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The Changes in Major Diagnoses from DSM IV-TR to DSM 5: How to Talk to Clients About Changes in Their Diagnosis

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The changes in major diagnoses from DSM IV-TR to DSM 5: How to talk to clients about changes in their diagnosis.

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Purpose

- Outline and present the changes in diagnostic criteria and diagnoses between the DSM IV-TR and the DSM 5.
- Discuss how to talk to and work with clients if their diagnosis has changed or been removed.
- Upon early research, it appears that there is little literature that focuses on how staff can talk to clients about diagnosis changes or elimination.
- Learn more about changes and talking to clients
- Present this information to staff so they have an awareness of this when the changes are made in October of 2015 and the DSM 5 is to be fully implemented.

Methodology

The methodology is to complete a literature review about the changes in main diagnoses that are seen at the South Central Crisis Center in Mankato, MN. Diagnostic categories include schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, trauma and stressor-related disorders, autism spectrum disorders, and feeding and eating disorders.

Data collection consisted of a literature review including the changes in diagnoses from DSM IV-TR to DSM 5, and how to talk to clients about their mental health diagnosis. A handout of key points was made available to members of trainings and available upon request.

Ethical Issues

Welch, Klassen, Borisova, & Clothier (2013)

- Some diagnoses have been normalized and some diagnoses have had an increased stigma added to them.
- A diagnosis can “affect self-esteem, employment, insurability, parental access, adoption, and military service, among other things” (p. 172).
- Important to know the effects of how a diagnosis can affect a person and talk to them to reduce ethical dilemmas.

Review of the Literature

Miller & Prosek (2013):

- Increase consciousness for diagnosing clients
- Focus on a holistic approach for diagnosis and treatment
- Learn diagnostic changes to know effects on vulnerable populations, to engage in culturally sensitive practice and to not over diagnose or pathologize illnesses is important

Lauber, Nordt, & Rössler (2005):

- Emphasis on therapeutic relationships and rapport
- Provide education to clients in their words
- “To improve quality of mental health care, in particular, the management of mental disorders, different strategies must be considered” (p. 841).

Proctor, Knudsen, Fedoravicius, Hovmand, Rosen, & Perron (2007):

- Increase in backing for evidence based practices in working with clients
- Gaps in how to use EBPs in real world practice
- More trainings on how to use EBPs and the DSM-5 in agency settings

Rapport, Jerzembek, Doel, Jones, Cella, & Lloyd (2010):

- Treatment is dominated by narratives and assessments that are completed by therapists; do not include client opinion
- Utilize more integrated assessments into treatments
- Allow client to provide their own narrative

Tor-Johan, Ekeland, & Bergem (2006):

- Increase stigma with diagnosing clients, especially in rural communities
- Important to integrate and normalize community based care
- Clients that were able to understand their illness had easier access to services, less stigmatization in their community, and had fewer conflicts with others and their providers

Implications / Discussion

- Minimal research on how to talk to clients about new or changing diagnoses with the switch from DSM IV-TR to the DSM-5
- Controversy surrounding the over-pathologizing of diagnoses
- Little information on the application and use of the DSM-5 in clinical practice
- Does provide more reliable, accurate assessment of functioning

A full list of references is available upon request.