

Richard Niolon, Ph.D.

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DSM IV Article

Cultural Caveat

When working with clients of different cultural groups, you have to be careful that you do not pathologize behaviors that are normal in their culture. Textbook examples include diagnosing a Native American as psychotic because he is talking to dead relatives. Culturally, this may be accepted in his tribe as a way to process their death and grieve. Alternately, diagnosing an African American mother living in a low-income high-crime neighborhood as having paranoid ideation for thinking everyone around her was dangerous and could hurt her children would be just as irresponsible.

Cultural sensitivity goes a bit further though. Consider three factors:

- varying base rates of mental disorders in different ethnic groups
- the effects of racism
- acculturation

Varying Base Rates of Mental Disorders

Zhang and Snowden (2000) studied mental disorders in over 18,000 adults collected through an NIH study. They found:

African Americans had **lower** rates of major depression, obsessive-compulsive disorder, drug and alcohol abuse and dependence, antisocial personality disorder, and anorexia. They had **higher** rates of phobias and somatization.

Asian Americans had **lower** rates of schizophreniform disorder, mania and bipolar disorder, panic attacks, somatization, drug and alcohol abuse and dependence, and antisocial personality disorder.

Hispanic Americans had **lower** rates of schizophrenia, obsessive-compulsive disorder, panic attacks, and drug and alcohol abuse and dependence.

The Effects of Racism

Racial discrimination compared to life stress and demographic variables was also studied in African Americans as it predicted psychiatric disorders. Klonoff, Landrine, and Ullman (2000) found that racial discrimination accounted for 15% of the variance in predicting psychiatric disorders, and contributed a unique portion to the variance even when other factors were forced into the regression equation first. Clearly, this is an additional stressor that could lead to certain disorders more often than others, or require coping with certain skills that might also increase resistance to some disorders but lower resistance to others.

Acculturation

Finally, never underestimate the complexity of acculturation, as well as the stress associated with moving between cultures. Higher acculturation means greater ability to "fit in" to the dominant culture and make parts of it your own. Some studies have shown that as Mexican Americans become more acculturated, they are more likely to show substance abuse. Thus, more acculturation is not always better.

Those simple caveats given, here's a brief, brief, outline of the DSM IV. The Axis is in **red**, the topic area and text are in normal font, and the actual names of the disorders are in **bold**.

Axis I - Childhood

Pervasive Developmental Disorders

• severe impairments in various areas, including language, behavior, and other developmentally appropriate areas. There are several sub types:

- **Autistic Disorder**

- 1) impaired social interactions, 2) impaired communication, 3) restrictive or stereotyped behaviors
- genetic underpinning, linked to numerous neurological abnormalities
- 75% are mentally retarded, most cases are diagnosed by age 3

- **Rett's Disorder** (normal until age 5 months), **Childhood Disintegrative Disorder** (normal until 2 years), **Asperger's Disorder** (like Autistic without communication deficits), and **NOS**

Disruptive Behavior Disorders

- **Attention Deficit-Hyperactivity Disorder**

- 1) developmentally inappropriate pattern of inattention or hyperactivity, 2) onset before the age of 7, 3) signs in at least two settings
- genetic and biological underpinnings, maybe labile mood, low self-esteem, low frustration tolerance
- Hyperactive, Inattentive, Combined

- **NOS**

- **Conduct Disorder**

- 1) aggressive behavior, 2) destruction of property, 3) significant deceit or theft, 4) serious violation of rules (i.e., truancy, breaking curfews, and running away)
- Childhood, Adolescent, Unspecified Onset
- Mild, Moderate, Severe

- **Oppositional Defiant Disorder**

- many of the same behaviors as a conduct disorder, but with a negativistic defiance

- **Disruptive Behavior Disorder NOS**

Learning Disabilities

- achievement that is below expected levels (you may see language delays, motor difficulties, over activity, and low self-esteem)

- **Reading Disorder, Mathematics Disorder, Disorder of Written Expression, Learning Disorder NOS**

Other Developmental Disorders

- **Developmental Coordination Disorder** (a Motor disorder), **Expressive Language Disorder, Phonological Disorder, Mixed Receptive-Expressive Language Disorder, Stuttering, NOS** (all Communication disorders)

Feeding and Eating Disorders

- **Pica, Rumination, Feeding Disorder of Infancy or Early Childhood**

Tics Disorders

- **Tourette's, Chronic Motor or Verbal Tic Disorder, Transient Tic Disorder, NOS**

Elimination Disorders

- **Encopresis** (With and Without Constipation/Incontinence)
- **Enuresis** (Nocturnal, Diurnal, Nocturnal and Diurnal)

