How DSM5® Will Impact Diagnosis and Treatment Planning in Play Therapy.

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Why grandma doesn’t want to see a psychiatrist

• Stigma around labels:
  • Lunatic, idiot, moron
  • Neurotic, psychotic
  • Incorrigible child
  • Touched in the head
  • Just plain crazy

HISTORY AND PURPOSE OF DSMS

DSM I: 1952  106 disorders: provide common nomenclature
DSM II: 1968  182 disorders: multi-axial, medical, Pharma
DSM III: 1980  265 diagnoses: research, Big pharm. Insurance
DSM III-R: 1987  297 diagnoses: categories renamed
DSM IV: 1994  365 diagnoses: NOS, more info, esp. on kids
DSM IV TR: 2000 still 365: suggested tx ideas and bhav sx
DSM 5 Publication and Resources


APA's DSM Website: http://www.dsm5.org

Changes from DSM IV to 5

Time for an Update: research, neuroscience, cultural competence

Harmonizing with ICD (International Classification of Disorders)

Recognition of disorders along a spectrum, no NOS

Dropped multi-axial diagnoses and some diagnoses

CHANGES

1. Syntonic vs. Dystonic Disorders: Replaces Axis I & Axis II
2. Syntonic – client heavily defended, resistant to therapy, no motivation to change
3. Dystonic – client feels significant distress, disability or impairment in functioning, no capacity to cope with the condition, client is motivated in therapy

Severity Index Across Time and Circumstances:
When did it start, for how long, where and when observed?
0-no, (GAF)71++; 1-mild, 61++; 2-moderate, 31++; 3-severe, 1-30
From Childhood to Neurodevelopmental Disorders

**Intellectual Disabilities;** replaces Mental Retardation
F70 Mild, F71 Moderate, F72 Severe, F73 Profound
High rates of comorbidity with other mental, physical diagnoses

F88 Global Developmental Delay (New)
Reserved individuals under the age of 5 who cannot be reliably assessed. Use when developmental milestones in several areas are not met and child can’t participate in standardized testing

Autism Spectrum Disorders; F84
Replaces Pervasive Developmental Disorders: Autism, Asperger’s, Rett’s, & Child Disintegrative
For New Clients

**Symptoms and Behaviors:**
Deficits in social communication and social interaction
Restricted repetitive behaviors, interests, and activities

Specifiers: Severity; Levels 1-3 “Requiring support...substantial support...very substantial support
Impairments; Intellectual, Language,

Attention-Deficit/Hyperactivity Disorders
Same list of symptoms (Must be observed in all settings; home, school, play)

Onset now before age 12 (was 7 years of age) [Consider age and developmental factors in pre-schoolers]

Subtypes replaced by specifiers; Combined F90.2, Inattentive F90.0, Hyperactive/Impulsive, F90.1

Placed in Neurodevelopmental Disorders reflects brain research
Tic Disorders

• Fall under Stereotypic Movement Disorder
• A sudden, rapid, recurrent, non-rhythmic motor movement or vocalization
• Tourette’s F95.2
• Chronic/Persistent F95.1
• Specify; vocal tics only or motor tics only
• Provisional F95.0 (symptoms present less than 1 year)

Schizophrenia

• Childhood Schizophrenia – features are same as in adults but diagnosis is very difficult
• Delusions and hallucinations are less elaborate. Visual hallucinations are more common but must be distinguished from fantasy play
• Other symptoms: Thought disorganization, catatonia, restricted affect
• Disorganized speech and disorganized behavior may be due to other childhood disorders; ASD AD/HD

Childhood Bipolar Disorders

• Mania Symptoms: hyperactivity, irritability, grandiosity with psychosis, elated mood, rapid speech/racing thoughts, refuses sleep
• Depression: personality change, drop in grades, morbid, pessimistic, suicide ideation, somatic complaints (very different from adults who manifest with paralyzing, disabling depression) These kids are cranky, unhappy.
Bi-polar Disorders

