



Diagnosis

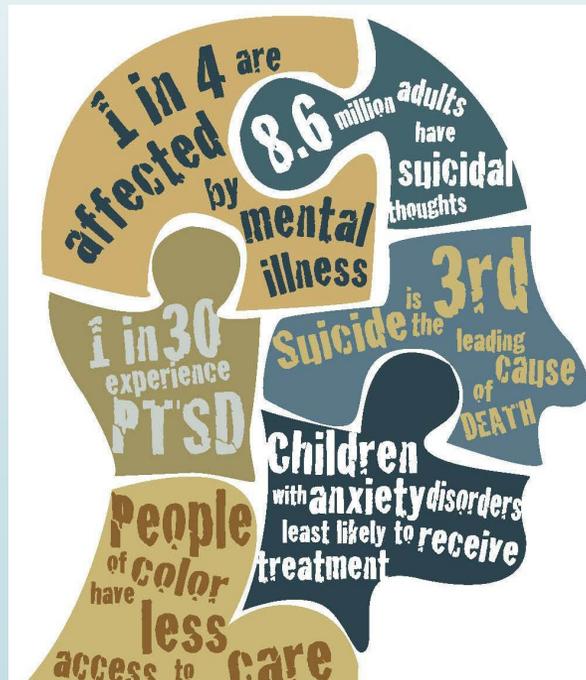
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Diagnosis Across the Age Continuum

1 in 5 Children have a diagnosable MH condition

½ of all cases of mental illness present themselves before the age of _____?

½ of all children born with a MH diagnosis are born to parents with an MH diagnosis



- ▶ “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?”
- ▶ Neurodevelopmental
- ▶ Neurocognitive

The Transition from the DSM-IV to the DSM-V

DSM-IV

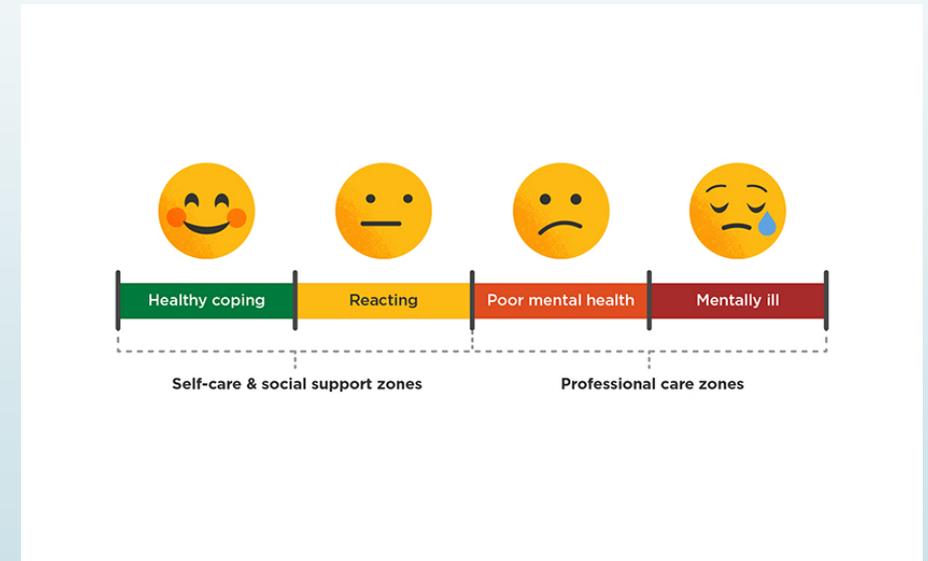
- ▶ 5 axis
 - ▶ 1-Clinical Disorders
 - ▶ 2-IDD and PD Disorders
 - ▶ 3-General Medical Conditions
 - ▶ 4-Psychosocial/Environmental Problems
 - ▶ 5-Global Assessment of Functioning
- Not Otherwise Specified
- Why the need for changes?

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.....