Others

- **Separation Anxiety**
 - 1) significant difficulty separating from a parent that is not age appropriate, 2) lasting for at least 4 weeks
- **Selective Mutism** - failure to speak in specific settings despite speaking on other settings
- **RAD** - pathogenic care and over/under attachment by 5 years, Inhibited or Disinhibited
- **Stereotypic Movement Disorder** With Self-Injurious Behavior
- **Disorder of Infancy, Childhood, or Adolescence NOS**

Axis I - Adulthood

- **Delirium**
 - 1) disturbed consciousness due to changes in cognition or the development of perceptual abnormalities, 2) rapid onset, 3) fluctuating symptoms, 4) it may last hours to weeks
 - Medical Condition, Substance Intoxication, Substance Withdrawal, Multiple Etiologies, NOS

Dementia

- 1) multiple deficits, 2) memory impairment, 3) progressive and irreversible
- **Alzheimer's Disease**
 - With Early or Late Onset
 - With Delirium, Delusions, Depressed Mood, Uncomplicated
 - With Behavioral Disturbance
- **Vascular Dementia**
 - memory impairment, neurological damage
 - With Delirium, Delusions, Depressed Mood, Uncomplicated, Behavioral Disturbance
- **Dementia Due to other General Medical Conditions**
 - Due to HIV, Head Trauma, Parkinson's, Huntington's, Picks, Creutzfeldt-Jakob, Other
- **Substance Induced Persisting Dementia**
- **Multiple Etiologies**
- **NOS**

Amnestic Disorders

- disturbed memory, but not consciousness, usually from C.V.A., stroke, or head trauma, sometimes psychological consequences
- **Amnestic Disorder due to General Medical Condition** Transient or Chronic
- **Substance Induced**
- **NOS**

Mental Disorders Due to a General Medical Condition

- **Something Due to Medical Condition**
 - due to medical problems and cannot be explained by psychological means; include mood, personality change, cognitive/consciousness changes, psychosis, anxiety, sexual and sleep disorders

Substance Abuse Disorders

- With and Without Physiological Dependence
- Early Full Remission (1-11 months no Dependence or Abuse), Early Partial Remission (1-11 months no Dependence, but Abuse), Sustained Full Remission (12 months with no Dependence or Abuse), Sustained Partial Remission (12 months with no Dependence, but Abuse)
- On Agonist Therapy, In A Controlled Environment
- Dependence, Abuse, Intoxication, Withdrawal
- With Dementia, Amnesia, Psychotic With Delusions, Psychotic With Hallucinations, With Mood, With Anxiety, With Sex, and With Sleep
- **Alcohol, Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Nicotine, Opioid, Phencyclidine, Sedative/Hypnotic/Anxiolytic, Polysubstance, Other or Unknown**

Schizophrenia Disorders

- 1) symptoms persist for six months, 2) one month of at least two symptoms from the following; delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms (impoverished affect, thought, or speech)
- **Paranoid, Disorganized, Catatonic, Undifferentiated, Residual Type**
 - Episodic With/Without Residual/Negative Symptoms, Continuous, Single Episode In Partial/Full Remission, Other or Unspecified

Schizophrenia Like Disorders

- **Schizophreniform Disorder** - symptoms of schizophrenia lasting less than six months
- **Schizoaffective Disorder**
 - symptoms of schizophrenia with a concurrent mood disorder, but a period exists without the mood disorder while schizophrenic symptoms are present

- Bipolar, Depressed Type
- **Delusional Disorder**
 - nonbizarre delusions
 - Erotomanic, Grandiose, Jealous, Persecutory, Somatic, Mixed, Unspecified
- **Brief Psychotic Disorder**
- **Shared Psychotic Disorder**
- **Psychotic Disorder Due to *Medical Condition***
- **NOS**

Mood Disorders

- Major Depressive, Manic, Mixed, and Hypomanic Episodes
- Chronic, With Catatonic Features, Melancholic Features, Atypical Features, Postpartum Onset
- With/Without Interepisode Recovery, With Seasonal Pattern, With Rapid Cycling
- Onset During Intoxication, Onset During Withdrawal
- Mild, Moderate, Severe With/Without Psychotic Features which are Mood Congruent/Incongruent, Partial/Full Remission, Unspecified
- **Major Depressive Episode** - 5 symptoms over 2 weeks
- **Major Depressive Disorder** - numerous Major Depressive Episodes over a six month period
- **Dysthymic Disorder** - depressive symptoms lasting 2 years, and longest remission is less than 2 months
- **Cyclothymic Disorder** - subclinical depression for 2 years, and longest remission is less than 2 months
- **Depressive Disorder NOS**
- **Bipolar I** - Single Manic, Most Recent Episode Hypomanic, Most Recent Episode Manic, Most Recent Episode Mixed, Most Recent Episode Depressed, Most Recent Episode Unspecified
- **Bipolar II** - recurrent depression and interspersed hypomanic episodes
- **NOS**

