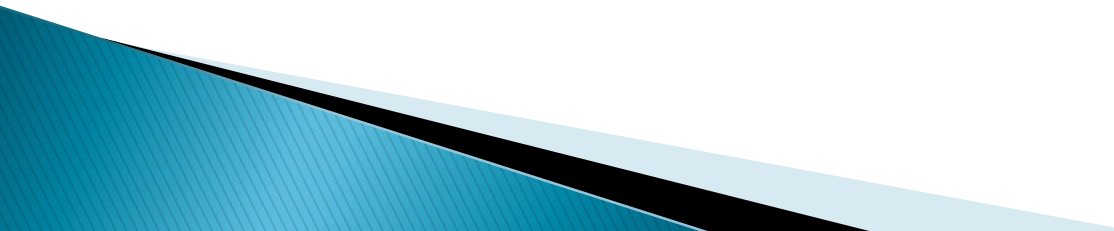


CLINICAL NAVIGATION THROUGH DSM-5

A Primer for Clinicians

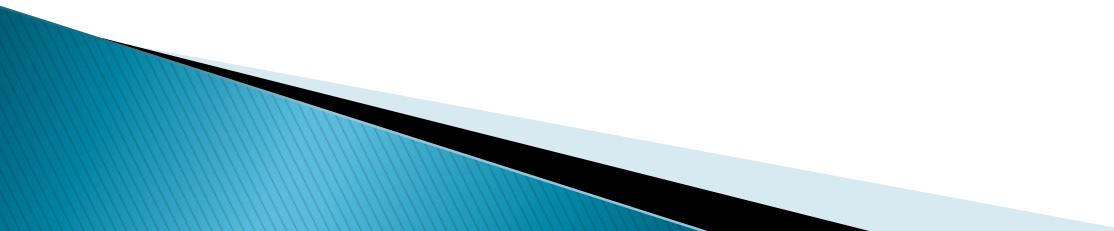
NIGEL B DARVELL, ACSW LCSW

- ▶ Mid–America Psychiatric Consultants, LLC
 - ▶ 522 North New Ballas Road
 - ▶ Suite 334
 - ▶ Saint Louis, MO 63141
 - ▶ ndarvs@sbcglobal.net
 - ▶ 314–591–0593
- 

