TMH Professionals, LLC, LPCA, EAPWorks, CEUConcepts, & American College of Psychotherapy present

Psychopathology, Differential Diagnosis, and the DSM-5: A Comprehensive Overview

Module 3: Anxiety Disorders & Depressive Disorders
1. “Because when the only tool you have is a hammer, everything looks like a nail”.

2. Absolutely Everything is relevant.

3. Lends itself to a collaborative model.

4. Best serves the patient

5. Protects the Therapist
DSM-5 Differential Diagnosis, 6 Basic Steps

1) Ruling out Malingering & Factitious Disorder,
2) Ruling out a substance abuse,
3) Ruling out medical conditions,
4) Determining the specific primary disorder(s),
5) Differentiating Adjustment Disorder from the residual Other Specified and Unspecified conditions,
6) Establishing the boundary with no mental disorder.
On Track with Differential Diagnosis

- Safety Hierarchy
- Family History (with caution)
- Get collateral Information
- Physical Illnesses can impact Mental Disorders
- Consider somatization when things don’t fit
- Substance use can complicate and cause disorders

- Always consider Mood Disorders
- Always consider the Gut
- Signs beat Symptoms
- Be wary of Crisis generated Info.
- Objective (findings) are preferred Subjective Judgements
- Occam’s Razor...Keep it simple
- Horses not Zebras
- Watch for Contradictions
I. Collect the Data

- **Clinical Assessment**
  - Hx of present illness
  - Medical Hx / Surgeries / Hospitalizations
  - Mental Health HX
  - Family medical and mental health hx
  - Hx of substance and ETOH use
  - Birth Event
  - Family of Origin / Trauma hx
  - Educational Hx
  - Personal / Social Hx
  - Relational / Marriage Hx
  - Job Hx / Injuries
  - TBI’s

- **Military Service**
- Legal Hx / Financial Hx
- Living Conditions
- Assessment (MH) / Pain
- MSE

- **Psychological Testing**
- Medical Records
- Old Records
- Collateral / Family Informants
2. Identify Symptoms, Signs, and Syndromes

- **Symptoms**, what patients complain about. (Subjective) i.e. Pain

- **Signs**, are what the clinician notices (Objective) i.e. Gate

Dominant concept in Mental Health is SYNDROME

- **Syndromes** are the **Symptoms, Signs, and Events** that occur in a recognizable pattern so as to suggest the existence of a disorder.

- **Reliability** is insomnia reported by someone with Depression
- **Validity** is when insomnia is verified by a sleep study
When in Doubt

• Best predictor of future behavior is past behavior

• More symptoms of a diagnosis suggest greater likelihood of that diagnosis

• Typical features increase likelihood of that diagnosis ... “it’s a duck”

• When symptoms can’t be defined as one disorder, use multiple diagnosis

• Arrange in order of urgency, treatability, or specificity

• When possible, list chronologically

• Response to previous treatment is a clue to diagnosis

• Don’t be afraid to use *undiagnosed* when you are not sure.

• Always consider, when symptoms are vague, No Mental Diagnosis at all.

• When someone is acutely ill with a mental illness, avoid using a diagnosis of a Personality Disorder

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3. Create Differential Diagnostic

• Start with multiple possible Diagnosis
• Systematically consider them all
• Create a comprehensive list of all possible causes of the patients condition and syndromes
• Use the decision tree and choose the most likely Provisional Diagnosis
4. First things first…and SAFETY is First

Prioritize your list

Urgent

• Most dangerous
• Most likely to respond well to treatment
• Most likely to have the best outcome
• Any relating to substance use or medical illness because they can cause or worsen a mental condition
• Any recurring depression
• Any with mania or hypomania

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Important but less urgent ... “Chronic”

**Chronic**

- Alcohol Use Disorder
- Panic Disorder
- Phobic Disorders
- Obsessive-compulsive Disorder
- Anorexia Nervosa Disorder
- Adjustment Disorder
- Substance Use Disorder ...(other than alcohol)
- Borderline Personality Disorder
- Bipolar Depression
- Major Depressive Disorder
- Seasonal Affective Disorder
Global:
(Difficult to Treat and with Poor Outcome)

Schizophrenia
Alzheimer’s Dementia
Antisocial Personality Disorder
AIDS- Related Dementia
5. Summarize and Explain

• Write a brief explanation of how you arrived at your conclusion and why.

6. Reconsider your diagnosis

As treatment reveals new data information is gleaned from the patients response to treatment
Bibliography:

• Information contained herein is from the books listed below:
• DSM-5 Differential Diagnosis
  Michael First M.D. American Psychiatric Publishing
DSM-5 Made Easy
  James Morrison Guilford Press
Diagnosis Made Easier
  James Morrison Guilford Press