- Bipolar 1 psychotic driven manic episodes marked by grandiosity
- Disabling depressive episodes
- Bipolar II most vulnerable to suicide: depressed then hypomanic with irritable mood
- Postpartum onset extreme risk for suicide
- Cyclothymic Disorder; 2 years, “mood swings”

Depressive Disorders

- Disruptive Mood Dysregulation Disorder (NEW)
- Onset before 10 years of age
- Temper outbursts (verbal or behavioral) that are grossly out of proportion to events
- Occur more than 3 times/week for at least 1 year
- Overall negative mood
- Not due to psychosis or PTSD
- Criteria previous used as descriptors of the ‘pediatric bi-polar disorder’
- Behaviors are consequence of 5 pathogenic care realms

Depressive Disorders

- Major Depressive Disorder; single, recurrent
- Chronic Depressive Disorder (replaces Dysthymia)
- Premenstrual Dysphoric Disorder; 5 months out of 12, 5 out of the 8 symptoms, severity of 3, must cause distress or impairment NEW
- Mixed Anxiety/Depression Disorder; 3 symptoms of depression and 3 of Gen. Anxiety Disorder NEW
Anxiety Disorders

Separation Anxiety Disorder: F93.0
- excessive distress when separated from attachment figure
- excessive worry about harm to major attachment figure
- worry about getting lost – refuses to leave home/separate
- fear of being alone even at home – afraid to sleep away from home – nightmares about separation – complaints of physical symptoms when separated from attachment figure
- Symptoms last at least 4 weeks

Selective Mutism: F94.0
- consistent failure to speak in specific social situations
- interferes with school, job or social communication – lasts at least 1 month

Generalized Anxiety Disorder
- excessive anxiety and worry
- difficult to control – 1 of 6 sx: restlessness, easily fatigued, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance lasting at least 6 months

Anxiety Disorders

Specific Phobia
- Specify if animal, environmental, blood
Note: In children fear or anxiety expressed by crying, tantrums, freezing, clinging

Social Anxiety Disorder (Social Phobia)
- Specify if performance

Panic Disorder
- Specify if panic attacks

Agoraphobia
- must exhibit at least 2 of 5 symptoms:
- public transportation, open spaces, enclosed places, standing in line, leaving house

Generalized Anxiety Disorder
- excessive anxiety and worry
- difficult to control – 1 of 6 sx: restlessness, easily fatigued, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance lasting at least 6 months

Obsessive – Compulsive and Related Disorders

- OCD: recurrent thoughts, repetitive behaviors
Young children cannot explain the purpose of behaviors or mental acts.
Specify history of tic disorder; 30% have lifetime tic
Specify level of insight; good, poor, absent (Mr. Monk)

- Body Dysmorphic Disorder preoccupied with physical appearance. Specify Muscle Dysmorphia
Differentiate from anorexia

- Hoarding Disorder may emerge in 11-15 yr. old

- Hair-pulling Disorder includes scalp, eyebrows, eyelids; as early as infancy, (Moved from Impulse Control to OCD)

- Skin Picking Disorder recurrent skin picking resulting in lesions, repeated attempts to stop, onset most often after puberty
Attachment Disorders

Reactive Attachment Disorder
- Responds to relationships with avoidance
- Social and behavioral disturbance: minimal response to others, limited positive affect, unexplained irritability, sadness or fearfulness around caretakers
- Behavior is consequence of inconsistent nurturing
- Not due to ASD
- Symptoms displayed before age 5 and after 9 mos.
- Severity index of 2 or 3 must be met
Specifiers: Persistent if lasting more than 12 mos.

Attachment Disorders

Disinhibited Social Engagement Disorder
(replaces RAD with disinhibited modifier)
- Absent reticence approaching unfamiliar adults
- No boundaries in relationships, goes off without checking back, willing to go with strange adult
- Behavior is consequence of inconsistent nurturing in five realms
- Behavior not better explained by ADHD, not impulsive
- Symptoms manifest after developmental age of 9 months
- Specifier; Persistent – lasts more than 12 mos.

