

Fall 2024 SOWK 581

WEEK 05

Understanding and using the DSM-5

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DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

Week 05

General content in diagnoses

Using the DSM

AMA - DMS-5-TR Edition

📅 Monday, October 08, 2007

Is love (attraction) a panic attack?

I'm currently taking a clinical assessments class for social work. I have been told that many of us can identify with various diagnoses from the DSM IV TR (the most current edition of the publication put out by the American Psychiatric Association that classifies and defines different psychiatric diagnoses and lists the criteria for them). This weeks study is in the anxiety disorders, the most common diagnosis.

I was struck by a thought as I was reading through the criteria for a panic attack. Panic attacks are not code able by themselves (meaning that they are the basis for other classifications). Many of the criteria put forth coincides with what I'd imagine to be common for people "in love" (by this I don't mean love as the verb, but an adjective) or being attracted to somebody. Let me list the criteria that I think is relevant (note that these are not all of the criteria).

- Palpitations (heart skipping a beat), pounding hear, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath
- Chest discomfort
- Feeling faint
- Hot flashes

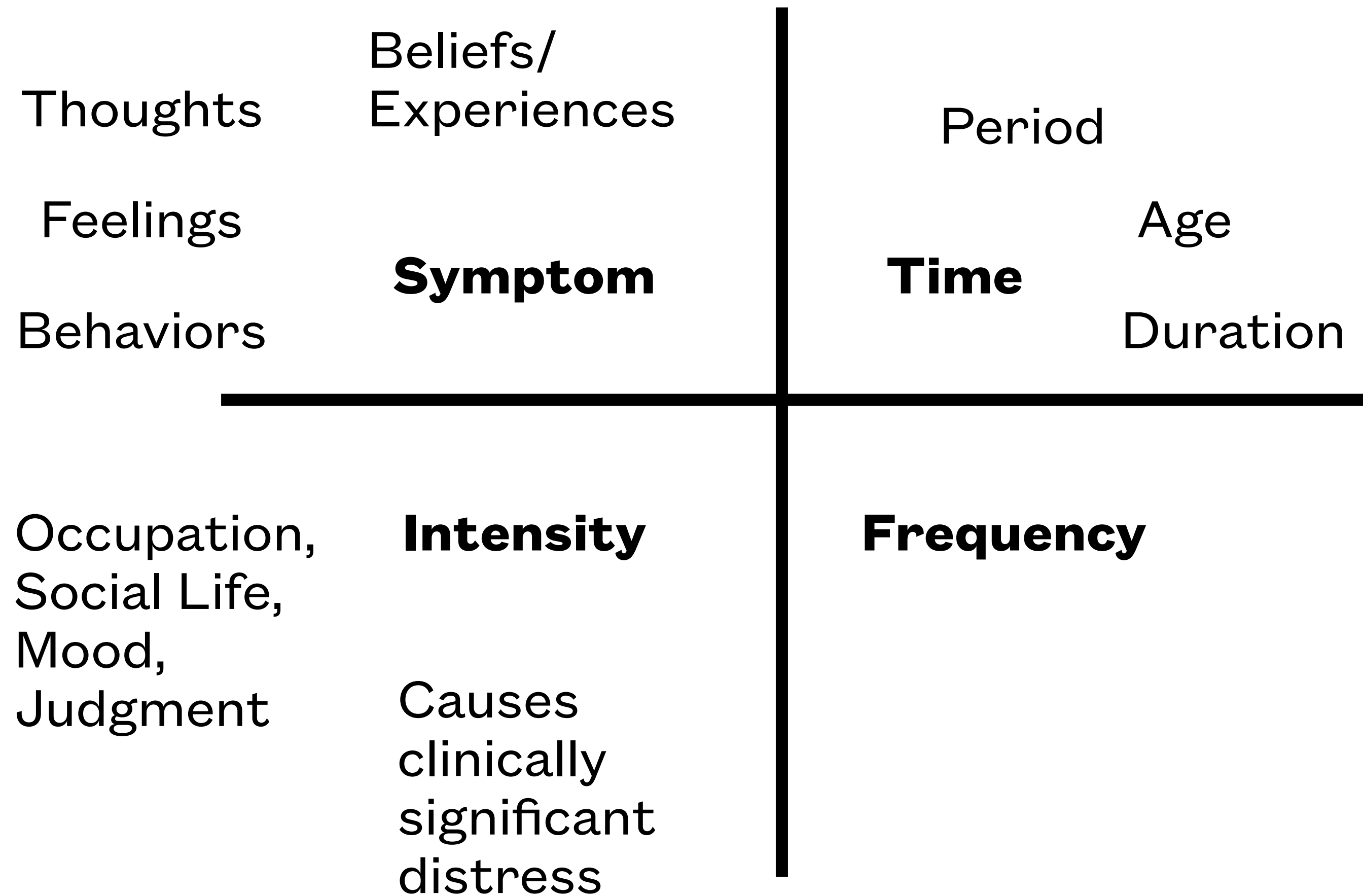
I know that I have had many of these feelings in the presence of somebody that I was very attracted to. To be considered a panic attack, the person must have at least for of these criteria abruptly start and reach a peak in 10 minutes.

