

Behavioral Health Overview

An Overview of Common Diagnoses

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DSM - 5

- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- Provides guidelines for diagnoses that can assist with treatment and illness management strategies
- Clinician's "Bible"
- Includes diagnostic numeric system used to provide billing structures

Mental Disorders

- All disorders in the DSM-5 are deemed mental disorders with the exception of “medication- induced movement disorders” and “other conditions that may be a focus of clinical attention.”
- Defined as clinically significant disturbances in cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.



Behavioral Health Disorders

- Usually associated with distress or disability in social, occupational, or other important activities.
- Includes mental health diagnoses as well as substance use diagnoses
- Our focus in this session is on some “major mental disorders”, some common disorders among youth, and some common substance use disorders

Diagnoses for Children and Adolescents

- Changes from DSM IV to DSM V
 - No longer have the section “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence”
 - Rather than isolating childhood conditions, the new manual underscores how they might manifest throughout a patient’s life span. Each disorder is now set within a framework that recognizes age-related aspects, chronologically listing diagnoses that are most applicable to infancy and childhood first, followed by diagnoses that are more common to adolescence and early adulthood, and ending with those that are often diagnosed later in life.

Children and Adolescents

- With the removal of the section on childhood disorders, practitioners are forced to recognize disorders that were previously diagnosed in children may be seen in other age groups, and even increase risk for development of other psychiatric illnesses at a later age.

Common Youth Behavioral Health Diagnoses

- **Neurodevelopmental Disorders***
 - **Autism Spectrum Disorders ***
 - Intellectual Disabilities™
 - Motor Disorders
 - Tourette's Disorder™
 - Attention Deficit Hyperactivity Disorder™
- Eating Disorders
 - Anorexia Nervosa
 - Bulimia Nervosa
- Mood Disorders
 - Depression
 - **Disruptive Mood Dysregulation Disorder (DMDD)***
- Anxiety Disorders
 - Separation Anxiety Disorder™
 - Social Anxiety Disorder
- Trauma Disorders*
 - Post Traumatic Stress Disorder
 - Reactive Attachment Disorder™
 - Adjustment Disorders
- Impulse Control Disorders
 - Oppositional Defiant™
 - Conduct Disorder™
 - Intermittent Explosive Disorder
- Bipolar and Related Disorders*
- And of course Substance-related and Addictive Disorders

™ Used to be in the childhood section of DSM IV

* New classification in DSM V



Major Mental Disorders

- Schizophrenia and Other Psychotic Disorders*
- Bipolar Disorder and Related Disorders*
- Depressive Disorders*
- Anxiety Disorders
- Trauma and Stressor Related Disorders*

Schizophrenia

- A brain disorder typically characterized by some combination of either delusions, hallucinations, disorganized thinking or speech, abnormal motor behavior, and negative symptoms.
- Negative symptoms = poor emotional expression, low self motivation, diminished speech, reduced ability to experience pleasure, lack of interest in social interactions.

Other Psychotic Disorders

- **Delusional Disorder** – presence of one or more delusions that persist for at least one month. Doesn't meet criteria for Schizophrenia
- **Brief Psychotic Disorder** – Sudden onset and eventually returns to previous functioning level.
- **SchizoAffective Disorder** – Major mood disorder (depression or mania) symptoms at the same time major psychotic symptoms

Bipolar Disorder

- Meets the criteria for **Manic Episode** – distinct period of euphoric or irritable mood, not following use of a substance, along with some combination of either grandiosity, poor sleep, pressured speech, flight of ideas or racing thoughts, distractibility, increased goal directed or purposeless activity, high risk activities.
- Includes some cyclic experiences with depression or hypomania

Bipolar Disorder

- **Bipolar II Disorder** – Has never experienced an episode of Mania, but has experienced both hypomania and a major depressive episode
- **Cyclothymic Disorder** – A cyclic disorder with numerous periods of somewhat hypomanic experiences and somewhat depressive experiences. Doesn't meet criteria for any hypomania or major depression.

Depressive Disorders

- **Major Depressive Disorder** – Depressed mood or loss of interest or pleasure for at least a two-week period including a combination of some of the following: significant weight loss or weight gain; insomnia or hypersomnia; psychomotor agitation or slowness; fatigue or loss of energy; feelings of worthlessness, unable to concentrate or indecisiveness; recurrent thoughts of death. Causes significant distress or social, occupational, or other dysfunction.

Depressive Disorders

- **Dysthymia (Persistent Depressive Disorder)**
 - depressed mood for most of the day, for more days than not, for at least two years. Doesn't meet the criteria for a major depressive episode.

Anxiety Disorders

- Have features of fear and anxiety and related behavioral disturbances. **Fear** is the emotional response to real or perceived immediate threat. **Anxiety** is anticipation of future threat.
- **Specific Phobia** – Fear or anxiety about a specific object or situation. (flying, heights, etc.)
- **Social Phobia** – Fear or anxiety about social situations where the person is exposed to possible scrutiny by others.