Attachment Disorders

Pathogenic care realms
1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation and affection met by caregiving adults.
2. Repeated changes in primary caregivers that limit opportunities to form stable attachments.
3. Rearing in unusual settings that severely limit opportunities to form selective attachments (Areas not included in book: Disregard for child's physical needs; dropped from previous list in DSM IV. Persistent harsh punishment or other types of grossly inept parenting.)

Disturbed behavior must follow pathogenic care.
Attachment Disorders

Insecure attachment:
- ambivalent: easily frustrated, poor peer relations, can’t separate
- avoidant: can’t do fantasy play with other kids, oppositional, bully
- disorganized: angry, possibly tics, emotionally immature, lack empathy

Possible Diagnoses:
- Separation Anxiety Disorder
- Oppositional Defiant Disorder
- Depressive Disorders
- Conduct Disorder
- Personality Traits: Borderline, Obsessive, Compulsive, Avoidant

Trauma and Stress Related Disorders

PTSD F43.10 For children over 6 yrs. old
A. Exposure to actual or threatened death, serious injury, or sexual violence in 1 of 4 ways (changed)
B. Presence of one or more intrusion symptoms
C. Persistent avoidance of stimuli associated with the traumatic event
D. Negative alterations in cognitions and mood associated with the traumatic event
E. Marked alterations in arousal and reactivity associated with the traumatic event
Specifiers: Dissociative symptoms, Delayed expression

Acute Stress Disorder (F43.0) A. exposure to actual or threatened death
B. Presence of nine symptoms from any of 5 categories: intrusion, negative mood, dissociation, avoidance or arousal
Duration: persist 3 days to 1 month after trauma exposure
Adjustment Disorders

A. Development of emotional or behavioral symptoms in response to an identifiable stressor occurring within 3 months of the onset of stressor
B. These symptoms are clinically significant:
   - evidenced by distress or impairment;
C. Symptoms don’t meet criteria for another mental disorder
D. Do not represent normal bereavement
E. Symptoms do not persist more that 6 months after stressor or its consequences have terminated

Other Specified Trauma and Stressor–Related Disorder
- for adjustment–like disorders with delayed onset of symptoms or lasting more that 6 months

Dissociative Disorders

DID
A. Disruption of identity characterized by two or more distinct personality states
B. Recurrent gaps in recall of everyday events
   Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play.

Dissociative Amnesia – for event or for identity and life history - specify if: With dissociative fugue; wandering
Depersonalization – experiences of unreality, like an outside observer
Derealization Disorder – unreality with respect to surroundings; dreamlike, foggy lifeless, visually distorted

Feeding and Eating Disorders

Pica (code F98.3 for children)
- eating non-nutritive, non-food substances
Rumination Disorder F98.21
- repeated re-gurgitation of food for at least 1 month
Avoidant/Restrictive Food Intake Disorder F50.8
- lack of interest in eating avoidance based on sensory
Anorexia Nervosa F50.01 Restricting Type F50.02 Binge-eating purging type
- duration of 3 or more months, specifier based on BMI
Bulimia Nervosa F50.02 Binge eating with compensatory behaviors
Binge-eating Disorder F50.08 No compensatory behaviors
Elimination Disorders

**Enuresis** – repeated voiding of urine into bed or clothes at least twice a week for at least 3 months. Child must be at least 5 years old.
Specify: diurnal only, nocturnal only, both

**Encopresis** – repeated passage of feces into inappropriate places (clothing or floor) involuntary or intentional, at least once each month for 3 months. Child must be at least 4 years old.
Specify: with constipation and overflow incontinence
Without constipation and overflow incontinence

Sleep-Wake Disorders

**Insomnia Disorder** G47.00–difficulty initiating sleep (in children, may manifest as difficulty initiating sleep without caregiver intervention)

**Non-Rapid Eye Movement Sleep Arousal Disorders**

**Sleepwalking** F51.3 – repeated rising from bed during sleep
Specify: with sleep related eating or sexual behavior

**Sleep terrors** F51.4 – abrupt terror arousals from sleep.
Starts with panicky scream, then intense fear, autonomic arousal, unresponsive to comfort. No dream imagery. Amnesia for episodes. They cause clinically significant distress or impairment

**Nightmare disorder** F51.5 – repeated extended, extremely dysphoric and well-remembered dreams involving threats, survival, security, physical integrity.

