DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

DSM 5

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States.

- Contains descriptions, symptoms and other criteria for diagnosing mental disorders.
- Provides a common language for clinicians to communicate about patients.
- Provides a common language for researchers.

Organization of the DSM-5

- Sequence of chapters based on underlying vulnerabilities & symptom characteristics of disorders.
- Organized in sequence with the developmental lifespan.
- Disorders typically diagnosed in childhood detailed first, followed by adolescence, adulthood and later life.
- 20 Disorder Chapters

Disorders on a Spectrum

- All disorders in DSM5 remain in specific catergories, measures indicating degree of acuteness have been added to some diagnoses.
  - *I.E. Autism Spectrum Disorder, Substance Use Disorder.*
  - *Occurring along a single spectrum focuses on dysfunctional social, communication and restricted, repetitive behaviors or interests.*
  - *Allows clinicians to account for variation from person to person.*
  - *Greater depth of detail about symptoms (decrease categorical "not otherwise specified" diagnosis due to failure to meet thresholds.*

Purpose of the DSM

- -perform diagnostic assessments
- -help provide efficient and effective communication among professionals
- -facilitate the application of clinical research and best practices
- -most frequently used publication in the field of mental health

Who uses the DSM?

- Psychiatrists
  Social Workers
- Psychologists
- Nurses

Who is providing the country's mental health care?

- 45% SW
- 5% Psychiatry
- 17% Psychology
- 24% Counseling
- 9% marriage and family therapy

Social Workers and the DSM 5

- Being able to complete a diagnostic assessment when needed.
- Use the information to assist with the treatment planning and practice strategy to follow.
- Improve informed professional communication through uniformity
- Uniformity can lead to improved diagnosis
- Provide the basis for comprehensive diagnostic and educational tool

Cons

- Provides limited information on the relationship between environmental considerations and aspects of the mental health condition
- Does not describe intervention strategies
- Labeling / ”fulfilling prophecy”
- Diagnosis seen as definitive/unchanging… disempowering
- Diagnosis an excuse to not do what can help

Positive Change in the DSM 5 from older versions of DSM

Contributing psychosocial and environmental factors (previous Axis IV), client person-in-environment, and family-in-environment are now represented in part by:

Z-codes and Cultural Formulation Interview

ICD-10 Z-Codes

Contributing psychosocial and environmental factors or other reasons for visits are now represented through an expanded selected set of ICD-9-CM V-codes and, from the forthcoming **ICD-10-CM, Z-codes**.

These provide ways for clinicians to indicate other conditions or problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of a mental disorder. These conditions may be coded along with the patient's mental and other medical disorders if they are a focus of the current visit or help to explain the need for a treatment or test.

Z-codes include family upbringing, child and adult maltreatment and neglect, and educational, occupational, and housing problems.

ICD-10 Z-Codes

Z63.4 High expressed emotion level within family.

Z63.0 Relationship distress with spouse or intimate partner.

T74.31XA Spouse or partner abuse, psychological, confirmed.

ICD-10 Z-Codes

Z62.29 Upbringing away from parents.

Z62.898 Child affected by parental relationship distress.

Z63.5 Disruption of family by separation or divorce.

Z64.1 Problems related to multiparity.

Z64.0 Problems related to unwanted pregnancy.

ICD-10 Z-Codes

Z60.2 Problem related to living alone.

Z59.3 Problem related to living in a residential institution.

Z59.2 Discord with neighbor, lodger, or landlord.

Z59.0 Homelessness.

ICD-10 Z-Codes

Z59.5 Extreme poverty.

Z59.1 Inadequate housing.

ICD-10 Z-Codes

Z59.4 Lack of adequate food or safe drinking water.

Z60.5 Target of (perceived) adverse discrimination or persecution.

ICD-10 Z-Codes

Z64.4 Discord with social service provider, including probation officer, case manager, or social services worker.

Z75.4 Unavailability or inaccessibility of other helping agencies.

Z75.3 Unavailability or inaccessibility of health care facilities.

ICD-10 Z-Codes

Z56.82 Problem related to current military deployment status.

ICD-10 Z-Codes

Z65.4 Victim of crime.

Z65.4 Victim of terrorism or torture.

Z65.0 Conviction in civil or criminal proceedings without imprisonment.

Z65.1 Imprisonment or other incarceration.

Z65.2 Problems related to release from prison.