Severe and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED)

- ▶ Individuals meet the Federal Definition of SPMI
 - ▶ Diagnosed MH condition resulting in functional impairment
- ▶ Age Distinctions
 - ▶ Individuals 18 years of age and older (SPMI)
 - ▶ 22 years of age if currently enrolled in special education (SPMI)
 - ▶ < 18-Serious Emotional Disturbance (SED)
- ▶ Diagnosis of Mood and/or Psychotic Disorders
 - ▶ Consideration for adjustment disorders in Allegheny County
- ▶ Other Supplemental Criterion including
 - ▶ Treatment history for mental health needs
 - ▶ History of psychiatric hospitalizations
 - ▶ Involvement in additional human service systems including forensics, CYF, AAA, etc.
 - ▶ Individuals can also be diagnosed with a co-occurring condition or circumstances including IDD and/or D&A, homelessness, HIV/AIDS, etc.
 - ▶ Poor educational performance or attainment
 - ▶ Issues with impulse control or judgement





Additional MH Diagnosis Considerations

- ▶ All individuals in services will have a formal diagnosis, provided by a physician or psychologist
- ▶ Three common Dx categories SCs will encounter include **Psychotic, Mood, and Personality** Disorders
- ▶ Three key characteristics of these illnesses are that their symptoms are **ongoing, long-term, and chronic**
- ▶ 44 million US residents are diagnosis with a Mental **Illness—18% of the total population**
- ▶ 90% of people who commit suicide have an underlying mental illness, making it the 10th leading cause of death in the US
- ▶ Individuals with an SPMI diagnoses are **more likely** to experience discrimination, unemployment, homelessness, criminalization, social isolation, poverty, and premature death



Trivia Break...

- ▶ Individuals with SPMI diagnoses pass away an average of how many years **sooner** than the population without an SPMI diagnosis?
- ▶ True or False: By the year 2020, Depression will be the leading cause of disability worldwide.
- ▶ What demographic is most likely to be diagnosed with Schizophrenia in the US?
- ▶ What percentage of individuals with a mental health disorder have a co-occurring Substance Use Disorder?
- ▶ What is the average of onset for men? What is the average age of onset for women?
- ▶ What percentage of the population will experience **an episode** of depression in their lifetimes?



What causes these conditions?

- ▶ Risk Factors include genetic predisposition, prenatal/perinatal, environmental, experiential, trauma,
 - ▶ Genetic predisposition: prenatal, perinatal
 - ▶ Environment, trauma, experiences
 - ▶ Other?

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
Easy to diagnose	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

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	1-6 months	<1 month
OTHER DIAGNOSTIC INDICATORS	5 subtypes -Paranoid -Catatonic -Disorganized -Undifferentiated -Residual	Psychotic Symptoms not a result of Mood D/O and Mood D/O sx occur when not actively psychotic	Typical rapid onset	No other + or - symptoms

