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DIAGNOSIS

Icebreaker: Networking in Service Coordination



“Why do these diagnoses pertain to me?”

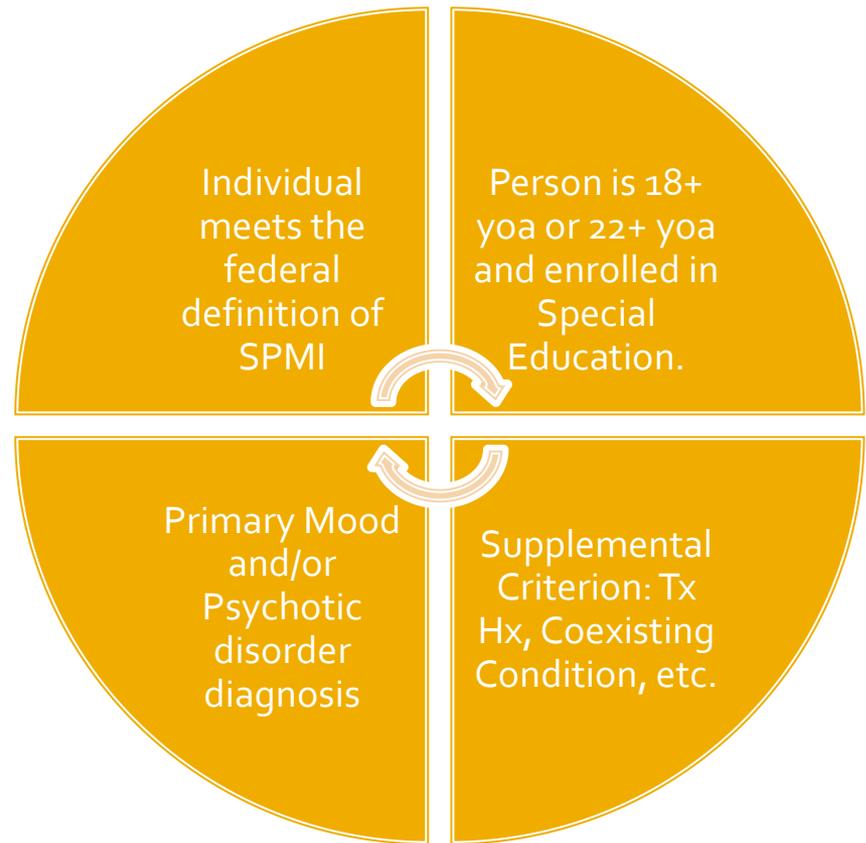
- “I’m an adult Service Coordinator, so why do I need to know about child and adolescent diagnoses?”
- “I’m a child and/or adolescent Service Coordinator, so why do I need to know about adult diagnoses?”

Adult SPMI Diagnoses



Understanding Criteria for SPMI.

Severe and Persistent Mental Illness



Key SPMI Considerations

Trivia Question #1:

Individuals with SPMI diagnoses pass away an average of how many years *sooner* than the population without an SPMI diagnosis?

- All adults within the Service Coordination program will have an SPMI diagnosis
- Individuals with an SPMI Dx are more likely to experience discrimination, unemployment, homelessness, criminalization, social isolation, poverty, and premature death
- **Three common Dx categories SCs will encounter include**
 - Psychotic Disorders
 - Mood Disorders
 - Personality Disorders
- **Three key characteristics of these illnesses**
 - Ongoing
 - Long-term
 - Chronic

Changes to the multiaxial system

DSM-IV

- 5 axis
 - 1-Clinical Disorders
 - 2-IDD and PD Disorders
 - 3-General Medical Conditions
 - 4-Psychosocial/Environmental Problems
 - 5-Global Assessment of Functioning
- Not Otherwise Specified...
- Why the need for changes?

DSM-V

- **NO MORE MULTIAXIAL SYSTEM!!!**
 - Three sections
 - Collapse Axis 1-3 into a documented narrative
 - ICD 9 CM V Codes replace Axis IV
 - Axis V replaced with the WHODAS
- **NOS replaced with *other specified disorder and/or unspecified disorder***
- **New Diagnoses.....**
- **Rejected/Removed Diagnoses....**
- **Diagnoses requiring further field study.....**

Psychotic Disorders



PSYCHOTIC DISORDERS

Are you talking to me?

Trivia Question # 2:

What demographic is most likely to be diagnosed with Schizophrenia in the US?