Anxiety Disorders

- **Panic Disorder With/Without Agoraphobia**
- **Agoraphobia Without Panic Disorder**
- **Specific Phobia**
- **Social Phobia**
- **Obsessive/Compulsive Disorder**
- **Generalized Anxiety Disorder**
- **NOS**
- **PTSD** - traumatic experience that is re-experienced and produces intense arousal and anxiety, as well as efforts to avoid this, for at least one month
- **Acute Stress Disorder** - PTSD for less than one month

Somataform Disorders

- 1) physical symptoms that are not explained by medical issues, 2) that cause distress, 3) and that are not intentionally produced
- **Somatization** - specific symptoms
- **Undifferentiated Somatoform** - nonspecific
- **Conversion** - neurological symptoms - Motor, Sensory, Seizure or Convulsion, Mixed
- **Pain Disorder** - Acute, Chronic
- **Hypochondriasis**
- **Body Dismorphic**
- **NOS**

Factitious Disorder - voluntarily produced

- **With Predominantly Psychological/Physical/Psychological and Physical Symptoms**
- **Malingering Disorder** - feigned symptoms (V65.2)
- **NOS**

Dissociative Disorders

- **Dissociative Amnesia Disorder**
- **Depersonalization Disorder**
- **Dissociative Fugue Disorder**
- **NOS**
- **Dissociative Identity Disorder**

Sexual and Gender Disorder

- Sexual Desire Disorders (2)
- Sexual Arousal Disorders (2)
- Orgasmic Disorders (3)
- Sexual Pain Disorders (2)
- Paraphilias (9)
- **Gender Identity**
 - in Children/Adolescents or Adults
 - Sexually Attracted to Males, Females, Both, Neither
- **Gender Identity NOS**
- **Sexual Disorder NOS**

Eating Disorders

- **Anorexia Nervosa**
 - 1) refuses to maintain normal weight, 2) intense fear of increase in weight, 3) disturbed perceptions of the body shape and size, 4) amenorrhea (90 % of patients are female)
 - Restricting, Binging/Purging
- **Bulimia Nervosa**
 - 1) binge eating with no control, 2) purging, 3) undue importance given to body shape and weight
- **NOS**

Sleep Disorders

- Dyssomnias - problems sleeping (6)
- Parasomnias - **Nightmare, Sleepwalking, Terror, NOS**
- Others (3)

Impulse-Control

- **Intermittent Explosive Disorder**
- **Pathological Gambling**
- **Kleptomania**
- **Trichotillomania**
- **Pyromania**
- **NOS**

Adjustment Disorders

- **With Anxiety, With Depressed Mood, Mixed Mood, Conduct, Mixed Emotions and Conduct, Unspecified**

Axis II

Disorders Diagnosed in Adulthood - Personality Disorders

Cluster A - odd or eccentric behaviors

- **Paranoid**
- **Schizoid**
- **Schizotypal**

Cluster B - emotional/erratic behavior

- **Antisocial**
- **Borderline**
- **Histrionic**
- **Narcissistic**

Cluster C - anxious and fearful

- **Avoidant**
- **Dependent**
- **Obsessive/Compulsive**

Disorders Diagnosed in Childhood

- **Mental Retardation**

- 1) IQ <70, 2) concurrent deficits in adaptive functioning, 3) onset before age 18, mild, moderate, severe, profound
- causes can be heredity (PKU), embryonic development (Down's Syndrome, anoxia, toxins), medical problems (lead poisoning), psychological problems (severe deprivation)
- Mild, Moderate, Severe, Profound, Unspecified

Axis III

General Medical Conditions

Axis IV

Psychosocial Stressors

problems with primary support group (death, abuse, separation),
 social environment (death or loss, discrimination, living alone), educational problems (illiteracy),
 occupational problems (unemployed), housing problems (homeless, unsafe), economic problems
 (poverty),
 problems with access to health care (inadequate care), problems in interaction with legal services
 (arrest, victimization),
 other

Axis V

Global Assessment of Functioning

0-10 persistent danger of hurting self; can't maintain standard of self-care
 11-20 some danger of hurting self; occasionally unable to maintain standard of self-care; impairment
 in communication
 21-30 delusions, hallucinations; impairment in communication and judgment; major impairment in
 most areas (stays in bed, no friends)
 31-40 some impairment in reality testing; major impairment in select areas
 41-50 serious symptoms (suicidal ideation but low risk, for example); serious impairment in one area
 51-60 moderate symptoms
 61-70 mild symptoms; able to function with some problems in relationships and work
 71-80 slight impairment; transient symptoms
 81-90 good functioning
 91-100 happy, healthy, content