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## Diagnosis: what it is, what it isn't, and what it can be

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## Your humble presenter

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| <b>Psychiatric Screener</b>                | (1989 - 2014)                              |
| <b>Partial Care Case Manager</b>           | (1991 - 1994, 2001-4)                      |
| <b>"Psychologist" (in a Jail)</b>          | (1998 – 2004)                              |
| <b>Trainer / Consultant</b>                | (2004 - 6)                                 |
| <b>Professor</b> (Rutgers)<br>(Seton Hall) | (2001, 2006 - present)<br>(2022 - present) |
| <b>Licensed Professional Counselor</b>     | (2012 - present)                           |

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## Objectives

- 1) Describe and differentiate between the multiple purposes of diagnosis
- 2) Explain DSM 5 categories
- 3) Discuss "person-first" language in diagnosis (e.g., SMI)
- 4) Discuss how to make diagnosis a collaborative process
- 5) Detail diagnosing PTSD and the trauma continuum

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### What is a diagnosis?

"the identification of the nature of an illness or other problem by examination of the symptoms." – Oxford dictionary

Clinical functions

Basis of reimbursement

Educational tool

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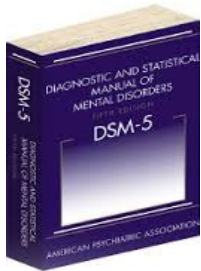
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### Psychiatric Diagnosis

- Diagnosis is made based on the symptoms experienced
- There is no objective "test"
- DSM describes groups of symptoms that often occur together and labels them into categories and specific illnesses



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### Challenges to effective diagnosis

- 1) Time (both spent with client and pressure to dx. immediately)
- 2) Symptoms are most frequently based on client report
- 3) Pros and cons of collateral information
- 4) Incomplete information
- 5) Changing, inconsistent, and unclear criteria and classifications
- 6) Stigma
- 7) Legitimate fear
- 8) Changes in client's presentation
- 9) Insurance issues
- 10) Medication issues
- 11) Others????

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### Criticisms of diagnostic process

- Diagnosis is not prognosis
- Stigma even between diagnoses
  - SMI / SPMI
- Reduces responsibility of family / loved ones
  - “red flag”
- “Identified patient” as opposed to the system having a problem
- Diagnosis as punishment
- over and under diagnosis
- Doesn't address causes of mental illness (trauma)
- More concerned with classification than functionality
- Not culturally sensitive

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### Question: What do you feel we as a system get wrong the most diagnostically?

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### Evolution of diagnostic style

Emergency rooms

Partial care

State psychiatric hospitals

In academia

Working with families

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## Types of Mental Illnesses

### DSM-5-TR Categories of Mental Disorders

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### Mental Disorders (DSM-5-TR, 2022)

- Neurodevelopmental disorders
- **Schizophrenia spectrum and other psychotic disorders**
- **Bipolar and related disorders**
- **Depressive disorders**
- **Anxiety disorders**
- **Obsessive-compulsive and related disorders**
- **Trauma- and stressor-related disorders**
- Dissociative disorders
- Somatic symptom 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 and other adverse effects of medication**
- **Other conditions that may be a focus of clinical attention**

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### Neurodevelopmental disorders

- Intellectual disabilities
  - Mild/moderate/severe/profound
- Communications disorders
- Autism
- Attention deficit hyperactivity disorder
- Specific learning disorder
- Motor disorders
- Tic disorders
- Other

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**Schizophrenia spectrum and other diagnostic disorders**

- Schizotypal personality disorder
- Delusional disorder
- Brief psychotic disorder (1-30 days)
- Schizophreniform disorder (1-6 months)
- Schizophrenia (1 month)
- Schizoaffective disorder
- Substance induced psychosis
- Psychotic disorder due to another medical condition
- Catatonia
- Other
- Unspecified

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**Types of Symptoms: Psychotic Disorders**

- Positive Symptoms – added by illness
  - Delusions (false beliefs)
  - Hallucinations (internal stimuli)
  - Disorganized speech
  - Grossly disorganized or catatonic behavior