- All psychotic disorders represent some shift in and individual's reality
- Causes and Risk Factors
 - Genetic predisposition: prenatal, perinatal
 - Environment, trauma, experiences
 - Other
- Age of Onset—Men Vs. Women
- All involve positive and/or negative symptoms

Identification of Psychotic Disorders

Positive Symptoms	Negative Symptoms
Sxs that people don't normally experience, but are present in the lives of individuals with Psychotic disorders	Everyday experiences and feelings that are 'typical', but not as active or present in the lives of individuals with Psychotic disorders
Very easy to diagnose	Very difficult to diagnose
Respond well to medication	Respond poorly to medication
2+ symptoms, in most cases, must be present to meet criteria for Schizophrenia	Not present in all individuals that carry these diagnoses
Ease in treatment can translate into better quality of life and follow through with treatment	Contribute more to poor quality of life, disability, and strain on supports

Psychotic Disorder Symptoms

Positive Symptoms	Negative Symptoms	Cognitive Symptoms	Affective Symptoms
Hallucinations	Social Withdrawal and Isolation	Difficulty processing information	Depression-like features
Delusions	Poor goal development and attainment	Poor understanding of the world around the individual	Difficulty in comprehension or expression of feelings
Paranoia and/or Suspiciousness	Restricted rate of ADLs and behaviors	Poor memory and/or concentration	Restricted affect or blunted or stunted mood
Neologism	Anhedonia	Difficulty attending to specific tasks	Contributes to an increased rate of suicidality

Common Psychotic Disorders

DIAGNOSIS	Schizophrenia	Schizoaffective	Schizophreniform	Delusional
SYMPTOMS	+ and/or -	+ and/or – Sx AND Major Mood DO	+ and/or - Sx	Delusions, significant, non-bizarre, and persistent
TIME FRAME	6+ months	6+ months	>6 months	<1 month
OTHER DIAGNOSTIC INDICATORS	Cognitive Sx can also be present	+ Sx occur outside of MMD AND MMD Sx occur when not actively psychotic	Sx cannot be result of drug or alcohol abuse	No other + or - symptoms

Psychotic Disorders and Medication

Trivia Question # 3:
What medication was
among the first to
promote
deinstitutionalization?

- Standard of care for treatment of psychotic disorders
- Helped to initiate deinstitutionalization
- Work very quickly
- Two classes of Antipsychotic Medications—1st and 2nd Generation
- Treat hallucinations, delusions, paranoia, and disorganization
- Have significant side effects
- When it comes to medication management, what is the role of the Service Coordinator?

Antipsychotic Medications

FIRST GENERATION

- Also referred to as “typical, classic, or traditional”
- Classified as high-potency or low-potency
- Medications include Thorazine, Haldol, Prolixin
- Pill form or inject-able
- Side effects include muscle cramping, dry mouth, akathisia, weight gain

SECOND GENERATION

- Also referred to as “atypical”
- Some also approved for mania and BPD
- Medications include Abilify, Saphris, Clozaril
- Pill form or inject-able
- Side effects include tardive dyskinesia, **NMS**, blood clots, diabetes