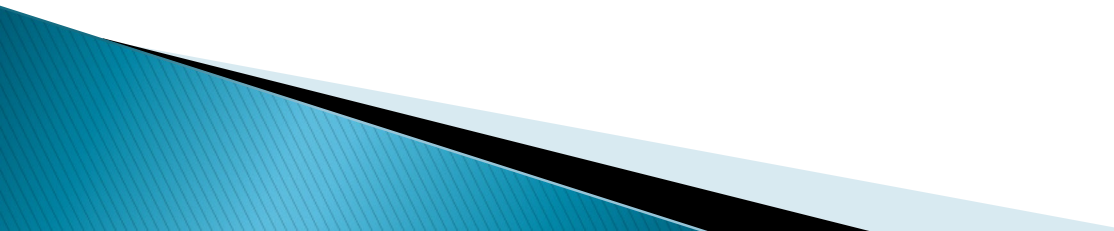
DISCLOSURE

- ▶ *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**
- 

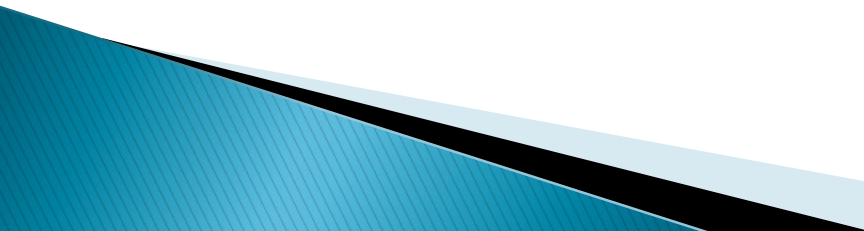
CATEGORICAL AND DIMENSIONAL COMPONENT OF THE DSM-5

- ▶ **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

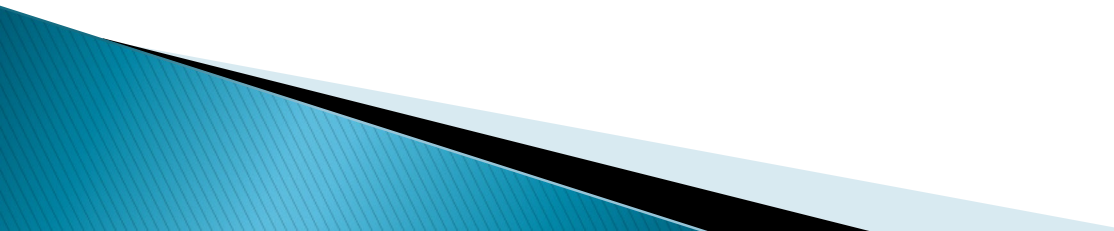
- ▶ Chapter reorganization to reflect current state of neuroscience, brain imaging and genetics as it related to developmental lifespan
- ▶ Section 1 Historical Material
- ▶ Section 1.1 Criteria for 19 Major Classes
- ▶ Section 1.1.1 Assessment measures, a cultural formulation, alternative model for personality disorders and criteria sets of conditions for further study
- ▶ *APA(2013)*

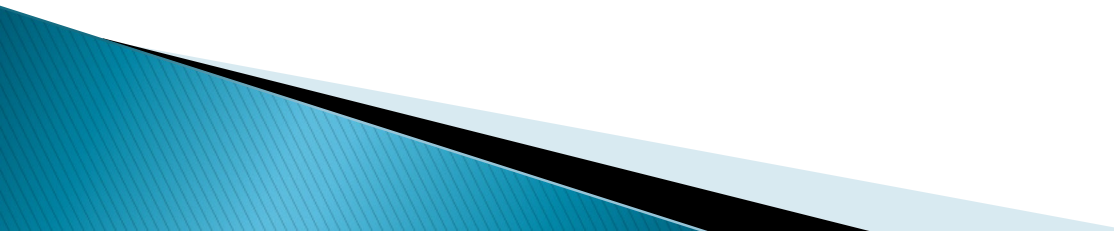
CHANGES IN THE DSM-5

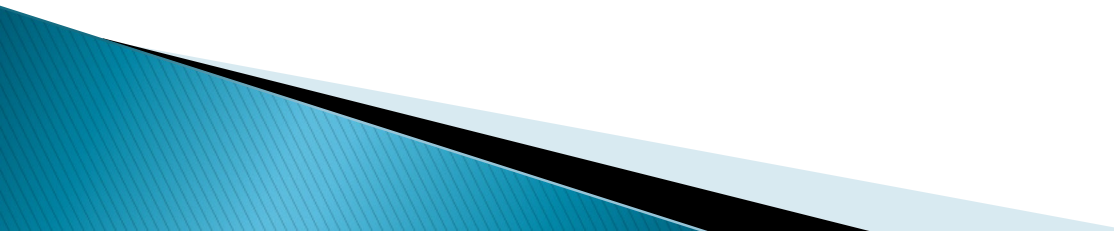
- ▶ The DSM system is periodically revised.
 - ▶ Expansion of Diagnosable disorders
 - ▶ Changes in Classification of mental disorders
 - ▶ Changes in diagnostic criteria for particular disorders
 - ▶ Process of Development
 - ▶ Addition of Risk and prognostic factors
 - ▶ Differential Diagnosis
 - ▶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