Identification of Mood/Anxiety Disorders

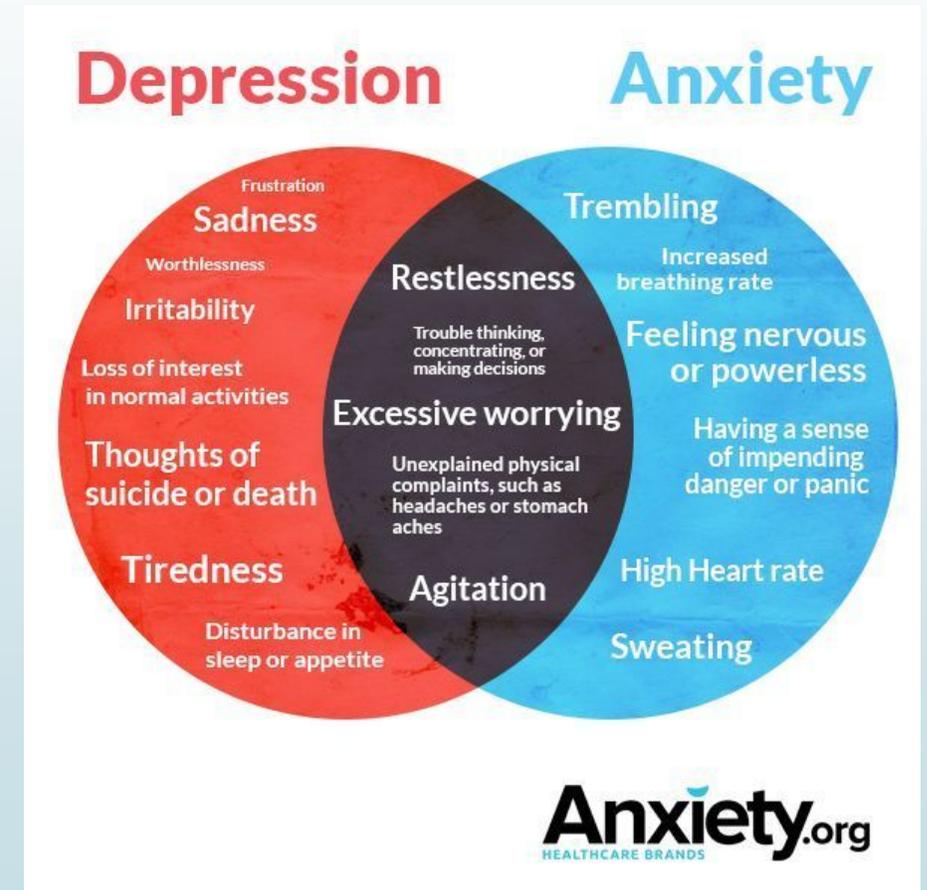
DEPRESSIVE SYMPTOMS	MANIC SYMPTOMS
Sadness, hopelessness, frequent crying	Racing thoughts and actions—Excessive energy
Eating/sleeping too much or too little	Extremely irresponsible behaviors—over spending, hypersexualization, illegal activity, self-harm
loss of interest and/or pleasure in things that 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

Common Anxiety Disorders

- ▶ Panic Disorder
 - ▶ Recurring anxiety attacks
- ▶ Social Phobia
 - ▶ Fear of public rejection/humiliation
- ▶ Obsessive Compulsive Disorder
 - ▶ Recurrent thoughts that result in ritual routines to reduce anxiety
- ▶ Hoarding Disorder
 - ▶ Recurrent collection of things/items to reduce anxiety/gain control
- ▶ Post Traumatic Stress Disorder
 - ▶ Numbing after a traumatic event
 - ▶ Flashbacks, hypervigilance
- ▶ Separation Anxiety Disorder
 - ▶ Extreme fear associated with leaving the comfort of a particular person
- ▶ Generalized Anxiety Disorder
 - ▶ Persistent, uncontrolled worrying
 - ▶ Somatic Symptoms



Personality Disorders

- 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

PERSONALITY DISORDERS

CLUSTER A

(odd, eccentric)

PARANOID

- suspicious
- hypersensitive
- secretive

SCHIZOID

- seclusive
- indifferent
- passive

SCHIZOTYPAL

- odd in thinking
- w/ bizaare fantasy
- w/ peculiar language

CLUSTER B

(dramatic or emotional)

HISTRIONIC

- attention-seeker
- flamboyant
- provocative

NARCISSISTIC

- excessive self-admiration
- egocentric
- sense of grandiose

BORDERLINE

- impulsive
- self-mutilative
- manipulative

ANTISOCIAL

- rule breaker
- aggressive
- abusive

CLUSTER C

(anxious or fearful)

AVOIDANT

- fears criticism
- overly serious
- withdrawn

DEPENDENT

- clingy
- indecisive
- submissive

OBSESSIVE-COMPULSIVE

- perfectionist
- passive-aggressive
- rigid

numbwhendeeplybruised.

