

# Book review for James Morrison's DSM-5 Made Easy: The clinician's guide to diagnosis

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The book covers all the main mental health diagnoses across twenty chapters. Each chapter begins with a quick guide to the disorders covered, and explains any big changes between the DSM-IV and the DSM-5. The introduction to each chapter describes the major symptoms, the historical context and limited demographic information about the disorders. Then the essential features of each condition are highlighted, followed by a clinical vignette for illustrative purposes.

Morrison has incorporated the ICD-10 code numbers, as well as the DSM-5 codes and continues to use the Global Assessment of Functioning (GAF) scale, as do many clinicians, even though it has been removed from the DSM-5. He also includes tables for quick reference, which summarise descriptors or symptoms that are associated with different psychiatric conditions. These are very useful for quick reference.

But probably the most useful aspect of this book is the inclusion of detailed case studies or clinical vignettes – over 130 of them. These are a great way to gain a feel for a mental health diagnosis. Each vignette is followed by a discussion by the author of the case and how he has arrived at a particular diagnosis and excluded others, and records his final diagnosis with appropriate code numbers.

One way to use this book is to read the vignettes, come to your own conclusion about the diagnosis, and then compare your views with those of the author. Additional case studies are included in the last chapter, so that you can hone your diagnostic skills.

Another way to use this book is to refer to it whenever a client of yours presents with a mental health diagnosis. Reading about the condition and the suffering involved may give you a broader understanding of what your client needs to work on to improve their lives. It may also help you to evaluate the severity of, and the client's level of insight into, their condition.

I found it a disappointing that Morrison did not include the specific criteria for each diagnosis. He argues that it is more useful to encapsulate the essential features of each condition into a prototype, in order to make the DSM-5 more accessible. These

prototypes did not entirely satisfy me and I found myself constantly referring back to the DSM-5. Perhaps it would have been better to include both the criteria and the essential features of each condition.

It is interesting that this US book works so well in our cultural context. I suspect that this is because the case studies don't contain many clues as to cultural identity – which is a weakness of the book. The cultural context of mental illness is mentioned only briefly in the introduction (p. 14) and then basically ignored.

There are other DSM-5 books that are worthy of consideration if you are looking for a good reference book. *DSM-5 in action* by Sophia Dziegielewski is similar to this book but also includes treatment planning and intervention strategies for each case history discussed in detail. I like these inclusions but find the case studies themselves less convincing than those offered by Morrison.

For me this book is a useful addition to any library, written in a compassionate manner and offering the reader an insight into the world of clinical diagnosis and into the suffering that is inevitably involved in mental illness.

## **References:**

Dziegielewski, S. F. (2014) *DSM-5 in action*, 3<sup>rd</sup> ed. New Jersey: John Wiley and sons.

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