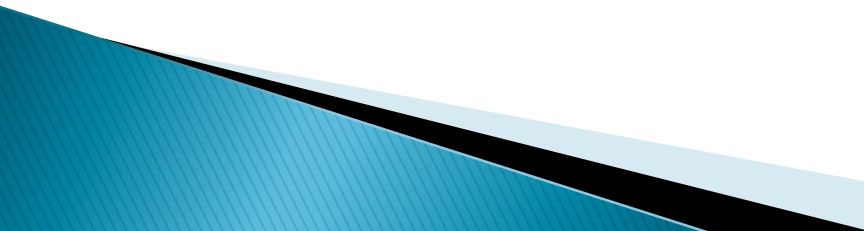
DSM-5 CATEGORIES OF MENTAL DISORDERS

- ▶ *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*
- 

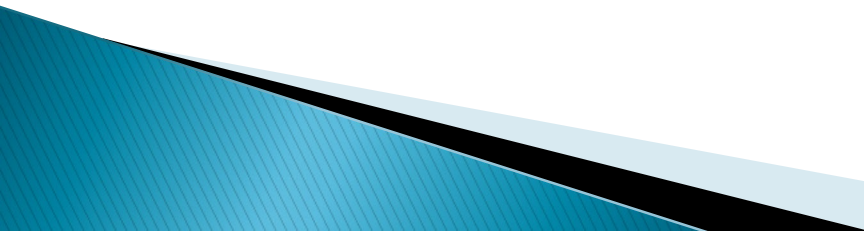
- ▶ Somatic Symptoms and related Disorders
 - ▶ Feeding and eating Disorders
 - ▶ Elimination Disorders
 - ▶ Sleep–wake Disorders
 - ▶ **Sexual Dysfunctions**
 - ▶ **Gender Dysphoria**
 - ▶ **Disruptive, impulse–control, and conduct disorders**
 - ▶ **Substance–related and Addictive Disorders**
- 

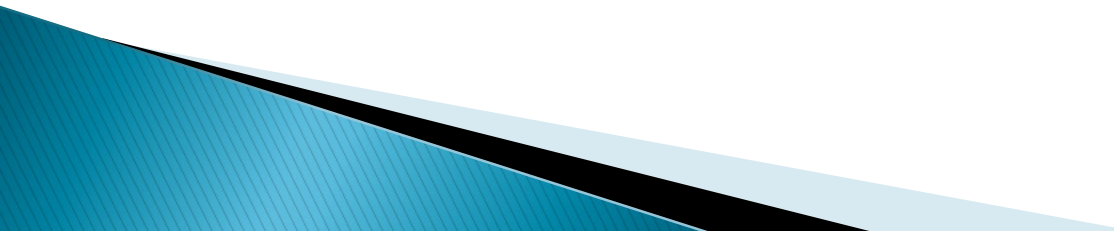
- ▶ **Neurocognitive Disorders**
 - ▶ **Personality Disorders**
 - ▶ **Paraphilic disorders**
 - ▶ **Other Mental Disorders**
 - ▶ **Medication–induced movement disorders**
 - ▶ **Other conditions that may be a focus of clinical attention(V Codes0**
- 

DIAGNOSTIC AND DOCUMENTATION APPLICATION

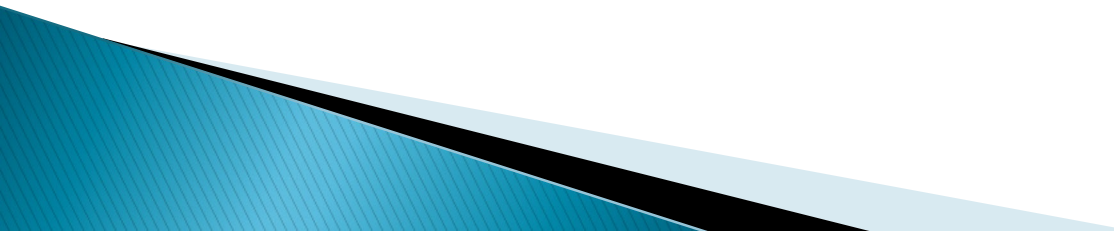
- ▶ Diagnostic criteria are offered as guidelines
 - ▶ Assessment and application
 - ▶ Subtypes and specifiers
 - ▶ Specifiers are extensions to a diagnosis that further clarify:
 - ▶ Course, severity or special features of a disorder
 - ▶ Diagnosis usually applied to individual's current presentation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