Cluster A: Peculiar and Withdrawn

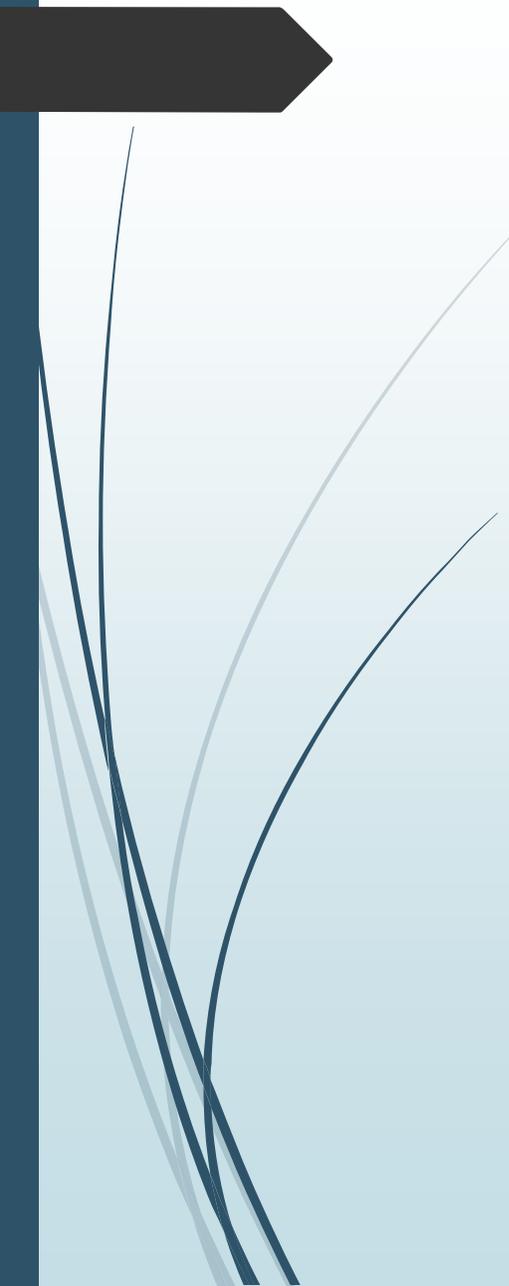
Odd and Eccentric	Paranoid Personality DO	Schizoid Personality DO	Schizotypal Personality DO
Dx Requirements	Distrust of others, reluctance to confide in others	Pattern of social withdrawal, restricted emotional range	Social deficits and thought patterns
Prevalence	Higher in Males, .5-2.5% of the population	Higher in Males, 7% of the population	3% of population
Prognosis	Chronic and problematic	Chronic, but not always lifelong	Chronic and can develop into schizophrenia

Cluster B: Emotional and Inconsistent

Dramatic and Volatile	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 Males, 1% in females	Twice as high in females, 1-2%	More prevalent in females, 2-3%
Prognosis	Chronic but can improve with age	High incidence of DA usage and MDD, chronic	Chronic, but Sx improve with age

Cluster C: Frightened and Isolative

Anxious and Fearful	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 females	More common in males and first born children
Prognosis	Chronic, but can improve with support/treatment	Chronic, but symptoms decrease with age/treatment	Some will develop OCD

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Trivia Break...

- ▶ *True or False*--The prevalence of personality disorders in monozygotic twins is several times higher than in dizygotic twins?
- ▶ What is the most prevalent mental health diagnosis in children?
- ▶ The average delay between onset of symptoms and treatment is _____ years.
- ▶ What percentage of children are formally identified and receiving services?

Additional Child and Adolescent MH Facts

The Gap Between Need and Care

ADHD

40% of kids with diagnosable ADHD are not getting treatment

Depression

60% of kids with diagnosable depression are not getting treatment

Anxiety

80% of kids with a diagnosable anxiety disorder are not getting treatment

Mental Illness in Youth in the Juvenile Justice System

70.4%

of youth in juvenile justice settings meet criteria for a psychiatric diagnosis

ADHD Diagnosis and Treatment: Twice as Many Boys as Girls (4-17)

5.5% girls currently diagnosed with ADHD

12.1% boys currently diagnosed with ADHD

What Is the Age of Onset for Common Disorders in Children?