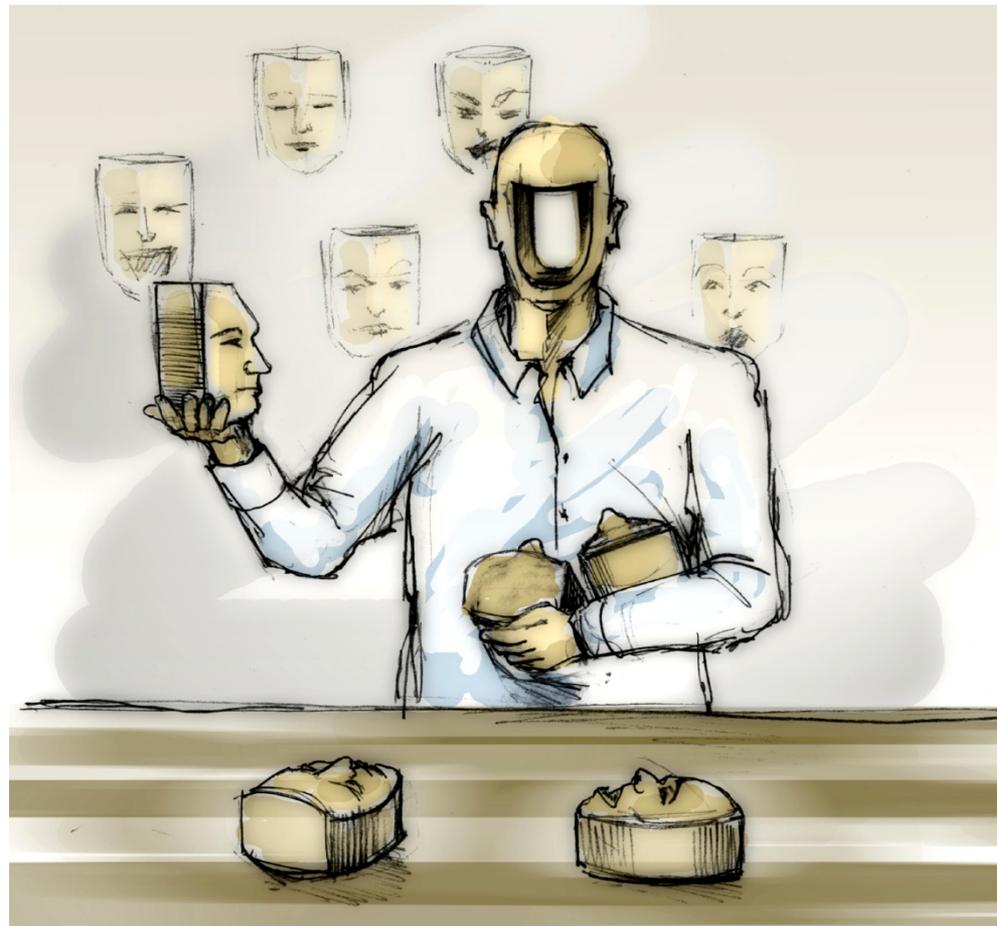
Other treatment options for Psychotic Disorders

- Therapy Spectrum: Individual (CBT), Group, Partial Hospitalization
- Family Education and Support
 - Support in reducing negative attitudes and unrealistic expectations
- Psycho/Social rehabilitation and education
- Self-Help and Support Groups
- Peer Support, Supportive Living/Housing
- Meaningful Activity, Social Interaction, Community Resource Networking

As an SC, what is my role in the lives of Individuals with Psychotic Disorders?

- Help establish a concrete, informal support network
- Avoid overreaction, challenging delusions, and judgment
 - “My perception is my reality.”
- Independence vs. Interdependence
- Move at the individual’s pace
- Always assess safety of self and safety of individual—
Dr. Wayne Fenton

Mood Disorders



Mood Disorders

Please don't talk to me!

Trivia Question # 4:
What percentage of the population has experienced an episode of depression in a lifetime?

- Very common—more than 20 million people in the US are diagnosed
- Causes vary...
 - Genetic—Nature vs. Nurture
 - Environmental
 - Trauma Experiences
 - Other
- Among the most responsive to treatment
- Common across all demographics
- Among the leading cause of 'disability' in the United States—MDD and BPD are two among the top ten

Symptoms of Mood Disorders

DEPRESSIVE SYMPTOMS	MANIC SYMPTOMS
Sadness, hopelessness, frequent crying	Racing thoughts and actions—Excessive energy
Eating/sleeping too much or too little	Extremely irresponsible behaviors—over spending, hypersexualization, illegal activity, self-harm
loss of interest and/or pleasure in things that used to be a source of interest/pleasure	Reduced sleep and/or rest
Irritability, fatigue, lack of motivation/energy	Pressured speech patterns
Difficulty concentrating, remembering	Expanded Self-esteem

Common Mood Disorders

DIAGNOSIS	Major Depressive Disorder	Dysthymic Disorder	Bipolar 1 Disorder	Bipolar 2 Disorder	Cyclothymic Disorder
SYMPTOMS	Significant depressive Sx	Depressive Sx, but not full criteria for MDD	Significant Mania	Hypomanic Sx, Depressive Sx	Hypomanic and Depressive Sx
TIME FRAME	<2 weeks	<2 years	Mania Sx = 1+ weeks	Mania <=4 days, Depression <=2 weeks	Mania <= 4 days, Sx last at least 2 years
OTHER	Can also experience some psychosis	Low level, chronic depression	Depressive Sx may/may not be present	Mania Sx are less intense than BPD1	Frequent switching between Mania and Depression Sx

Mood Disorders and Medication

Trivia Question # 5:

True or False—All antidepressant medications are equally effective.