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**
- 

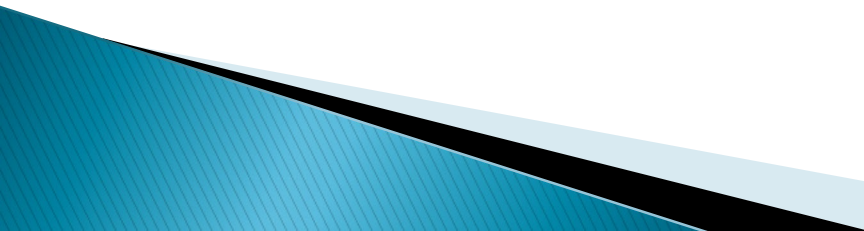
EXAMPLE 1

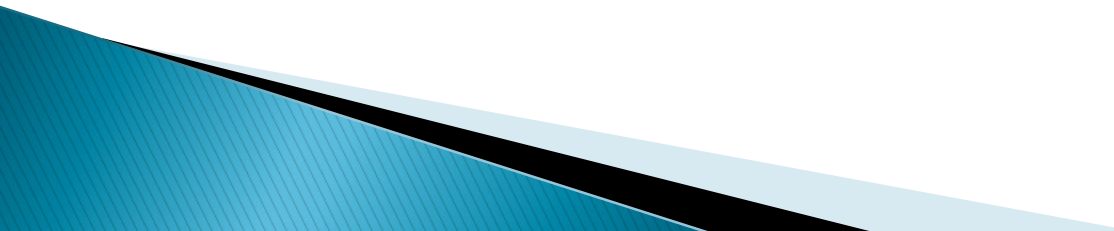
- ▶ **A client with HIV enters an outpatient clinic for seeking care for symptoms of mild neurocognitive disorder related to HIV**
 - ▶ **Diagnoses:**
 - ▶ **(B-20) Human Immunodeficiency Virus**
 - ▶ **(F02.80) Major neurocognitive disorder without behavioral disturbance(RFV)**
- 

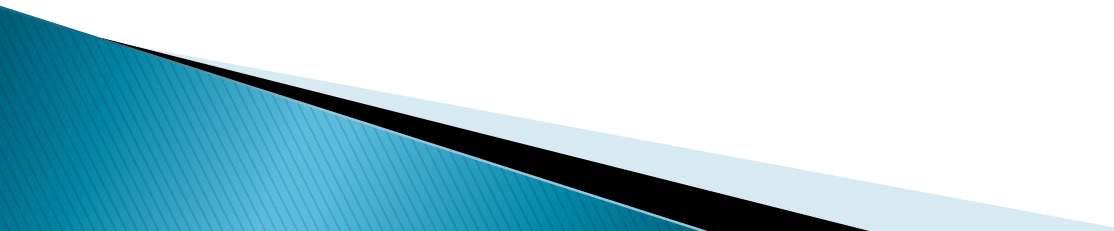
EXAMPLE 2

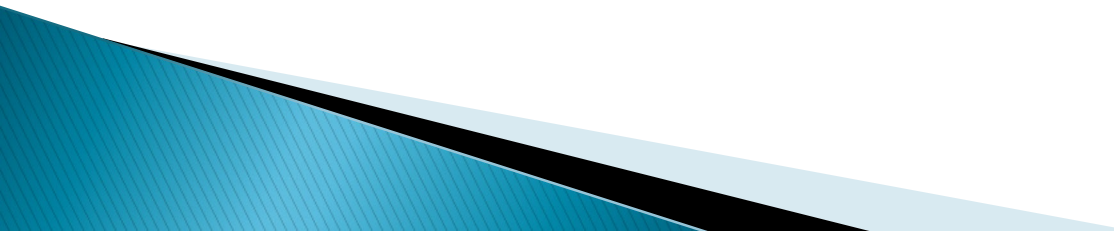
- ▶ A 25 year old veteran presents at the clinic for treatment of intrusive thoughts, hypervigilance and re-experiencing associated with his military experiences. Family members report drinking alcohol every day to intoxication
- ▶ Diagnoses:
- ▶ 309.819(F43-10) Post Traumatic Stress Disorder(RFV)
-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