👤 posted by Jacob at 12:40 AM |



Do we all have the conditions and symptoms in the DSM?

General Areas of Consideration



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Using the DIAGNOSTIC MANUAL

Lets look up:

- Oppositional Defiant Disorder

Talk in groups about the following and what the diagnostic criteria mean:

- Reactive Attachment Disorder
 - Generalized anxiety disorder
 - Borderline Personality Disorder
-

Using a Screening Tool

SOMETHING LIKE THE GAIN-SS



GAIN Short Screener (GAIN-SS)

Version [GVER]: GAIN-SS Behavioral Health (GAIN-SS BH) ver. 3.0.1

What is your name? a. _____ b. _____ c. _____
(First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) []/[]/20 []

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.</p>	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

- IDScr 1. **When was the last time** that you had **significant** problems with...
- a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?4 3 2 1 0
 - b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?4 3 2 1 0
 - c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?4 3 2 1 0
 - d. becoming very distressed and upset when something reminded you of the past?4 3 2 1 0
 - e. thinking about ending your life or committing suicide?4 3 2 1 0
 - f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?4 3 2 1 0
- EDScr 2. **When was the last time** that you did the following things **two or more times**?
- a. Lied or conned to get things you wanted or to avoid having to do something4 3 2 1 0
 - b. Had a hard time paying attention at school, work, or home.4 3 2 1 0
 - c. Had a hard time listening to instructions at school, work, or home.4 3 2 1 0
 - d. Had a hard time waiting for your turn.4 3 2 1 0
 - e. Were a bully or threatened other people.....4 3 2 1 0
 - f. Started physical fights with other people4 3 2 1 0
 - g. Tried to win back your gambling losses by going back another day.4 3 2 1 0
- SDScr 3. **When was the last time** that...
- a. you used alcohol or other drugs weekly or more often?4 3 2 1 0
 - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?4 3 2 1 0
 - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?4 3 2 1 0
 - d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?4 3 2 1 0
 - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?4 3 2 1 0

Writing a Diagnosis

F33.3 Major Depressive Disorder, Recurrent, Severe
with Psychotic Features with Anxious Distress;

Section 0

1) In your experience how has the DSM-5 changed the criteria for diagnosing certain mental health disorders compared to previous editions, and what impact have these changes had on clinical practice?

2) Why does the DSM-5 specifically include Premenstrual Dysphoric Disorder (PMDD) but not Premenstrual Syndrome (PMS), and what criteria differentiate PMDD from the broader symptoms of PMS? This is a new edition to the DSM-5, how does this affect women in the workplace who experience PMDD?

Good evening Jacob,

A few questions I have are:

1. How often is the DSM updated?
2. What is the difference between conducting an MSE with children and adults?
3. How do you approach a diagnosis when symptoms overlap between multiple disorders?

These are questions I think about considering I am not sure if I want to stay working with young adults for the rest of my career or transition in between to working with adults

Hi Jacob,

Have you encountered any challenges in using the DSM handbook?

- 1) Have you ever conducted a mental status exam and found a link between mental illness and a pathway to violence, or is that possible in some cases?
- 2) When you mentioned in the group forum and suggested the film A Beautiful Mind, do you think that there is a correlation between a person having schizophrenia and also having a psychotic illness, while also having genius? Or can a person be genius because of schizophrenia? I ask this because I have heard this a few times and I am curious.
- 3) In your professional opinion, do you feel that people that struggle with mental illness or behavioral issues have the desire to get better or the desire to give up?
- 4) As a parent, I want my baby boys and my nephews and niece that I also raise to feel good and be happy. What is a piece of advice that you think is important for parents?