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**Types of Symptoms**

- Negative Symptoms – taken away by illness
  - Emotional flatness
  - Inability to start or follow through with activities
  - Lack of content in speech
  - Inability to experience pleasure
- Cognitive Symptoms
  - Difficulty in organizing thoughts
  - Difficulty in remembering
  - Inability to recognize their illness (anosognosia)

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## Executive Function

**Inhibit Behavior**

- The ability to stop what you are doing in order to allow the other EF functions to begin working

**Visual imagery (non-verbal working memory)**

- Imagine steps and remember them
- Foresight and hindsight skills
- The concept of time

**Talk to yourself (verbal working memory)**

- Self guidance (voice in your head)
- Give instructions
- Ask questions

**Emotional Regulation**

- Inhibit strong emotion
- Moderate emotion
- Provides motivation

**Problem Solving**

- Ability to perform mental play, manipulate images
- Ability to see novel combinations to issues towards a goal

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## Bipolar and related disorders

- Bipolar disorder involves alternating, recurring cycles of depression (lows) and mania (highs).
- During a low cycle, symptoms mirror depression
- Symptoms of mania include:
  - ✓ Anxiety
  - ✓ Difficulties with sleep
  - ✓ High level of energy and activity
  - ✓ Hypersensitivity
  - ✓ Irritability
  - ✓ Intense imagination
  - ✓ Risk-taking; often with poor judgment

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## Bipolar disorder, types

- Bipolar 1
  - Current or most recent episode manic/hypomanic/depressed/unspecified
  - Mild, moderate, or severe
- Bipolar 2
  - Current or most recent episode hypomanic/depressed
- Cyclothymia
- Medical
- Other
- Unspecified

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### Depressive Disorders

- Depression (major depressive disorder): causes feelings of sadness and/or a loss of interest in activities once enjoyed.
- Depression symptoms can vary from mild to severe and can include:
  - Feeling sad or having a depressed mood
  - Loss of interest or pleasure in activities once enjoyed - anhedonia
  - Changes in appetite — weight loss or gain unrelated to dieting
  - Trouble sleeping or sleeping too much
  - Loss of energy or increased fatigue
  - Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
  - Feeling worthless or guilty
  - Difficulty thinking, concentrating or making decisions
  - Thoughts of death or suicide
  - Symptoms must last at least two weeks for a diagnosis of depression

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### Depressive disorders, types

- Disruptive mood dysregulation disorder
- Major depression
  - Single/recurrent
  - Mild/moderate/severe
  - Psychosis
  - Remission full/partial
- Persistent depressive disorder
- Premenstrual dysmorphic disorder
- Substance/medication induced depressive disorder
- Depressive disorder due to another medical condition
- Other
- Unspecified

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### Anxiety Disorders

- Separation anxiety disorder
- Selective mutism
- Specific phobia (specifiers e.g., animal)
- Social anxiety
- Panic disorder
- Agoraphobia
- Generalized Anxiety disorder
- Other
- Unspecified

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**Obsessive-compulsive and related disorders**

- Obsessions
  - ✓ recurrent thoughts, images, impulses that cause anxiety.
  - ✓ illogical, at times repulsive and/or center on violence or harm.
- Compulsions
  - ✓ behaviors that are repetitive, take up a significant amount of time - attempts at reducing the anxiety created by the obsessions.

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**Obsessive-compulsive and related disorders, types**

- Obsessive compulsive disorder
- Body dysmorphic disorder
- Hoarding disorder
- Trichotillomania
- Excoriation disorder
- Substance/medication induced
- Medical
- Other
- Unspecified

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**Trauma- and stressor-related disorders**

- Occurs in people who have experienced or witnessed a traumatic event such as:
  - a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury.
- Intense, disturbing thoughts and feelings related to the experience
- May relive the event through flashbacks or nightmares
- May feel sadness, fear or anger; and detached or estranged from other people.
- Avoid situations or people that remind them of the traumatic event,
- May have strong negative reactions to ordinary stimuli

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### Trauma- and stressor-related disorders, types