Age 6
median age of onset
Anxiety Disorders



Age 11
median age of onset
ADHD and Behavior Disorders



Age 13
median age of onset
Mood Disorders



3.7% girls currently taking ADHD medication

8.4% boys currently taking ADHD medication

These estimates are based on diagnostic interviews done by professionals of a sample of young people 13-18.

Sources and more details available at childmind.org/report

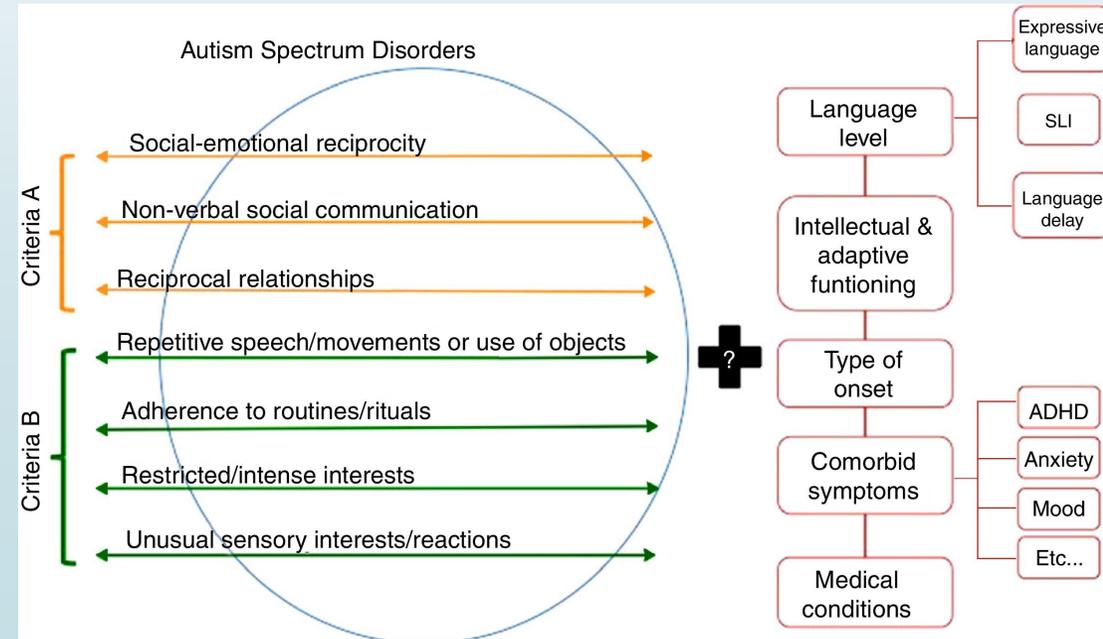
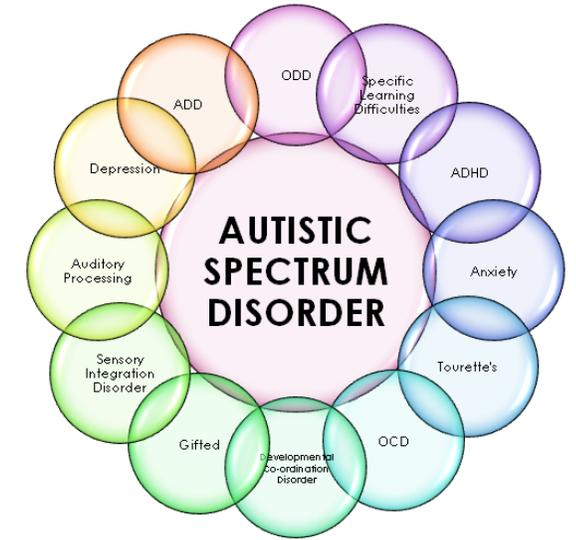
- 4 MILLION children and adolescents are diagnosed with a serious mental illness
- 25% of parents indicate that they experience difficulty finding successful services to address identified needs and conditions
- Suicide is the **3rd leading cause of death** in children ages 14-25
 - Increasing in prevalence...why?
- Children with mental illness experience **higher rates** of school failure, adjudication, teen pregnancy, drug addiction, homelessness/runaway, violence victimization and perpetration, and familial conflict