- 1/10 people in the United States are currently prescribed an antidepressant
- Withdrawal is very common and very intense in some individuals
- Some antidepressants only work about 50% of the time, while placebo medications demonstrate a 30% efficacy rate
- Science has not yet actually figured out how antidepressants work

Antidepressant and Anti Anxiety Medications

- Antidepressants—treat depression and anxiety. Include Risperidone and Invega
- Mood Stabilizers—treat mania and bipolar disorders. Also include minerals, antipsychotics, and anticonvulsants. Include Lithium, Topamax, and Neurontin
- Antianxiety medications—treat anxiety and convulsive conditions. Include Ativan and Klonopin—VERY ADDICTIVE
- ADs and Mood Stabilizers can take up to a month to start working
- Side effects of Antidepressants include metabolic disorders, weight gain, sexual dysfunction, photosensitivity
- Side effects of Mood Stabilizers include toxicity, movement/metabolic issues, reduction in white blood cell counts

Other treatment options for Mood Disorders

- Therapy Spectrum
- Lifestyle changes and physical activity
- Rule out medical causes
- Support and Social Network Building
- Certified Peer Support
- Crisis Planning and knowledge or triggers
- Other options?

As an SC, what is my role in the lives of individuals with Mood Disorders?

- **Frequently** assess for risk of suicide, self-harm, and safety
- Remember that people in manic episodes **cannot** slow down
- **Share information across a team**
- Help to **build an informal support network** that is 'stand alone'—what do we mean by this?
- Remember that symptoms are not “willful or by choice.”
- Remember that relapse is an entitlement of recovery

Personality Disorders



Personality Disorders

Why isn't anyone talking to me!?!?

Trivia Question# 6:

*True or False--*The prevalence of personality disorders in monozygotic twins is several times higher than in dizygotic twins?

- Impact 31 million adults in the US, International prevalence is 6% of the population
- Represent fixed and maladaptive traits in personality
- Higher stress situations=More profound Sx
- Low stress tolerance
- CAPRI Test:
 - Cognition, Affect, Personal Relations, Impulse Control
- Sx not caused by another condition or disorder
- All involve relationship conflict or problems

Identifying Personality Disorders

Three categories	Cluster A	Cluster B	Cluster C
Also Known As.....	Odd and Eccentric	Dramatic and Volatile	Anxious and Fearful
Individuals Seem.....	Peculiar and Withdrawn	Emotional and Inconsistent	Frightened and Isolative
Familial Association with.....	Psychotic Disorders	Mood Disorders	Anxiety Disorders

Identifying Personality DOs

Cluster A	Paranoid Personality DO	Schizoid Personality DO	Schizotypal Personality DO
Dx Requirements	Distrust of others, reluctance to confide in others	Pattern of social withdrawal, restricted emotional range	Social deficits and thought patterns
Prevalence	Higher in Men, .5-2.5% of the population	Higher in Men, 7% of the population	3% of population
Prognosis	Chronic and problematic	Chronic, but not always lifelong	Chronic and can develop into schizophrenia
Treatment	Psychotherapy, anti-anxiety meds	Psychotherapy, antipsychotics	Psychotherapy, short term, low dose antipsychotics

Identifying Personality DOs

Cluster B	Antisocial Personality DO	Borderline Personality DO	Histrionic Personality DO
Dx Requirements	C.O.N.D.U.C.T. Superficial conformity to social norms,	I.M.P.U.L.S.I.V.E. Pervasive pattern of unstable relationships and affect	Attention Seeking and Obsessive Emotionality
Prevalence	3% in Men, 1% in women	Twice as high in women, 1-2%	More prevalent in women, 2-3%
Prognosis	Chronic but can improve with age	High incidence of DA usage and MDD, chronic	Chronic, but Sx improve with age
Treatment	Dialectical Behavioral Therapy, Caution use of anti-anxiety meds due to addiction potential	DBT, Psychotherapy, Skill Building, Meds to treat Depressive Sx as needed	Psychotherapy