- Reactive attachment disorder
- Disinhibited social engagement disorder
- Posttraumatic stress disorder
- Acute stress disorder
- Adjustment disorders
  - Depressed/anxiety/mixed/conduct disturbance/emotions/unspec.
- Prolonged grief disorder
- Other
- Unspecified

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### PTSD

Symptoms last for at least 1 month

- ✓ Painful memories, nightmares, suspicion, anxiety, depression, feelings of guilt and sleep difficulties
- ✓ Symptoms worsen with exposure to similar events
- ✓ Substance abuse is a common method to cope

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### Dissociative disorders

- Dissociative anxiety disorder
- Dissociative amnesia (fugue)
- Depersonalization/Derealization disorder
- Other
- Unspecified

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**Somatic symptom and related disorders**

- Somatic symptom disorder
- Illness anxiety disorder
- Functional neurological system disorder
- Psychological factors affecting other medical conditions
- Factitious disorder
  - Self/other
- Other
- Unspecified

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**Feeding and Eating disorders**

- Pica
- Rumination disorder
- Avoidant/restrictive food intake disorder
- Anorexia nervosa
  - Restricting or binge eating/purging type
- Bulimia nervosa
- Binge eating disorder
- Other
- Unspecified

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**Sleep-wake disorders**

- Insomnia disorder
- Hypersomnolence disorder
- Narcolepsy
- Sleep apnea
- Sleep related hypoventilation
- Circadian rhythm sleep/wake disorders (shift work)
- Parasomnia
- Restless legs syndrome
- Other
- Unspecified

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Sexual Dysfunctions

- Delayed ejaculation
- Erectile disorder
- Female orgasmic disorder
- Female sexual interest/arousal disorder
- Genito-pelvic pain/penetration disorder
- Male hypoactive sexual desire disorder
- Premature (early) ejaculation disorder
- Substance/medication induced sexual dysfunction
- Other
- Unspecified

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Gender dysphoria

- In children
- In adolescents or adults
- Other
- Unspecified

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Disruptive, impulse control, and conduct disorders

- Oppositional defiant disorder
- Intermittent explosive disorder
- Conduct disorder
- Antisocial personality disorder
- Pyromania
- Kleptomania
- Other
- Unspecified

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**Substance-related and addictive disorders**

- Substance Use Disorder (no abuse/dependence)
  - Mild, moderate, or severe
  - Tolerance and withdrawal are criteria
- Intoxication
- Withdrawal
- Substance-Induced Disorders
- Remission (partial – 1 month, full – 1 year)

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**Substance and Process Addictions**

Alcohol; Caffeine; Cannabis; Hallucinogens  
Phencyclidines; Inhalants; Opioids;  
Sedatives/Hypnotics/Anxiolytics,  
Stimulants (amphetamines, cocaine),  
Tobacco; Other/unknown.

Gambling Disorder – only process addiction

Process Addictions under review: Gaming  
addiction, sex addiction

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**Neurocognitive disorders**

- Delirium
- Alzheimer's
- Frontotemporal
- Lewy bodies
- Due to vascular disease
- Due to traumatic brain injury
- HIV
- Parkinson's
- Huntingdon's

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### Personality disorders

An enduring pattern of inner experience and behavior which deviates from the cultural norm. This affects:

1. cognition
2. affect (emotional state and response)
3. interpersonal functioning
4. impulse control

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### Personality disorders

- Cluster A
  - Paranoid
  - Schizoid
  - Schizotypal
- Cluster B
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic
- Cluster C
  - Avoidant
  - Dependent
  - Obsessive-Compulsive (no, not THAT one)
- Other
- Unspecified

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### Borderline Personality Disorder

- ✓ A pattern of unstable and intense interpersonal relationships
- ✓ Unstable sense of self
- ✓ Impulsivity (money, sex, substances)
- ✓ Recurrent suicide attempts
- ✓ Recurrent self-mutilation
- ✓ Explosiveness, especially in loss or conflict
- ✓ Cycle of idealization and “betrayal”
- ✓ Predominantly found in women
- ✓ Chronic feelings of emptiness

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### Antisocial Personality Disorder