CULTURAL FORMULATION INTERVIEW

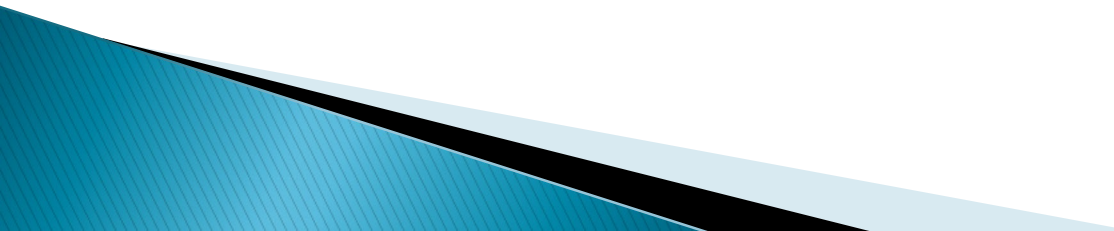
- ▶ *1. How would you describe your problem to a family member or friend?*
 - ▶ *2. What troubles you most about your problem?*
 - ▶ *3. Why do you think this is happening to you? What do you think are the causes of your problems?*
 - ▶ *4. What do others in your family, your friends or your community 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?*
- 

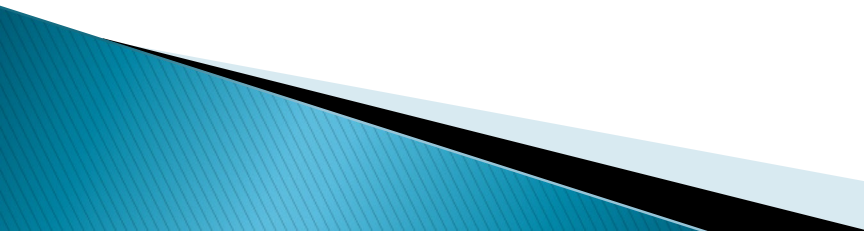
- ▶ *10. In the past, what kind of treatment, help or healing have you sought in your problem?*
 - ▶ *11. Has anything prevented you from getting the help you need?*
 - ▶ *12. What kinds of help do you think would be most useful?*
 - ▶ *13. Are there other kinds of help your family or friends have suggested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

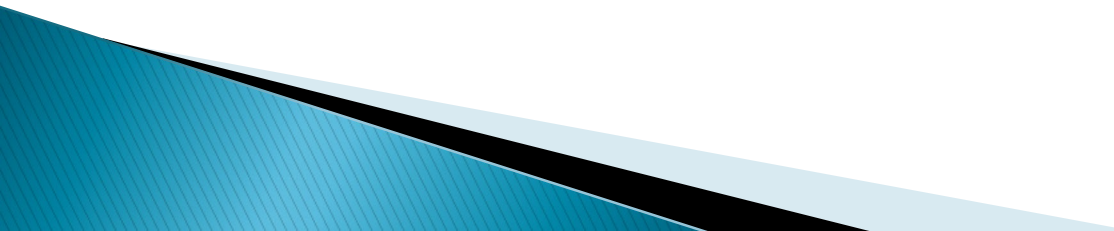
- ▶ *14. Have you been concerned about being understood correctly due to difference between yourself and your caregiver? Is there anything we can do to provide you with the care you need?*
 - ▶ *Source: American Psychiatric Association(2013) DSM-5*
- 

CULTURE BOUND SYNDROMES

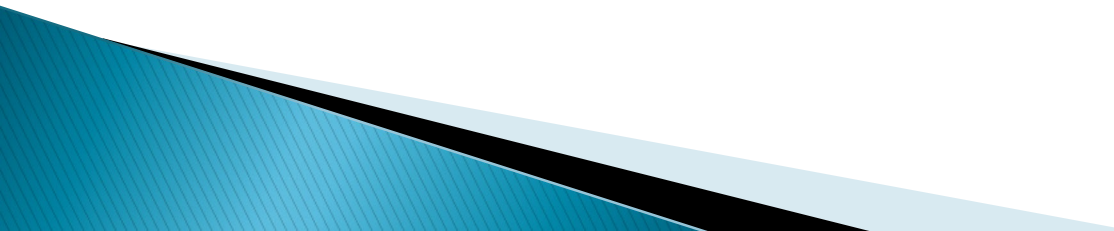
- ▶ **Patterns of abnormal behavior that occur in some cultures but are rare or unknown in others**
 - ▶ **May reflect exaggerated forms of common folk superstitions and belief patterns within a particular culture**
 - ▶ **Culture-bound syndromes in the United States include anorexia Nervosa and Dissociative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