Identifying Personality DOs

Cluster C	Avoidant personality disorder	Dependent personality disorder	Obsessive-compulsive personality disorder
Dx Requirements	A.F.R.A.I.D. social inhibition and hypersensitivity	O.B.E.D.I.E.N.T. Excessive need to be taken care of	Pervasive pattern of perfectionism, inflexibility, and orderliness.
Prevalence	1-10% of the population	1% of the population, more likely in women	More common in men and first born children
Prognosis	Chronic, but can improve with support/treatment	Chronic, but symptoms decrease with age/treatment	Some will develop OCD
Treatment	SSRIs, Beta-blockers, OPT	Psychotherapy, anti anxiety medication	Psychotherapy

Medications and Personality Disorders

- Because Personality Disorders represent exaggerated quirks in personality and behavior, medications are an added treatment; not the primary standard of care
- All medication classes are used to treat multiple symptoms including depression and anxiety

Other treatments for Personality Disorders

- CBT and DBT
- Psychotherapy
- Harm and Risk Reduction
- Crisis Planning
- Other

As an SC, what is my role in the lives of people with personality disorders?

- Set and reinforce clear boundaries and limitations
- “Do for, Do with, Cheer on.”
- Know your own limitations
- Maintain your own emotional stability
- Develop and cement the helping relationship

Helping individuals manage SPMI

- Symptom and trigger knowledge
- Develop and utilize coping skills
- Crisis planning and support network building
- Formal vs. Informal Supports
- Collaboration, Networking, and Individual voice and choice
- Remember that relapse is an entitlement of recovery
- Enhancing Medication Usage

Activity: Understanding Mental Illness...



Child and Adolescent Diagnoses

DENNIS THE MENACE



"BY THE TIME I THINK ABOUT WHAT I'M
GONNA DO... I ALREADY DID IT!"

Quick Facts about Child and Adolescent Mental Illness

Trivia Question # 8:

What is the most prevalent mental health diagnosis in children?

- 4 MILLION children and adolescents are diagnosed with a serious mental illness
- 1/2 of all mental illnesses present themselves **before age 14**
- Only about 20% of children with mental illness are identified and receiving services
- Suicide is the **3rd leading cause of death** in children ages 14-25
- Children with mental illness experience **higher rates** of school failure, adjudication, teen pregnancy, drug addiction, homelessness/runaway, violence victimization and perpetration, and familial conflict

Emotional and Behavioral Disorders in Children

Disorder	Attention Deficit Hyperactivity Disorder	Conduct Disorder	Oppositional Defiant Disorder
Diagnosis Requirements	Inattention, hyperactivity, impulsiveness	Repetitive or persistent violation of social norms and expectations	Cannot be given along with conduct disorder. Anger-guided behavior and lack of response to directives
Prevalence	2-12 % of school age children	1-10% of children under 18 y.o.a., more prevalent in males	10% of children, more prevalent in males
Prognosis	Chronic, but Sx can subside with age	Chronic	Chronic
Treatment	Behavioral therapy, medication, lifestyle changes. Monitor addiction potential of medications.	MST Therapy	Psychotherapy, family therapy

Common Anxiety Disorders in Children and Adolescents

- Obsessive-Compulsive Disorder
- PTSD
- Panic Disorder
- Separation Anxiety Disorder
- Social Phobia
- Social Anxiety Disorder

Psychotic Disorders in Children

- Risk factors include genetics, environmental, brain chemistry—what else?
- Symptoms include social withdrawal, shyness, hallucinations, delusions, and cognitive issues
- Treatment options include psychotherapies, social skill building, special education
- Medications options tend to be second generation in nature
- Diagnosis of these disorders is increasing at an alarming rate—thoughts?

Mood Disorders in Children

- Risk factors include genetics, trauma, chemical, DA abuse, and environmental
- Symptoms include irritability, lethargy, activity disinterest, low-self esteem, extreme separation anxiety, explosiveness, lack of impulse control
- In young children, symptoms can mimic those of ADHD
- Treatments include therapy spectrum, skill building, social supports, and emphasis on hobby, leisure, and recreation
- Medications: Black Box Warning

