
loss of control in response to an intense stressor
"my heart is painful because I think too much"
"humanly caused illness"
concerns about illness
a general state of vulnerability to stressful life experiences and to difficult life circumstances
anxiety about and avoidance of interpersonal situations