Anxiety Disorders

- **Panic Disorder** – recurrent unexpected panic attacks. **Panic attack** – an abrupt surge of intense fear or intense discomfort with several of the following symptoms: increased heart rate; sweating; trembling; sensation of shortness of breath or smothering; feelings of choking; chest pain; nausea; dizziness; chills or heat sensations; numbness or tingling; derealization or depersonalization; fear of losing control; fear of dying.

Trauma and Stressor Related Disorders

- Disorders where exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion.
- **Post Traumatic Stress Disorder** – exposure to actual or threatened death, serious injury or sexual violence and the presence of intrusion symptoms associated with the traumatic event, such as distressing memories, distressing dreams, flashbacks, etc.



Personality Disorders

- An enduring pattern of inner experience and behavior that deviates from the expectations of society, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.
- **Borderline Personality Disorder** – a pattern of instability in interpersonal relationships, self image, and emotions and includes impulsivity.

Personality Disorders

- **Narcissistic Personality Disorder** – a pattern of grandiosity, need for admiration, and lack of empathy.
- **Paranoid Personality Disorder** – a pattern of distrust and suspiciousness such that others motives are interpreted as malicious.
- **Dependent Personality Disorder** – a pattern of submissive and clinging behavior related to an excessive need to be taken care of.

Addictive Disorders

- No Distinction between Dependence and Abuse in DSM V
- Separate criteria for each disorder
- Elimination of criterion on legal problems
- Addition of criterion for craving
- New diagnoses added
 - Gambling Disorder
 - Cannabis Withdrawal
 - Caffeine Withdrawal

Gambling Disorder

- Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by 4 (or more) of the following in a 12 month period:
 - Needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - Is restless or irritable when attempting to cut down on gambling
 - Has made repeated unsuccessful efforts to cut down or stop gambling
 - Is often preoccupied with gambling
 - Often gambles when feeling distressed
 - After losing money gambling, often returns another day to get even
 - Lies to conceal the extent of involvement with gambling
 - Had jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 - Relies on others to provide money to relieve desperate financial situations caused by gambling

Suggests gambling behaviors activate reward systems similar to those activated by drugs of abuse



Substance Use Disorders

- Severity specifiers
 - Mild: Meet 2-3 Criteria
 - Moderate: Meet 4-5 Criteria
 - Severe: Meet 6 or More Criteria
- No “partial remission” specifier

Criteria for Substance Use Disorder

A problematic pattern of _____ use, leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.



Criteria

- (1) ___often taken in larger amounts or over a longer period of time than was intended.
underlying concept here is that the drug use is no longer fully under the conscious control of the individual
- (2) there is a persistent desire or unsuccessful efforts to cut down or control ___use.
can manifest as thoughts or wishes to stop, cutback, control, or do something about drug use or as actual unsuccessful attempts to do so.

Criteria

- (3) a great deal of time is spent in activities necessary to obtain _____, use the _____ or recover from its effects.

underlying concept is that the drug use

assumes a very high priority in the life of the individual and all that surrounds the drug use is valued above other things.

- (4) Craving, or a strong desire or urge to use_____.
 - This is a new criterion from the DSM IV (TR)
 - Strong craving is often a signal that a more intensive level of care is necessary to initiate recovery

Criteria

- (5) Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school, or home.

Where there is previous history of meeting responsibilities, “failure” is easier to identify. If individuals are unemployed, disabled, work part time or self-employed or unmarried or live alone this may be more difficult to assess.
- (6) Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of _____.

Problems must have occurred more than once in a 12 month period.

Criteria

- (7) Important social, occupational, or recreational activities are given up or reduced because of ___use.
- (8) Recurrent ___use in situations in which it is physically hazardous.
 - Important –the behavior must occur more than once and the substance use must be sufficient to impair coordination or judgment (individual may or may not have actually been injured, the risk of injury is sufficient)
- (9) _____Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause or exacerbated by _____.
 - The critical issue is that the individual not only have physical or psychological problems but know that they are caused or worsened by substance use.

Criteria

- (10) Tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of ____ to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of _____
- (11) Withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for ____
 - (b) ____ is taken to relieve or avoid withdrawal symptoms

Classes of Substances

- Alcohol
- Stimulants
(amphetamines, cocaine, etc.)
- Caffeine
- Cannabis
- Sedatives, Hypnotics, Anxiolytics
- Hallucinogens
- Inhalants
- Tobacco
- Opioids
- Phencyclidine (PCP)
- Other (unknown substances)

Co-Occurring Disorders

One or more Mental Health Disorders
in addition to one or more Substance
Use Disorders

Many of the individuals we serve
have co-occurring disorders



Co-Occurring Disorders are Associated with Higher Rates of:

- Symptomatic Relapse
- Financial Problems
- Homelessness
- Violence
- Incarceration
- Service use – often in times of crisis
- Trauma vulnerability
- Hospitalization
- Family Disruption
- Suicide
- Sexual & Physical Victimization
- Serious medical illnesses, such as HIV and Hepatitis B and C

Same Faces, Different Places

Systems of Care

- Mental Health
- Substance Abuse Treatment
- Criminal Justice
- Homeless Services
- Primary Care
- Victim/Trauma Services
- Veteran's Services