- Failure to conform to the law
- Repeated lying, conning
- Impulsivity
- Irritability / Aggressiveness
- Disregard for others' safety and rights
- Lack of remorse or conscience
- Inability to work consistently
- Predominantly found in men
- Many are dead or incarcerated by 40

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### Paraphilic disorders

- Voyeuristic
- Exhibitionistic (age range)
- Frotteuristic
- Sexual masochism
- Sexual sadism
- Pedophilic (male, female, incest)
- Fetishistic
- Transvestic
- Other
- Unspecified

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### Medication-induced movement disorders and other adverse effects of medication

- Parkinsonism
- Neuroleptic Malignant Syndrome (NMS)
- Dystonia
- Akathisia

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Other/none

- Other
- Unspecified
- No diagnosis

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Other conditions that may be a focus of clinical attention

- Suicidal behavior
- Non-suicidal self-injury
- Child maltreatment and neglect (confirmed or suspected)
  - Physical abuse
  - Sexual abuse
  - Psychological abuse
- Adult maltreatment and neglect (confirmed or suspected)
  - Spouse / partner violence
    - Physical/sexual/psychological
  - Abuse by nonspouse/nonpartner

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Other conditions that may be a focus of clinical attention

- Relational
- Family environment
- Educational
- Occupational
- Housing
- Economic
- Social
- Legal
- Medical
- Personal
- Other health service encounters
- Other (formerly V-codes)

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**SMI and SPMI**

"serious" vs "severe" vs "severe and persistent"

Diagnosis vs functionality

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**"Person-first language"**

- Stigmatizing language
  - Borderline
  - Antisocial
  - Psychopath/sociopath
  - Chronic
  - Schizophrenic
  - What's wrong with you?
- Person-first language
  - Person with ...
  - What happened to you?

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**Psychiatric Rehabilitation**

Diagnosis necessary for selecting proper course of treatment collaborative process

Then as an educational tool to help educate the client (family/loved ones) and maximize their role in their recovery

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### The dangers of over and under diagnosis

- Stigma
  - Challenge of diagnosing youth
  - Cultural
  - Societal
  - Other
- Reimbursement
- Educational purposes
- "Diagnosis fatigue"
- The role of hope

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### And speaking of under diagnosis...

- Let's talk about PTSD
- Diagnostic rates in various populations
- What are they where you work ???

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### A deeper dive into trauma and PTSD

PTSD criteria

A) Exposure to trauma

1. Direct experience
2. Witnessing
3. Learning about it afterward
4. Experiencing aftereffects

B) Presence of intrusive symptoms

1. Distressing memories
2. Distressing dreams
3. Flashbacks
4. Marked distress

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**Deeper dive cont'd**

C) Avoidance of stimuli

D) Negative alteration in mood

E) Increased arousal / difficulty concentrating

F) Duration of over 1 month

G) Marked impairment in functioning

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**Trauma, Mental Illness, and Addictions**

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**Diagnosis as a collaborative process**

- "open the book"
- How do you communicate diagnosis to the client and possibly the family?
- Homework assignments and outside learning

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**Case study – time permitting**

- Gayle is a 40 year old single white female. She has been hospitalized over 40 times for suicidal behavior and threats, hallucinations, and bizarre behavior. She is loud, demanding, and labile. She wears a lot of makeup and is preoccupied with her appearance. She shouts, then apologizes, then shouts again and presents in a childlike manner. She frequently presents to the hospital after breakups with boyfriends. She reports hearing voices and talks to herself, saying “little bitty baby” and then denying she said it. She comes from an affluent, religious family. She worked in NYC for a while but ceased due to drug use and repeated admissions. She has been on mood stabilizers and antipsychotics for many years and is currently in a day program between admissions.

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**Suggestions / In closing**

- 1) Keep it in perspective, diagnosis isn't a “one shot deal”  
“perfect is the enemy of good”
- 2) Consult the client and family
- 3) Diagnosis is less important than treatment
- 4) How do you make diagnosis conversational?
- 5) Be ready for more changes
- 6) Consider the role of trauma is potentially universal
- 7) You're never done learning

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