American Psychiatric Association. (2013). DSM-5 Classification in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

This section of the Manual provided an exhaustive list of all mental disorders covered. This is important to my research as it served as a jumping off point for deciding which illnesses to look into further. The broader sections of interest detailed in this section include Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, Specific Learning Disorder, Motor Disorders (including Tic Disorders), Schizophrenia Spectrum and other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders, Dissociative Disorders, Somatic System and Related Disorders, Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions, Gender Dysphoria, Disruptive, Impulse-Control, and Conduct Disorders, Substance Related and Addictive Disorders, Neurocognitive Disorders, Personality Disorders, Paraphilic Disorders, and Other Mental Disorders. However, my capstone does not focus on each illness within all of these sections, as doing so would be overwhelming to the target audience, and some of the illnesses are much rarer than others, so covering them, while educational, would not be the most helpful in my outreach.

American Psychiatric Association. (2013). Intellectual Disability (Intellectual Developmental Disorder) in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Intellectual Disability provides a description of the disorder, its symptoms, and its diagnostic requirements in great detail. I used it specifically to develop my own simple yet accurate definition of the illness that will be distributed along with those of the other illnesses covered in my project. The goal with this aspect of the project is to provide people with a common, objective understanding of illnesses they may know little about or may have misconceptions about. I learned more specifically that the disorder can be defined by three separate domains of conceptual, social, and practical. Although the illness only has a prevalence of 1%, I still chose to include it because it is relevant to the school's community of learning.

American Psychiatric Association. (2013). Communication Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Communication Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. Within this section there are several different disorders: Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), and Social (Pragmatic) Communication Disorder. I hadn't realized that this section of illnesses are considered mental disorders, rather than physical, and I think that may be a common misconception to address. It is also notable that there are several distinct disorders within this category, but that multiple can be found in one person.

American Psychiatric Association. (2013). Autism Spectrum Disorder in Diagnostic and Statistical
Manual of Mental Disorders (5th ed.). Washington, DC

The section on Autism Spectrum Disorder provides the same set of information (a description of the disorder, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorder. The diagnostic criteria consists of two main aspects, which are how the disorder defines and affects social relationships, and how the disorder causes certain dependencies on patterns, like repetition in movement and speech or reliability on routines. I was not aware of the second part of this, and I think most people may only be aware of the intersocial aspect. However, diagnosis of the disorder requires both of these symptoms to be met.

American Psychiatric Association. (2013). Attention Deficit/Hyperactivity Disorder in Diagnostic
and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Attention Deficit/Hyperactivity Disorder (ADHD) provides the same set of information (a description of the disorder, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorder. I previously had a general idea of what the diagnostic criteria were, as the name is somewhat self-explanatory, and ADHD is one of the more well-known (and possibly generally more accepted or less stigmatized) disorders I am covering. I found out that additionally the disorder involves impulsivity. The prevalence is higher than most of the other disorders, with 2.5% of adults and 5% of children being affected.

American Psychiatric Association. (2013). Schizophrenia Spectrum and other Psychotic Disorders
in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Schizophrenia Spectrum and other Psychotic Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. It was particularly useful in noting the differences between the numerous disorders found on the spectrum. Most of the criteria separating them has to do with duration of the period in which different symptoms are experienced. I also learned that there are five different symptoms that are associated with all of the illnesses, but that each diagnosis contains a different combination of the symptoms.

American Psychiatric Association. (2013). Bipolar and Related Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Bipolar and Related Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. I learned that there are three different types of episodes (manic, hypomanic, and depressive) that define the different types of Bipolar disorders. The presence of different types of episodes determines which type a person should be diagnosed with. I also learned of Cyclothymic disorder, which I had never heard of before, but basically is when someone has some of the symptoms of a type of episode, but not enough of them to consider it a full episode, and therefore not enough to diagnose them with a type of Bipolar.

American Psychiatric Association. (2013). Depressive Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Depressive Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. I felt strongly about including this section because it is one of the areas in which I have personal connection regarding my own experiences. Even with prior knowledge, I still found out a lot about depressive disorders. I focused on finding distinctions between the four disorders I included, as some of them seem very similar. A lot of the specific symptoms overlap, but the differences again lie in the time frames in which an individual has experienced them.