CROSS CUTTING SYMPTOM ASSESSMENT MEASURES

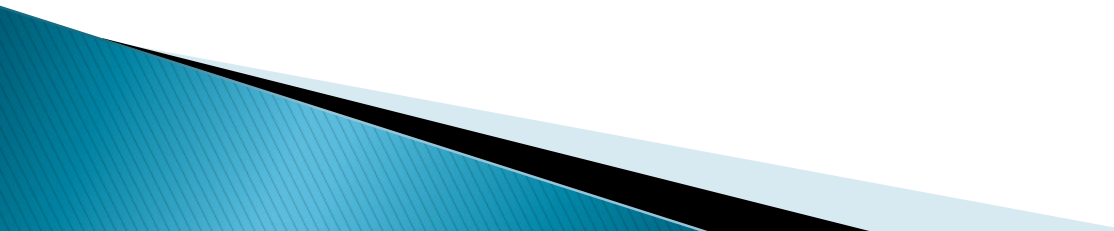
- ▶ **DSM–5 now using Dimensional Approach**
 - ▶ **Recognizes heterogeneity within disorder sets in relation to severity, duration, number of symptoms as well as disability.**
 - ▶ **A mental Disorder is defined as a syndrome with clinically significant disturbance in an individual's cognition, emotion 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
- 

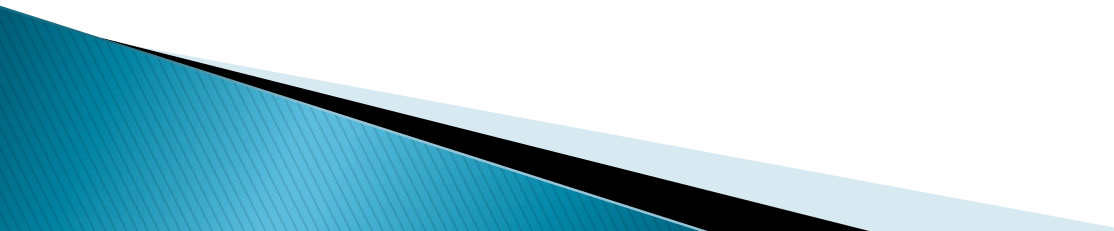
- ▶ *Depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, substance use*
- ▶ *Rated on a 5 point scale:*
- ▶ *0=none 1=slight or rare, 2=mild or several days 3=moderate or more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

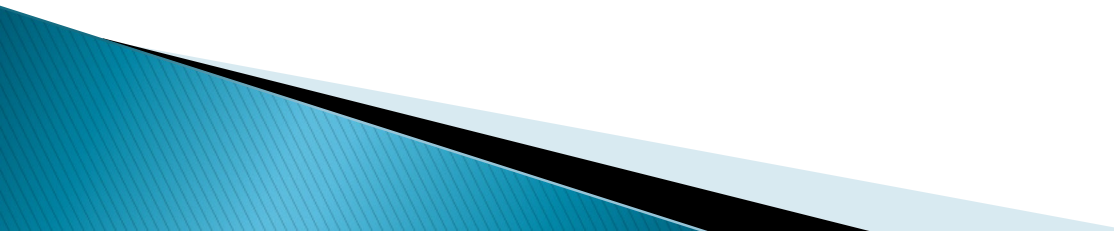
- ▶ **Can be used to identify areas for further assessment**
 - ▶ **Child's version also available**
 - ▶ **Assists with Documentation**
 - ▶ **Assessment**
 - ▶ **Treatment planning**
- 

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