Hello Jacob,

After watching the video the gentleman said that the individual is not their diagnosis. I agree with that statement!

>How do you work with someone who is focused on their diagnosis (being labeled/in denial) rather than focusing on helping themselves improve their mental health state?

>What steps do you initiate, so the individual accepts their diagnosis and works on their symptoms?

A couple times now, I have heard how the DSM has been critiqued for not fully capturing the diverse ways mental health issues manifest across cultures. For example, certain cultures might express depression or anxiety in physical symptoms more than emotional ones. How can I remain culturally sensitive while using the DSM to ensure that diagnoses are accurate for clients from diverse backgrounds? Are there alternative frameworks or tools you would recommend?

My second question go hand- in -hand. I've witnessed where people from different cultural backgrounds either experience or express symptoms differently. If culture influences a client's presentation of symptoms, then how can I make sure to account for that when making a diagnosis. For example, what might be seen as paranoia in one culture could be a normal protective behavior in another. I just want to make sure I am properly accounting for this when potentially diagnosing, especially with mental health disorders.

- Are there people who work on the DSM every day and make changes to it?
- Can there be malpractice when using the book?
- Do doctors have to use the book or reference it to get a reimbursement for it?

Section 1

Good morning Dr. Campbell

I have always been fascinated and interested with the diagnostic aspect from the clinician's side. As an undergrad, I guess I was super excited to go over the DSM but I guess I never fully understood how to navigate it or understand how to fully read and understand a specific diagnosis and take it back to the client. I guess a few of my questions are how do you understand and navigate the book? When in the field and we're with a client are we able to just pull out the DSM book and find out what is the appropriate diagnosis for the client? Is the DSM book the only way to diagnose someone? Or is there any one way or form? How do you know you are giving the correct diagnosis to a client? Who makes decisions on what to add, remove, adjust, or come up with a new diagnosis? But overall, I'm super excited to learn a lot more about the DSM book.

Good morning Dr. Jacob,

Some questions i have about the DSM-5-TR are:

1. How was the DSM-5-TR developed?
2. Who was involved when creating the DSM-5-TR?
3. How were decisions made about what would be included, removed, or changed?
4. How can you actually diagnose a person using the DSM-5-TR? Like Yovana mentioned, do you just whip it out and just let them know "well, it sounds like you have depression... so i'm diagnosing you with this."
5. Is it possible for you to mis diagnose someone using the DSM-5-TR?

Hello Dr. Campbell,

I am also very interested in knowing, how are diagnoses determined to be included in the DSM? Are these the only existing diagnoses used in treatment across the nation? Or how does that work?

Thank you!!!

Hi everyone!

In the first few minutes of Ken's video, he mentions that the DSM-5 requires clinical training to be utilized correctly. What does this training look like? Does it require real-time practice hours? Is this clinical training a requirement by the state?

Hello Mr. Campbell, through the years the DSM has expanded tremendously since its origination. What do you think the correlation is between the DSM and multibillion dollar pharmaceutical companies if any? Also Kinter referred to others codes as the "V" Codes, can you give me an example?

Hello,

A few questions I have are when in doubt how do you determine which diagnosis is most appropriate. Is there a process to follow that will assure you that you chose the appropriate diagnostic. Is there a process to follow if you wrongly diagnosed and need to re-diagnose?

Before I saw this forum I had asked a question about the DSM in another forum but I do have the curiosity to know the answer to my question which was how are you able to distinguish which disorder you are seeing in a client when some disorders have overlapping symptoms and sound the same. Adding to this question I wonder if you see that a client has multiple symptoms that fit into more than one disorder how do you decide which fits more with the client?

Hello,

While going through the DSM-5- TR I noticed that several of the diagnosis have similar symptoms.

*How often do clinicians over diagnose clients?

*Are there any diagnosis that have been removed from the DSM-5-TR? If so what makes them decide to remove the diagnosis?

*Also, how do they decide when a new diagnosis is added to the DSM-5?

I am aware it takes time to study the DSM-5-TR, so it is nice to give us this space to ask questions. Thank you.

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Using the DIAGNOSTIC MANUAL

**Talk in groups about the following
and what the diagnostic criteria
mean:**

- Posttraumatic Stress Disorder
 - Major Depressive Disorder
 - Schizophrenia
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