DSM-5 SPECIFICS,
DRILLING DOWN WITH
THE NEW DIAGNOSTIC
TOOLS

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listed on p. 914 of DSM-5

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Poll Question

- Who are you?
- Clinical counselor in Private Practice
- Clinical Counselor in Agency/Hospital/Education/Community Setting
- Counselor Educator
- Student
- School Counselor
- Rehabilitation Counselor
- Psychologist
DSM 5

David Kupfer, M.D.
DSM-5 Task Force Chair
1. “incorporation of a developmental approach to psychiatric disorders”
2. “a move toward the use of dimensional measures to rate severity and disaggregate symptoms that tend to occur across multiple disorders”
3. “harmonization of the text with ICD”
4. “integration of genetic and neurobiological findings by grouping clusters of disorders that share genetic or neurobiological substrates”

Purpose of a DSM-5 Diagnosis

“If the disorder does not usefully inform that person’s diagnosis, treatment, or prognosis, then the diagnosis is considered inappropriate.”
(Nussbaum, 2013, p. 10)
Assessment Measures

Cross-Cutting Symptom Measures

- Level 1 Cross-Cutting Symptom Measure
  - Treatment, prognosis, and track changes
  - For substance use, suicidal ideation, and psychosis, a rating of slight or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed
  - Adult version
    - 13 psychiatric domains
  - Parent/guardian-rated version
    - For children ages 6-17
    - 12 psychiatric domains

- Level 2 Cross-Cutting Symptom Measure
  - More in-depth information on potentially significant symptoms to inform diagnosis, treatment planning, and follow-up

Cross-Cutting Symptom Measures

- Depression
- Anger
- Mania
- Anxiety
- Somatic symptoms
- Suicidal ideation
- Psychosis
- Sleep problems
- Memory
- Repetitive thoughts and behaviors
- Dissociation
- Personality functioning
- Substance use

Clinician-Rated Dimensions of Psychosis Symptom Severity

- Help with treatment planning and prognostic decision-making

World Health Organization Disability Assessment Schedule (WHODAS 2.0)

- Provided in Section III (pp. 745-748) as the best current alternative for measuring disability: various disorder-specific severity scales
- Scoring for 36 item full version: 0 = no disability; 100 = full disability
- Adults age 18 years and older
- Areas of functioning past 30 days
- Self administered or interview administered

Covers six domains

- Average domain score
- Average general disability score
- Cognition – understanding & communication
- Mobility – moving & getting around
- Self-care – hygiene, dressing, eating & staying alone
- Getting along – interacting with other people
- Life activities – domestic responsibilities, leisure, work & school
- Participation – joining in community activities
Cultural Formulation

- Outline for Cultural Formulation
  - Identity, conceptualization, psychosocial stressors, therapy relationship, and overall assessment
- Cultural Formulation Interview (CFI)
  - In the CFI, culture refers primarily to the values, orientations, and assumptions that individuals derive from membership in diverse social groups (e.g., ethnic groups, the military, faith communities), which may conform or differ from medical explanations
  - Set of 14 questions that clinicians may use to obtain information during a mental health assessment about the impact of culture on key aspects of care
  - Cultural Definition of the Problem
  - Cultural Perceptions of Cause, Context, and Support
  - Cultural Factors Affecting Self Coping & Past Help Seeking
  - Current Help Seeking
- Cultural Formulation Interview (CFI) Informant Version
- Cultural Concepts of Distress
  - To avoid misdiagnosis, obtain useful clinical information, improve clinical rapport and engagement, improve therapeutic efficacy, guide clinical research, and clarify cultural epidemiology

Dimensional versus Multiaxial

- DSM-5 combines DSM-IV Axes 1, 2, and 3
  - “The multiaxial distinction among Axis I, Axis II, and Axis III disorders does not imply that there are fundamental differences in their conceptualization, that mental disorders are unrelated to physical or biological factors or processes, or that general medical conditions are unrelated to behavioral or psychosocial factors or processes” (APA, 2000)
- Primary Diagnosis
  - The most acute condition that requires the most intensive skilled services
- Contributing psychosocial and environmental factors or other reasons for visits (replaces DSM-IV Axis 4)
  - Over 130 V codes (use Z codes after October 1, 2014)
  - The V code can be used when it is more specific to the care being rendered than a psychiatric diagnosis
- The DSM-5 includes separate measures of symptom severity and disability for individual disorders (replaces DSM-IV Axis 5)
  - World Health Organization Disability Assessment Schedule (WHODAS 2.0)
The New “Axis IV” (pp. 715-727)

- ICD 9V and ICD 10 Z Codes
  - Relational Problems
    - Problems related to family upbringing
  - Other problems related to primary support group
  - Abuse and Neglect
    - Child maltreatment and neglect problems
      - child physical abuse
      - child sexual abuse
      - child neglect
      - child psychological abuse
  - Abuse and Neglect
    - Adult maltreatment and neglect problems
      - spouse or partner violence, physical
      - spouse or partner violence, sexual
      - spouse or partner neglect
      - spouse of partner abuse, psychological
    - Adult abuse by nonspouse or nonpartner

The New “Axis IV” (pp. 715-727)

- ICD 9V and ICD 10 Z Codes
  - Educational and Occupational Problems
    - Educational Problems
    - Occupational Problems
  - Housing and Economic Problems
    - Housing Problems
    - Economic Problems
  - Other Problems Related to the Social Environment
  - Problems Related to Crime or Interaction With the Legal System