American Psychiatric Association. (2013). Anxiety Disorders in Diagnostic and Statistical Manual
of Mental Disorders (5th ed.). Washington, DC

The section on Anxiety Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. Again, I have a personal connection to this area but was still able to learn a lot of new information. For example, I was surprised by the prevalence of Specific Phobias, which lies at 7-9%, and is much higher than I anticipated. Similarly, I had not realized that Agoraphobia is classified separately from the phobias that fall under Specific Phobia, and the DSM itself recognizes that the differentiation between Agoraphobia and the situational subtype of Specific Phobia is subtle, with the main difference being presence of fear or anxiety in either less than two (indicating Specific Phobia) or more than two (indicating Agoraphobia) agoraphobic situations.

American Psychiatric Association. (2013). Obsessive-Compulsive and Related Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Obsessive-Compulsive and Related Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. I was already somewhat familiar with the criteria for OCD, however there are several other disorders that fall into this category (Body Dysmorphic, Hoarding, Trichotillomania, Excoriation). I had heard of Body Dysmorphic Disorder before, but only in the context of people talking about it as a kind of symptom of an Eating Disorder, which as it turns out, is completely inaccurate. This is why I chose to include the specification that while someone can have both an Eating Disorder and Body Dysmorphic Disorder, if someone has an eating disorder and has a perception relating to weight, it would be considered a symptom of the eating disorder, and not of Body Dysmorphic Disorder.

American Psychiatric Association. (2013). Trauma and Stressor-Related Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Trauma and Stressor-Related Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. There were several disorders in this section (Reactive Attachment Disorder and Disinhibited Social Engagement Disorder) that I chose not to cover because they only applied to children. While I do think these disorders are valid and should be recognized generally, I did not include them because the youngest age in my target audience for this project is freshmen, so nobody I would be reaching would be experiencing these disorders (at least not at the current time). The most robust section within these disorders is the explanation of PTSD. It is a very complicated disorder, so I tried to cut my definition down to the basics.

American Psychiatric Association. (2013). Feeding and Eating Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

The section on Feeding and Eating Disorders provides the same set of information (a description of the disorders, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorders. Once again, I have a personal connection to this section, which in this case made it pretty strange to read these very technical definitions. I was already aware of most of the criteria and symptoms for the three main disorders in this section (Anorexia, Bulimia, Binge Eating Disorder) because I have met and talked to people with each of them. However, I had not heard of, let alone knew anything about Pica, Rumination Disorder, or Avoidant/Restrictive Food Intake Disorder. I still included these in my research, but chose to focus on the more prevalent ones as I anticipate them being more relevant to my audience.

American Psychiatric Association. (2013). Gender Dysphoria in Diagnostic and Statistical Manual
of Mental Disorders (5th ed.). Washington, DC

The section on Gender Dysphoria provides the same set of information (a description of the disorder, symptoms, and diagnostic requirements) that I used to develop my own definition of the disorder. I debated including this section because I feel that there are many misconceptions about what Gender Dysphoria actually is and how it can affect someone, and some people don't actually believe it is real. However, I remembered that education and correcting misconceptions is the primary reason I am doing this project, so I knew I should include it. I found it somewhat difficult to navigate the terminology because every word really matters in this section and it's important to properly differentiate between things like sex and gender.

American Psychiatric Association. (2013). Other Mental Disorders in Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC

It would be incredibly overwhelming if I were to include an exhaustive review of every disorder covered in the DSM-5. Along with the ones I covered, the DSM defines and details several other types of disorders: Specific Learning Disorder, Motor Disorders, Dissociative Disorders, Somatic System and Related Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions, Disruptive, Impulse-Control, and Conduct Disorders, Substance Related and Addictive Disorders, Neurocognitive Disorders, Personality Disorders, and Paraphilic Disorders. I chose these ones to leave out because

they are either less relevant to the school setting, the age of the target audience, or are less prevalent in general. This was not done to diminish the validity of these disorders, rather to prevent decreasing the impact of talking about the ones I chose to.

DSM-5: Frequently Asked Questions. (2018). Retrieved from www.psychiatry.org/psychiatrists/practice/dsm/feedback-and-questions/frequently-asked-questions

This webpage, published by the American Psychiatric Association—which also publishes the DSM—details answers to several common questions about the Manual, its creation, and its functionality. It provides a simple understanding of why the Manual exists, and why it continues to be revised regularly. The first edition of the Manual was published in 1952, and since then it has undergone multiple revisions as new research and discoveries have been made. It functions as the official guide for diagnosing mental illnesses, but does not cover direct information on treatment methods. It provides a standard between clinicians in order to ensure patients would receive the same diagnoses from different doctors. The Manual is also used to provide information to researchers.