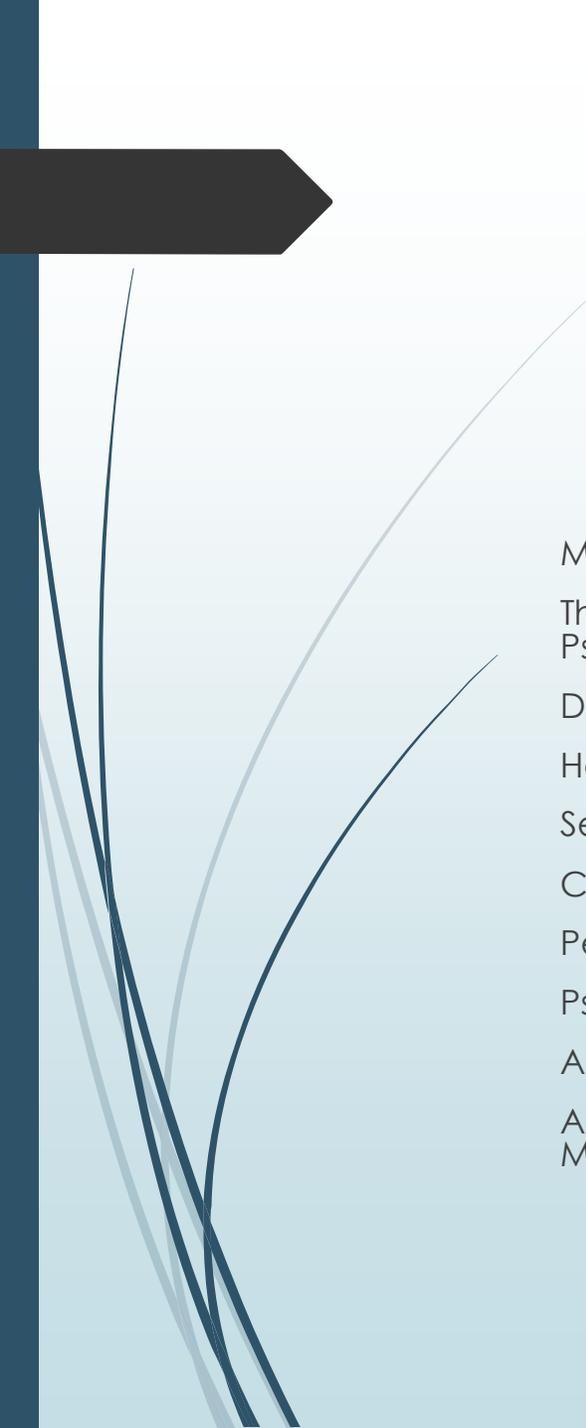
Emotional and Behavioral Disorders in Children

Disorder	Attention Deficit Hyperactivity Disorder	Conduct Disorder	Oppositional Defiant Disorder
Diagnosis Requirements	Inattention, hyperactivity, impulsiveness	Repetitive or persistent violation of social norms and expectations	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

Autism Spectrum Disorder

- 1 in 68 children will be diagnosed (2014)
- Individuals must show two persistent deficits including delays in **social communication and social interaction** (at least three) and **restrictive or repetitive patterns of behavior** (at least two)
- Symptoms can be past or present