- ICD 9V and ICD 10 Z Codes
  - Other Health Service Encounters for Counseling and Medical Advice
  - Problems Related to Other Psychological, Personal, and Environmental Circumstances
  - Other Circumstances of Personal history
  - Problems Related to Access to Medical and Other Health Care
  - Nonadherence to Medical Treatment
Coding and Reporting Procedures

- **Sample DSM-5 Diagnosis**
  - V62.21 Problem Related to Current Military Deployment Status
  - 301.89 Other Specified Personality Disorder (mixed personality features – dependent and avoidant symptoms)
  - 327.26 Comorbid Sleep-Related Hypoventilation
  - 300.4 Persistent Depressive Disorder (Dysthymia), With limited-symptom panic attacks, In partial remission, Early onset, Moderate
  - 278.00 Overweight or Obesity (p. 726)

- **WHODAS 2.0**
  - Score of 53 with Severe deficiencies in getting around domain (standing up from sitting down, moving around house) and in getting along with people domain (dealing with people he does not know); moderate deficiencies in life activities domain (getting work done); mild deficiencies in participation in society domain (family problems because of health problems)

Diagnostic Criteria and Codes

“In an interview with Psychiatric News, Katharine Phillips, M.D., chair of the Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders Work Group, said that the intention throughout DSM is to group together disorders that are similar to one another across a range of validators, including (1) symptoms, (2) neurobiological substrates, (3) familiarity, (4) course of illness, and (5) treatment response.”
Depressive Disorders

- **Disruptive Mood Dysregulation Disorder**
  - Temper/anger outbursts occur three or more times per week
  - Manifest *verbally or behaviorally*, such as in the form of verbal rages, or physical aggression towards people or property
  - Grossly out of proportion in intensity or duration to the situation or provocation and inconsistent with the child’s developmental level
  - Hallmark symptom is “very severe, non-episodic irritability” (DSM-5, p. 157)
  - Criterion present for at least 12 months and symptoms have not been absent for less than 3 months at a time
  - “persistent, frequent, extreme”
  - Symptoms in at least two settings
  - at home, at school, or with peers and must be severe in at least one setting
  - Age 6 years or older, onset before 10 years of age; prior to age 18
  - Mutually exclusive with bipolar, intermittent explosive, PTSD, and oppositional defiant disorders – and it trumps ODD (15%)
  - but it can coexist with attention-deficit/hyperactivity, conduct disorder, substance use disorders, major depression – “clear-cut changes”

Obsessive Compulsive and Related Disorders

- **Excoriation (Skin-Picking) Disorder**
  - **Diagnostic features**
    - Multiple body sites - including face, arms, and hands
    - Using objects such as tweezers, pins, scissors, and fingernails
    - Triggered by feelings of anxiety, boredom, distress, tension
    - Several hours per day for months and years
    - 1 hour minimum per day: 1) picking, 2) thinking about picking, 3) and resisting urges to pick
    - Rituals with skin and scabs = damage, scaring, and infection
    - Pain is not routinely reported
  - **Latest research**
  - **Results:**
    - Skin picking persisted despite repeated attempts to decrease or stop
  - **Conclusions:**
    - These data support the proposed DSM-5 diagnostic criteria for SPD.
Trauma and Stressor-Related Disorders

Now four symptom clusters:

1. Intrusion Symptoms
   - covers spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress

2. Persistent Avoidance of Stimuli
   - refers to distressing memories, thoughts, feelings or external reminders of the event

3. Negative Alterations in Cognitions and Mood
   - represents myriad feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event
   - includes new or reconceptualized symptoms & persistent negative emotional states - numbing

4. Marked Alterations in Arousal and Reactivity
   - aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems
   - emphasizes the “flight” aspect associated with PTSD; the criteria of DSM-5 also account for the “fight” reaction often seen

Substance-Related and Addictive Disorders

Substance Use Disorders

Abuse and Dependence combined into Use

Read and follow the Recording Procedures and Coding Notes!

Criteria

- Threshold = 2 of 11 symptoms
  - Impaired control (criteria 1-4)
  - Social impairment (criteria 5-7)
  - Risky use (criteria 8-9)
  - Pharmacological criteria (criteria 10-11)

- Removed: recurrent legal problems criterion
- Added: craving or a strong desire or urge to use a substance
  - "Have you ever wanted alcohol so badly you couldn't think of anything else?"
  - "Have you ever felt a strong desire or urge to drink?"
  - you can replace "alcohol" with any substance
Substance-Related and Addictive Disorders

- **Substance Use Disorders**
  - Remission specifiers
    - No more partial and full
    - Early remission = at least 3 but less than 12 months without substance use disorder criteria (except craving)
    - Sustained remission = at least 12 months without criteria (except craving)
  - Severity ratings
    - 2–3 criteria indicate = a mild disorder
    - 4–5 criteria = moderate disorder
    - 6 or more = a severe disorder

- **Substance Use Disorders**
  - Removed
    - Polysubstance-Related Disorder
    - Specifier for a physiological subtype
  - Changed
    - On agonist therapy to On maintenance therapy

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**Questions and Answers**

For additional questions, please contact:

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ACA has produced four new podcasts. To view the programs, please go to:

http://www.counseling.org/knowledge-center/podcasts

- HT038 - William Glasser: A Retrospective, and Why His Groundbreaking Work Will Continue to Matter to Professional Counseling
- HT037 - Perinatal Mood and Anxiety Disorders
- HT036 - Integrating Energy Modalities into Traditional Counseling
- HT035 - The Brain, Connectivity, and Sequencing

We want to call special attention to the one about William Glasser. We lost a counseling great recently.