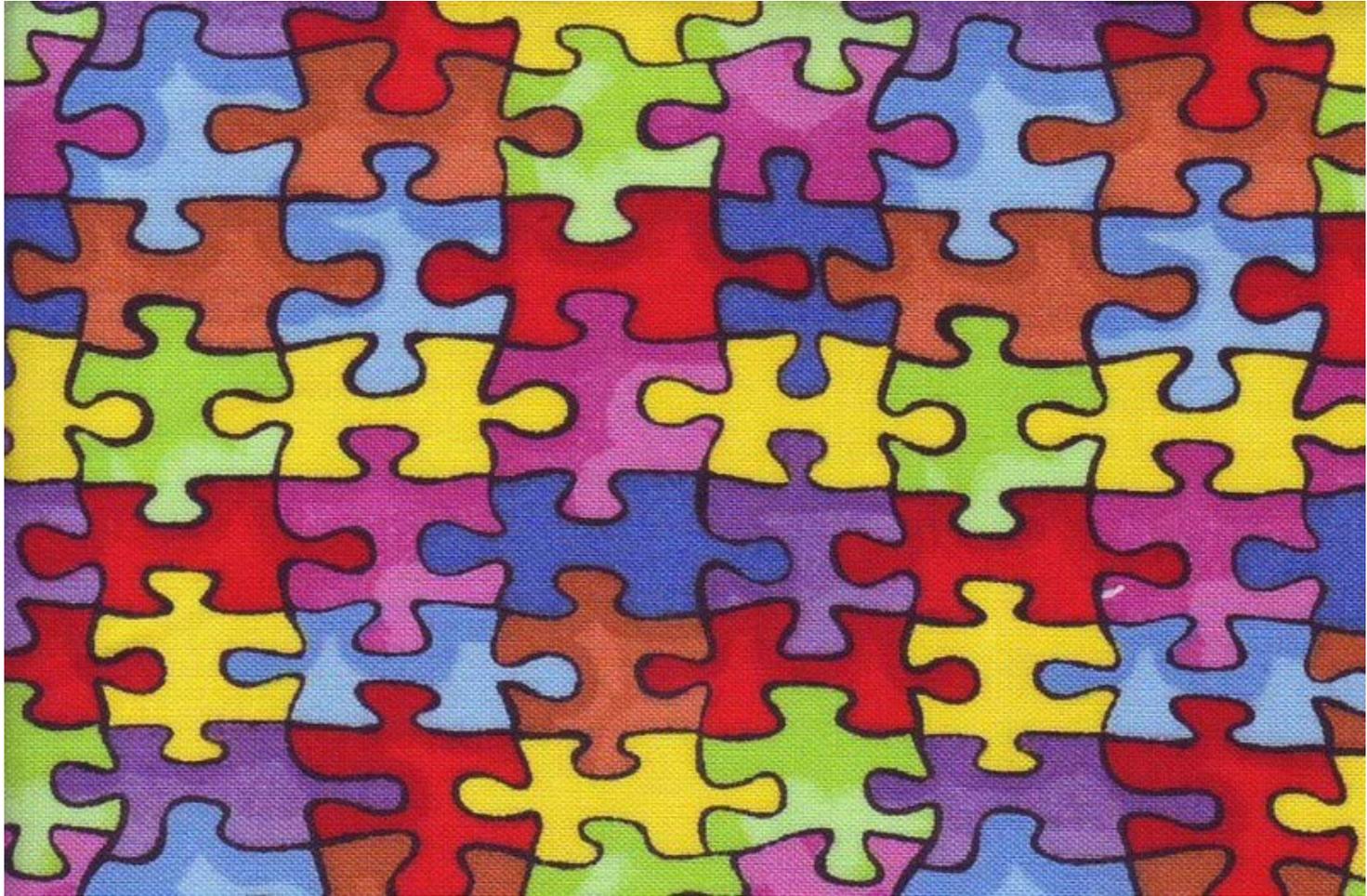
Pervasive Developmental Disorders in Children and Adolescents

- Autism
- Asperger Syndrome
- Rett Syndrome
- Childhood Disintegrative Disorder
- Changes in the new DMS

Child and Adolescent Psychiatric Disorders and Medication Management

- Provide education of medications, side effects, and adherence to families
- Help families to weight treatment options
- Help families and adolescents to advocate with the MD
- Monitor side effects and help implement resolutions
- Monitor for signs of abuse and/or potential

Activity: Understanding Childhood Mental Illness



Mental Health Labels

- Designed to describe a set of symptoms for diagnostic, billing, and treatment purposes
- Can create stigma and reduce adherence to and impact of treatment
- As an SC, you have the ability to help people to be known outside of their label
- What is Person First or Person Centered Language

Person First Language—It starts with you!!

- Her daughter is autistic.
- The ARC is an organization that helps the intellectually handicapped..
- I took a class about learning disabled children.
- Gallaudet is a college for the deaf.
- A learning disabilities teacher has many opportunities to help the mentally challenged.

Activity