Gender Dysphoria in Children

- Strong desire to be of the other gender
- Strong preference for cross-gender roles in make-believe play or fantasy play
- Strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
- Strong preference for playmates of the other gender
- Strong dislike of one’s sexual anatomy.
- At least 6 months’ duration
Disruptive, Impulse-Control and Conduct Disorders

Oppositional Defiant Disorder F91.3
- Angry/irritable Mood - Argumentative/defiant behavior
- Vindictiveness; spiteful Specify: mild if sx occur in one setting
Intermittent Explosive Disorder F63.81 at least 6 yr. old
- Recurrent behavioral outbursts with verbal aggression or
damage an destruction of property and/or physical assault
Conduct Disorder – aggression to people and animals –
destruction of property – deceitfulness or theft – serious
violations of rules specify; with limited prosocial emotions, lack
of remorse or guilt, callous – lacking empathy, unconcerned
about school performance, shallow or deficient affect
Childhood onset, adolescent onset

Personality Disorders

Cluster A: Paranoid, Schizoid, Schizotypal

Cluster B: Antisocial, Borderline, Histrionic, Narcissistic

Cluster C: Avoidant, Dependent, Obsessive-Compulsive

Adverse Child Events

- Verbal abuse
- Physical abuse
- Sexual abuse
- Substance-abusing household member
- Mentally ill household member
- Household member in prison
- Parents separated/divorced
- Witness domestic violence

High correlation with mental
and physical health problems
in adulthood
Medical Necessity

- Define medical necessity in your notes in order to get paid by insurance
- Describe how child has been negatively affected by stressors, disturbing events, trauma or disorders
- Demonstrate a significant amount of distress or impairment

One Diagnosis at a time

To demonstrate ongoing progress focus goals and objectives on one diagnosis at a time

Complete that goal successfully and move on to the next diagnosis

DSM® 5 Changes Play Therapy?

Affected diagnostic groups

Changes in treatment planning

Changes that may impact provision of play therapy
Relational Approach to diagnosis and treatment
Moving away from behavioral solutions

How parents and parenting will be held accountable

consider Adverse Childhood Experiences

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<th>Verbal abuse</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Mentally ill household member</th>
<th>Substance abusing household member</th>
<th>Parents separated/divorced</th>
<th>Witness domestic violence</th>
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Moving away from pharmaceutical solutions but toward the medical model (MRIs, biomarkers)

Prescriptive Play Therapy

Depressive Disorders
Anxiety Disorders
Conduct Disorders
ADHD
Adjustment Disorders
Post Traumatic Stress Disorder for Children 6 Years and Younger
Separation Anxiety Disorder
Attachment Disorders
Autism Spectrum Disorders
Reactive Attachment Disorder
Disinhibited Social Engagement Disorder

• Cognitive Behavioral Play Therapy
• Psychodynamic Play Therapy
• Adlerian Play Therapy
• Gestalt Play Therapy
• Sandtray, Art
• Release Play Therapy
• Relationship/Humanistic Play Therapies; CCPT, EFT, Jungian
• Family Play Therapy; Filial
• Ecosystemic Play Therapy
• Theraplay
• Developmental Play Therapy

Diagnostics and Brain Development

Cortex: 2-teen
Limbic System: 1-4 yrs.
Diencephalon: 1-2 yrs.
Brainstem: 0-1 yrs.
Sample Diagnosis and General Goals

PTSD

1. Recall trauma without becoming overwhelmed with negative emotions
2. Interact with family and friends without fears and intrusive thoughts
3. Return to pre-trauma level of functioning without avoiding people or places
4. Display full range of emotions
5. Develop coping skills that help with normal responsibilities, participating in relationships and social activities
   • In therapy process and resolve the trauma
   • What’s missing?

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