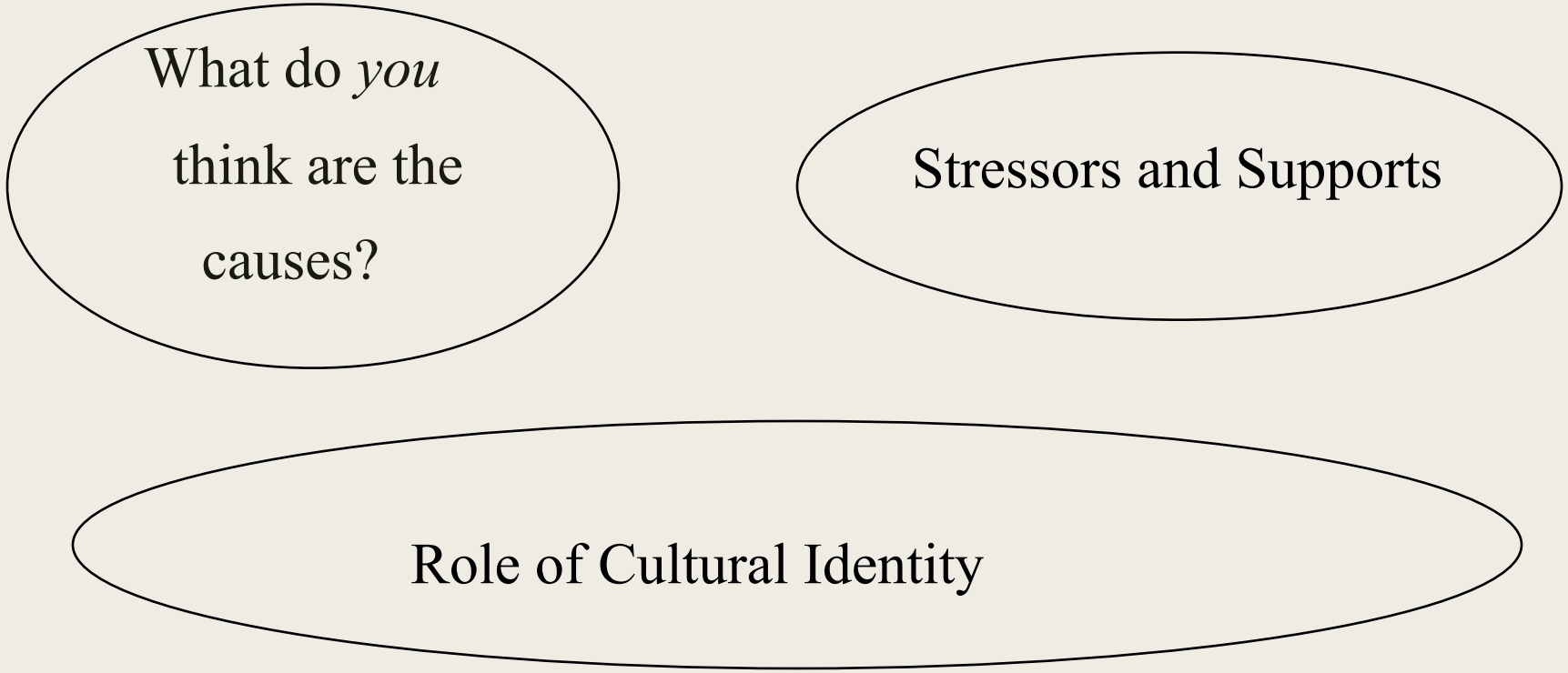
CULTURAL INTERVIEW

Cultural Differences

- Draws clinician's attention to the patient's culture, race, ethnicity, religion or geographical origin.
- Attempted to modify criteria to better apply across diverse cultures (i.e. social anxiety disorder includes "fear of offending others" Japanese concept).
- Appendix included describing "cultural concepts of distress", through cultural syndromes, idioms of distress, and explanations.
- Cultural formulation interview guide.

Cultural Formulation Interview

Cultural Definition of the Problem



Cultural Perceptions of Cause … Stressors … Supports

Stresses… money … family

How would *you* describe your problem?