Individuals in Recovery from either Mental Illness or Substance Use Disorders

- Both need to have hope to recover
- Both want to manage or eliminate symptoms
- Both want valued social roles and relationships
- Both want purpose and meaning in their lives
- Both want to make worthwhile contributions to their communities
- **People can and do recover from both**

Davidson and White, 2010, Recovery in Mental Health and Addiction



Stages of Change

- **People with behavioral health disorders often experience ambivalence. They want to change but change is hard. Ambivalence is a normal and common experience. As ambivalence is understood and worked through, the person moves closer to change.**
- **The stages of change teaches us the process of making any change and what you can do at each stage to help.**

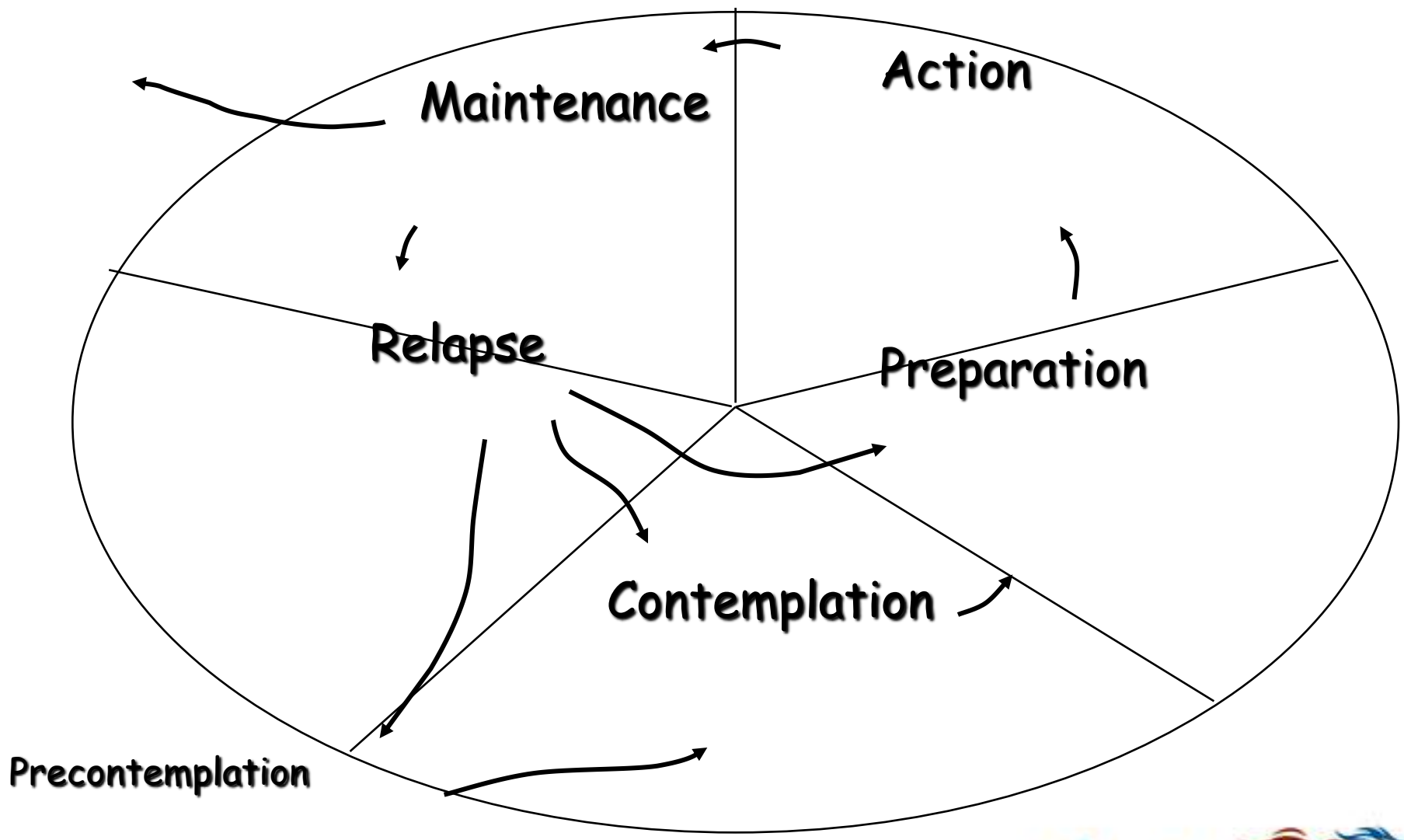
Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance/relapse prevention

Prochaska & DiClemente, late 70's, early 80's



Stages of Change



Stages of Change

Precontemplation

The person does not consider the possibility for change.

Contemplation

The person is ambivalent-wants to change but doesn't want to change.

Preparation

The person considers various stages for change.

Action

The person engages in particular actions designed to bring about change.

Maintenance

The person strives to sustain changes made in the action phase.

Relapse

The person experiences minor slips or relapses. This can be a normal part of the change process.