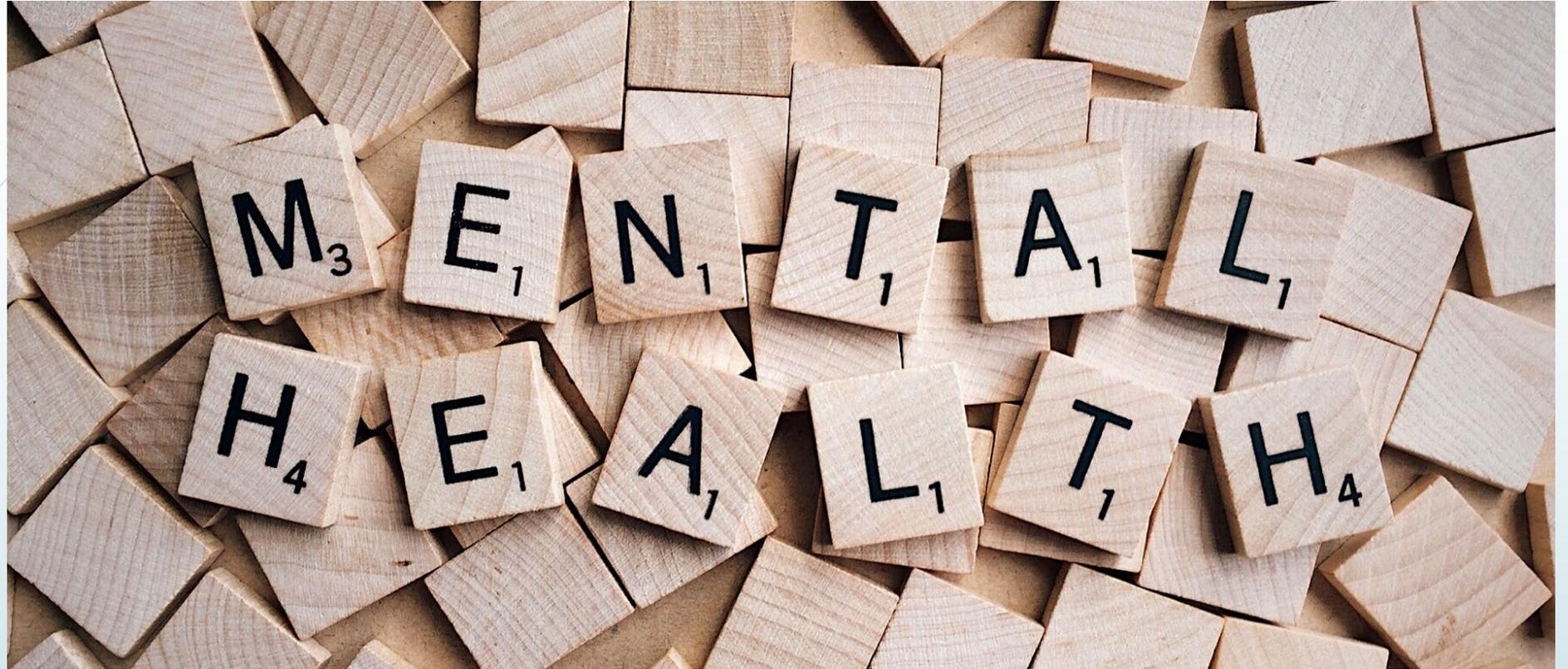
Treatment Options

Clinical Treatments

Medication Management
Therapy Spectrum: Individual (CBT, DBT, Psychotherapy), Group, Partial Hospitalization
Diversion and Stabilization
Harm Risk Reduction
Self-Help and Support Groups
Crisis Planning and knowledge or triggers
Peer Support, Supportive Living/Housing
Psycho/Social rehabilitation and education
Alternative Education Placement
ASD: Applied Behavior Analysis, Anger Management, Family Therapy, Sensory Processing

Health and Wellness

Meaningful Activity, Social Interaction
Community Resource Networking
Lifestyle changes and physical activity
Rule out medical causes



Activity: Mental Health Awareness