resources, social supports, and resilience

spiritual reason

kinds of support that help … support from friends, family…

Role of Cultural Identity

communities you belong to …. languages you speak…

race … ethnic background … gender … sexual orientation … faith … religion

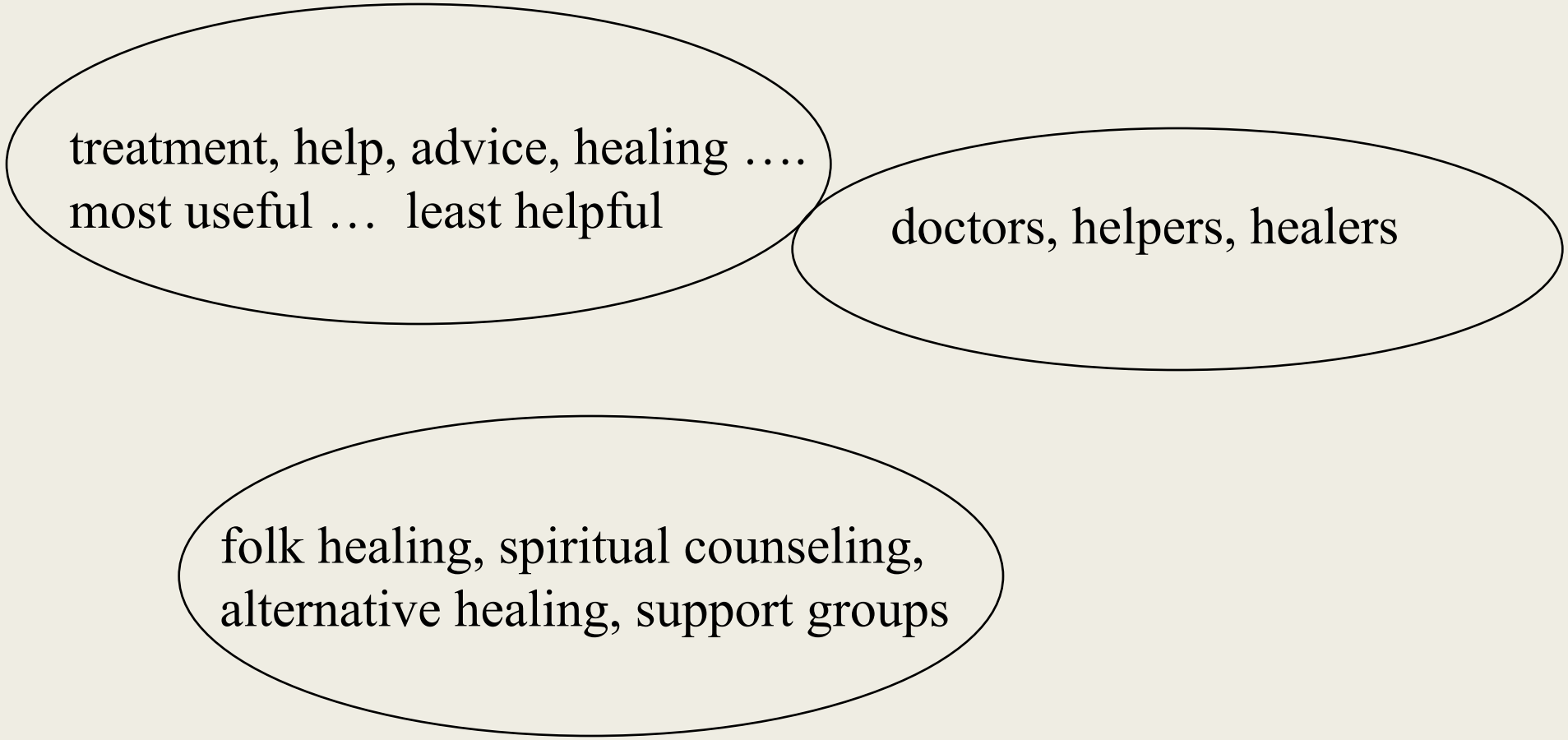
homelessness as culture

migration-related problems

We all have multiple identities!

discrimination due to … ? conflict across generations?

Self-Coping


treatment, help, advice, healing ….
most useful … least helpful
doctors, helpers, healers
folk healing, spiritual counseling,
alternative healing, support groups

Barriers

money, work, family

stigma, shaming, discrimination

lack of services that understand your background

what got in the way?

Preferences

What do *you* think would be most useful?

social network views

What have family, friends suggested?

Clinician-Patient Relationship

Concerns about client-patient relationship?

Racial/ethnic differences, language barriers that may be viewed as barriers…

Communication …

Social work did not hold a key decision-making role in the publication of *DSM-5,* yet there appears to be a presence of social work themes that exceeds that of earlier editions.

Within DSM-5, attention to strengths are not now incorporated within the diagnostic categories themselves, but do appear in the form of the enhanced Z Codes, the Cultural Formulation Interview (in section III – emerging measures and models), and the efforts to incorporate global themes and models, such as WHODAS (World Health Organization's Disability Assessment Schedule).

Social work values are reflected in the elegance of a bio-psych-socio-cultural perspective.