

UNDERSTANDING THE USE OF DSM-IV-TR IN THE SCHOOL ENVIRONMENT BY COUNSELLORS

By

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Abstract

The Diagnostic Statistical Manual 4th edition text revision (DSM-IV-TR) is published by the American Psychiatric Association (APA) and serves as a centrally important tool in dissemination of psychiatry's understanding of psychological suffering. This paper is focused on Understanding of the DSM-IV-TR by Counsellors. Uninformed labelling of persons with the diagnosis symptoms of any of the disorder in the DSM-IV-TR gave rise to this paper. Presently not much attention has been given to persons especially children who manifest symptoms of any behavioural disorder even when they go through difficulties in the learning process. It was recommended that Counsellors should be taught the use of the DSM-IV-TR to enable them give adequate support to anyone who may suffer symptoms of any disorder in the learning process. Counsellors will also be competent to make appropriate referral when necessary. There is an urgent need to include in the curriculum of Counselling psychology in our institution of higher learning the use of DSM-IV-TR. In conclusion understanding of the use of the DSM-IV-TR and its appropriateness in counselling sessions will promote the total care and support for persons who may manifest symptoms of any the disorder.

Keywords: Diagnostic Statistical Manual 4th edition text revision (DSM-IV-TR)

Introduction

The Diagnostic and Statistical Manual of Mental Disorders (DSM), in its updated version, the DSM, fourth edition, text revision (DSM-IV-TR) (APA, 2000), contains detailed descriptions of nearly 400 mental disorders and is used in mental health settings, by psychiatrists, clinical psychologists, counsellors and other mental health professionals, to assign mental disorder diagnoses to clients whose symptoms match specific disorder criteria detailed in the manual. It is published by the American Psychiatric Association (APA) and serves as a centrally important tool in dissemination of psychiatry's understanding of psychological suffering. Also in the list of mental disorders are psychological problems such as depression, anxiety and addictions which counsellors come across in counselling sessions and in the learning environment. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard for classifying mental order illness that is applicable in a variety of contexts and used by clinicians, counsellors and researchers of many different orientations.

The Need for the DSM-IV

The profession of counselling is growing rapidly as reflected by the increase of professional community mental health counselling and counselling psychology graduate programmes. Graduates of these

programmes are to provide counselling services in mental health centres, psychiatric hospitals, educational centres, employee assistance programmes, and various other community settings. For effective counselling care the problem must be conceptualized and treatment plan based on valid diagnosis. As a result, understanding and utilization of the "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition" (DSM-IV) (APA) (1994) is of vital interest to the counsellor. Counsellor's skill in the use of the manual is unquestionably necessary when counselling clients with learning disabilities and other emotional challenges children face in the learning process.

The DSM-IV-TR is also a necessary tool for collecting and communicating accurate public health statistics especially to parents.

Making a Diagnosis: Utilising the DSM-IV-TR

Making a DSM diagnosis consists of selecting those disorders that inhibit learning from the classification that best reflects the signs and symptoms that are causing problems for the individual being evaluated. The diagnostic codes are derived from the coding system known as the International classification of diseases Ninth edition, Clinical modification (ICD-9-CM).

Each disorder included in the DSM includes a set of diagnostic criteria including symptoms that are present and for how long. Many counsellors will find the DSM diagnostic criteria useful because they provide a concrete description of each disorder. The continue use will as a matter of fact increase diagnostic reliability and increase the chance of different persons assigning the same diagnosis to a disorder. This is bound to promote a joint effort of all concerned in ameliorating the learning process for those who have been diagnosed with a disorder. It is important to note that these criteria are meant to be used as a guideline by an informed clinician or counsellor.

The DSM uses a multi-axial approach in diagnosing because there other factors in a person's life that impact on their mental health. Utilization of the DSM-IV-TR within the counselling profession has become necessary. According to Berman (2004) assigning a diagnosis to a client, may make many counsellors uncomfortable this might be due to the fear of making the wrong diagnosis. When counsellors are taught the proper use of the manual the erroneous labelling of children with learning disabilities will be a thing of the past. Counsellors will be properly equipped to understand the challenges some children face in the learning process.

In a study by Egbochuku and Abikwi (2006) the DSM criteria for diagnosing symptoms of Attention deficit/hyperactivity disorder was used as a guide to solicit responses from parents and teachers, it was discovered that in a sample of 400 primary school children in Benin metropolis, Nigeria 23.15% manifest likely symptoms of Attention deficit/hyperactivity Disorder (ADHD). It was also noted that parents and Educators used in the study were not aware of the diagnosis of ADHD rather they tagged children who manifest these symptoms as restless, inattentive, careless, dull and uninterested in school work.

