CLINICAL NAVIGATION THROUGH DSM-5

A Primer for Clinicians

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DISCLOSURE

- *I have no financial relationship to disclose or attest to with DSM and the American psychiatric Association*

THE DSM

- Diagnostic and Statistical Manual of mental Disorders(DSM)
- First introduced in 1952
- DSM-5 Published in 2013
- DSM-5 compatible with the ICD
- DSM system is Descriptive, not explanatory- DSM does not make assumptions about causes of behavior

CATEGORICAL AND DIMENSIONAL COMPONENT OF THE DSM-5

- DSM is based on a categorical model of classification
- Clinicians make a categorical yes-no type of judgment about whether disorder is present
- DSM-5 expanded on the categorical component for many disorders
- Evaluator can determine whether disorder is present and also rate severity of symptoms

DSM-5 vs DSM-IV

- Chapter reorganization to reflect current state of neuroscience, brain imaging and genetics as it related to developmental lifespan
- Section 1 Historical Material
- Section 11 Criteria for 19 Major Classes
- Section 111 Assessment measures, a cultural formulation, alternative model for personality disorders and criteria sets of conditions for further study
- *APA(2013)*

CHANGES IN THE DSM-5

- The DSM system is periodically revised.
- Expansion of Diagnosable disorders
- Changes in Classification of mental disorders
- Changes in diagnostic criteria for particular disorders
- Process of Development
- Addition of Risk and prognostic factors
- Differential Diagnosis
- Suicide Risk

- Functional Consequences
- Comorbidity
- Multiaxial Axial Structure Removed
- Combines Axis 1-111 into one list that includes Mental Disorders, personality disorders, intellectual disability and medical diagnosis
- Conditions that might be a focus of clinical attention still coded with V/Z
- *(apa 2013)*

DSM-5 CATEGORIES OF MENTAL DISORDERS

- *Neurodevelopmental Disorders*
- *Schizophrenia Spectrum and other Psychotic Disorders*
- *Bipolar and Related Disorders*
- *Depressive Disorders*
- *Anxiety Disorders*
- *Obsessive-Compulsive and related Disorders*
- *Trauma-and stress related disorders*
- *Dissociative Disorder*

- Somatic Symptoms 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
- Other Mental Disorders
- Medication-induced movement disorders
- Other conditions that may be a focus of clinical attention(V Codes0

DIAGNOSTIC AND DOCUMENTATION APPLICATION

- Diagnostic criteria are offered as guidelines
- Assessment and application
- Subtypes and specifiers
- Specifiers are extensions to a diagnosis that further clarify:
- Course, severity or special features of a disorder
- Diagnosis usually applied to individual's current presentation

RECORDING A DSM-5 DIAGNOSIS

- Always think more Symptoms not less
- Increases Diagnostic Certainty
- Make Multiple Diagnoses as necessary to fully describe the patient's condition
- Principal Diagnosis (PD)is condition responsible for admission
- Reason For Visit(RFV) The reason that prompted an outpatient visit

- List the PD OR RFV Diagnosis first followed by (principal Diagnosis) or(Reason for Visit)
- Remaining Disorders are listed in order of focus of attention or treatment
- For mental disorders that are due to another medical condition- the medical condition is listed first. The principal diagnosis is then listed second followed by PD or RFV

EXAMPLE 1

- A client with HIV enters an outpatient clinic for seeking care for symptoms of mild neurocognitive disorder related to HIV
- Diagnoses:
- (B-20) Human Immunodeficiency Virus
- (F02.80) Major neurocognitive disorder without behavioral disturbance(RFV)

EXAMPLE 2

- A 25 year old veteran presents at the clinic for treatment of intrusive thoughts, hypervigilance and re-experiencing associated with his military experiences. Family members report drinking alcohol every day to intoxication
- Diagnoses:
- 309.819(F43-10) Post Traumatic Stress Disorder(RFV)
- 303.90(F10.20) Alcohol Use Disorder Moderate
- *Source: Black, DW & Grant, JE(2014) DSM 5 Guidebook. APA*

CULTURAL FORMULATION INTERVIEW

- 1. *How would you describe your problem to a family member or friend?*
- *2. What troubles you most about your problem?*
- *3. Why do you think this is happening to you? What do you think are the causes of your problems?*
- *4. What do others in your family, your friends or your community think is causing your problems?*
- *5. Are there any kinds of support that makes your problems better?*

- *6. Are there any kinds of stresses that make your problem worse?*
- *7. For you, what are the most important aspects of your background or identity?*
- *8. Are there any aspects of your background/ identity that are causing other concerns?*
- *9. What have you done on your own to cope with your problem?*

- *10. In the past, what kind of treatment, help or healing have you sought in your problem?*
- *11. Has anything prevented you from getting the help you need?*
- *12.What kinds of help do you think would be most useful?*
- *13. Are there other kinds of help your family or friends have suggested would be helpful for you now?*

- *14. Have you been concerned about being understood correctly due to difference between yourself and your caregiver? Is there anything we can do to provide you with the care you need?*

- *Source: American Psychiatric Association(2013) DSM-5*

CULTURE BOUND SYNDROMES

- Patterns of abnormal behavior that occur in some cultures but are rare or unknown in others
- May reflect exaggerated forms of common folk superstitions and belief patterns within a particular culture
- Culture-bound syndromes in the United States include anorexia Nervosa and Dissociative Disorder

CROSS CUTTING SYMPTOM ASSESSMENT MEASURES

- DSM-5 now using Dimensional Approach
- Recognizes heterogeneity within disorder sets in relation to severity, duration, number of symptoms as well as disability.
- A mental Disorder is defined as a syndrome with clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning

- (it is) associated with significant distress or disability in social, occupational or other important activities.
- Level 1 and 2 cross cutting symptoms measure
- Adult version 23 questions that assess 13 psychiatric domains

- *Depression, anger, mania, anxiety, somatic symptoms, suicidal ideation ,psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, substance use*
- *Rated on a 5 point scale:*
- *0=none 1=slight or rare, 2=mild or several days 3=moderate or more than half days 4= severe or nearly everyday*

- Can be used to identify areas for further assessment
- Child's version also available
- Assists with Documentation
- Assessment
- Treatment planning

DSM-5 APPLICATION TO CLINICAL POPULATIONS

- Apply Diagnostic Features
- List Specifiers
- Prevalence
- Development and Course
- Risk and prognostic Factors
- Diagnostic Markers
- Functional Consequences
- Differential Diagnosis
- Comorbidity
- Culture related Diagnostic issues
- Suicide Risk

CLINICAL CONSIDERATIONS

- Developing Diagnostic Competence
- Workshops/ Training
- Supervision
- Using and Applying DSM-5
- Remember clients value relational and connection
- Diagnosis seldom offers relief to clients
- Question becomes, ‘How do I get better”

- Value cultural competence
- Understanding precedes diagnosing
- Utilize Differential Diagnosis
- Comprehensive Diagnosis requires therapeutic rapport and alliance

Q&A

QUESTIONS AND THANK YOU