The disadvantages associated with using the DSM-IV-TR have included the false impression that the understanding of mental disorders is more advanced than is the actual situation. It was discovered that knowledge in the use of DSM-IV will be of immense benefit to care providers especially counsellors who should as a result of training take time to talk to parents and educators on the symptoms being manifested by their ward. Making a DSM diagnosis consists of selecting those disorders that inhibit learning from the classification that best reflects the signs and symptoms that are causing problems for the individual being evaluated. The diagnostic codes are derived from the coding system known as the International classification of diseases Ninth edition, Clinical modification (ICD-9-CM). Each disorder included in the DSM includes a set of diagnostic criteria including symptoms that are present and for how

long. Many counsellors will find the DSM diagnostic criteria useful because they provide a concrete description of each disorder.

Scope of DSM-IV-TR: Understanding the Multi-Axial System of the DSM

The DSM uses a multi-axial approach in diagnosing because there other factors in a person's life that impact on their mental health diagnoses in the DSM-IV are coded by the "multiaxial system" which incorporates five axes. All diagnoses except for Personality Disorders are coded on Axis I. Only Personality Disorders and Mental Retardation are coded on Axis II. Axis III is for physical disorders and conditions. Axes IV and V represent Severity of Psychosocial and Environmental Problems and Global Assessment of Functioning (GAF), respectively, and are used for treatment planning and prognosticating. For example, a full multi-axial diagnosis would be presented as case, and an excessive focus on the signs and symptoms of mental disorders to the exclusion of a more in-depth understanding of the client's problems including human development.

Axis I: Clinical Syndrome

- This is what is thought of as the diagnosis (e.g. depression, schizophrenia, social phobia)

Axis II – Developmental and Personality Disorders

- Developmental disorders including autism, mental retardation and disorders which are typically first evident in childhood.
- Personality disorders which are clinical syndromes having more long lasting symptoms and encompass the individual's way of interacting with the world. They include Paranoid, Antisocial and Borderline Personality Disorders, Mental disorder

Axis III – Physical Conditions which play a role in the development, continuance, or exacerbation of Axis I and II Disorders (General Medical Conditions).

- Physical conditions such as brain injury or HIV/AIDS that can result in symptoms of mental illness are included here.

Axis IV – Severity of Psychosocial Stressors

- Events in a person's life, such as death of a loved one, starting a new job or changing a job, college, unemployment, and even marriage can impact the disorders listed in Axis I and II. These events are both listed and rated for this axis.

Axis V – Highest Level of Functioning (Global Assessment of Relational Functioning (GARF) Scale

On the final axis, the clinician rates the person's level of functioning both at the present time and the highest level within the past year. This helps the clinician/ Counsellor understand how the above four axes are affecting the person and what type of changes could be expected.

The GARF Scale can be used to indicate an overall judgment of the functioning of a family or other ongoing relationship on a hypothetical continuum ranging from competent, optimal relational functioning to a disrupted, dysfunctional relationship (APA, 2000).

Global Assessment of Functioning (GAF) Scale (DSM - IV Axis V)

| <i>Code</i> | <i>Description of Functioning</i> |
|-----------------|--|
| 91 - 100 | Person has no problems OR has superior functioning in several areas OR is admired and sought after by others due to positive qualities |
| 81 - 90 | Person has few or no symptoms . Good functioning in several areas. No more than "everyday" problems or concerns. |
| 71 - 80 | Person has symptoms/problems, but they are temporary, expectable reactions to stressors . There is no more than slight impairment in any area of psychological functioning. |

| | |
|---------|--|
| 61 - 70 | Mild symptoms in one area OR difficulty in one of the following: social, occupational, or school functioning. BUT, the person is generally functioning pretty well and has some meaningful interpersonal relationships. |
| 51 - 60 | Moderate symptoms OR moderate difficulty in one of the following: social, occupational, or school functioning. |
| 41 - 50 | Serious symptoms OR serious impairment in one of the following: social, occupational, or school functioning. |
| 31 - 40 | Some impairment in reality testing OR impairment in speech and communication OR serious impairment in several of the following: occupational or school functioning, interpersonal relationships, judgment, thinking, or mood. |
| 21 - 30 | Presence of hallucinations or delusions which influence behavior OR serious impairment in ability to communicate with others OR serious impairment in judgment OR inability to function in almost all areas. |
| 11 - 20 | There is some danger of harm to self or others OR occasional failure to maintain personal hygiene OR the person is virtually unable to communicate with others due to being incoherent or mute. |
| 1 - 10 | Persistent danger of harming self or others OR persistent inability to maintain personal hygiene OR person has made a serious attempt at suicide. |

(American Psychiatric Association (2000).

Features of the DSM-IV-TR: Major Psycho-diagnostic

According to the DSM-IV, mental disorders are conceptualized as clinically significant behavioral or psychological syndrome or patterns that occur in a 'person' and are associated with 'distress' (a painful symptom) or 'disability' (impairment in one or more important areas of functioning) or with increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, the syndrome or pattern must not be an expectable response to a particular event (APA, 1994).

Although the DSM system can be difficult to interpret for those with limited clinical experience or personal familiarity with mental disorders, it is relatively easy for experienced counsellors to learn. Each DSM-IV contains specific diagnostic criteria, the essential features and clinical information associated with the disorder, as well as differential diagnostic considerations. Information concerning diagnostic and associated features, culture, age, and gender characteristics, prevalence, incidence, course and complications of the disorder, familial pattern, and differential diagnosis are included. Many diagnoses require symptom severity ratings (mild, moderate, or severe) and information about the current state of the problem (e.g., partial or full remission) (American Psychiatric Association (2000).

Understanding The DSM: Implications For Counselling

Counsellors using the DSM-IV will need to be intensely aware of the implications associated with its use as well as the impact a diagnosis may have on a client's treatment within and outside of the counselling process. The DSM-IV is not the only psych-diagnostic nomenclature in existence, but it is the most popular. An up-to-date understanding of this diagnostic system and its implications in counselling is imperative for an individual to be effective and ethical in his/her delivery of professional mental health counselling services.

Seligman (1990) has indicated that knowledge of diagnosis is important for counsellors so that they may provide a diagnosis for clients. In addition, a DSM diagnosis assists counsellors with accountability and record keeping, treatment plan, communication with other helping professionals and identification of clients with issues that require expertise. Many mental health professionals and counsellors use the manual to determine and help communicate a patient's diagnosis. Therefore appropriate use of the diagnostic criteria requires extensive training, and its contents must be properly understood and applied by experts alone. The DSM advises laypersons to consult the DSM only to obtain information, not to make diagnoses, and people who may be found to have a mental disorder should be

referred for psychological counselling or treatment by a psychiatrist because a diagnosis or label may have different causes or require different treatments.

When utilizing the DSM-IV-TR, counsellors should be mindful of their own bias, the potential cultural assumptions embedded in categories and criteria, and the cultural diversity inherent in expressions of psychological distress, (Mezzich, J. E., Kirmayer, L. J., Kleinman, A., Fabrega, H., Parron, D. L., & Good, B. J, 1999). It is important for trained counsellors to actively seek literature and continuing education that help in the diagnosis of mental health.

The DSM-IV contains fifteen categories of mental disorders that are either common with school age children or its onset is at the school age. The counsellor most often comes across children who may manifest some symptoms that are linked to these disorders. 'Disorders usually first diagnosed in infancy, childhood or adolescence' that focuses on developmental disorders and other childhood difficulties are; 'Delirium, Dementia, Amnesic and Other Cognitive Disorders' include Alzheimer's conditions and Vascular Dementia. 'Mental Disorders Due to a General Medical Condition' includes anxiety and mood difficulties as well as personality change due to physical complications. 'Substance Related Disorders' consist of drug and alcohol abuse and dependence. 'Schizophrenia and Other Psychotic Disorders' are a continuum of difficulties that stress lack of contact with reality as well as Delusional Disorders. 'Mood Disorders' and 'Anxiety Disorders', including Major Depression and Posttraumatic Stress Disorder are featured diagnoses often used by counsellors. 'Somatoform Disorders, Factitious Disorders, Dissociative Disorders, Sexual and Gender Identity Disorders, Eating Disorders, Sleep Disorders, Impulse Control Disorders, Adjustment Disorders', and 'Personality Disorders' are among the other diagnostic categories in the DSM-IV. In addition, several lesser disorders referred to as V Codes are included (e.g, Parent-Child Relational Problem, Partner Relational Problem, Bereavement, and Occupational Problem).

Conclusion

Counsellors have a history of acknowledging sociopolitical and economic bias, the need for empowerment, and the complex ecological systems in which psychological distress is manifested. These core counselling principles are oftentimes challenged by the content of DSM-IV-TR, but can be sustained through an awareness of the manual's inherent biases. Mental health counsellors mandated use of DSM generates conditions that require critical consciousness, self-examination and persistence if the values of the counselling profession are to survive 21st century mental health practices. The DSM-IV is not the only psycho-diagnostic classification in existence, but it's the most popular and will remain useful in the counselling of clients who may exhibit one impairment or the other. Counsellors have utilized it in a professional manner in the past, it is therefore recommended for continuous use now and in the future. An up-to-date understanding of this diagnostic system and its vast implications in counselling will be imperative to the effective and ethical delivery of professional community mental health counselling and psychological counselling services in institutions of learning.

Recommendations

The following recommendations are made among others to promote the total care and support for persons who may manifest symptoms of any disorder.

- Counsellors should be taught the use of the DSM-IV-TR to enable them give adequate support to anyone who may suffer symptoms of disorder in the learning process and make appropriate referral when necessary.
- There is an urgent need to include in the curriculum of Counselling psychology in our institution of higher learning the use of DSM-IV-TR.

- Counselling units should be established in our schools in adherence to the National policy on education, this will reduce most of the crisis people face during the learning process.
- Counsellors should be trained in appropriate behavioural interventions which do not have any side effect in managing mild cases of disorder when diagnosed.

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