



“50 Shades of Grey Area”

Part Two: DSM-V and Assessment; Social Networking and Ethics

Southeast Tennessee Association of Addiction
Professionals December 12, 2014 Chattanooga, TN

Randal Lea, MA, LADAC, QCS

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FIFTH EDITION

DSM-5™

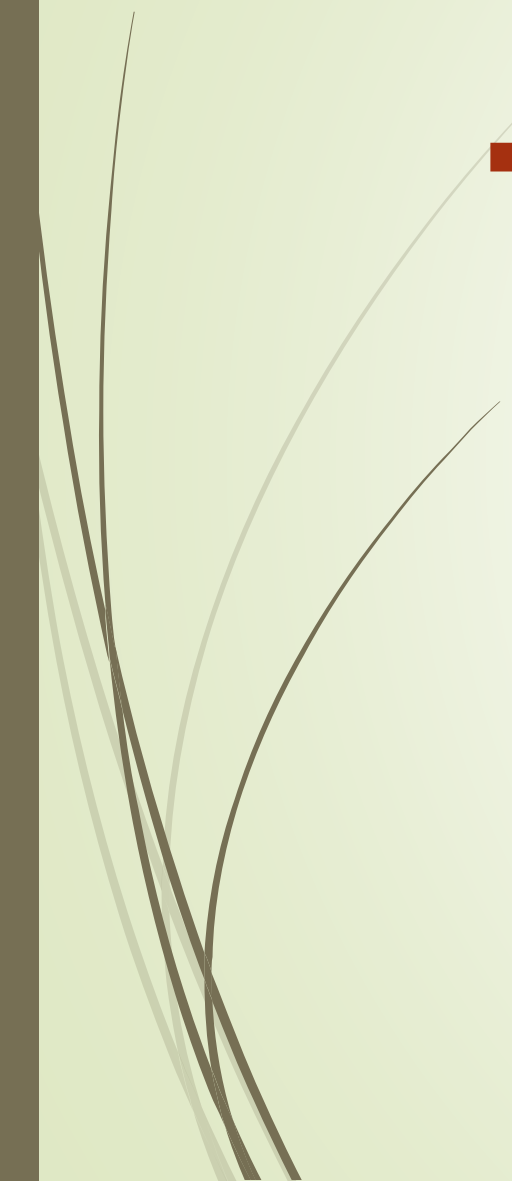
COMORBIDITY:

Schizophrenia Substance/Medication-Induced
Psychotic Disorder - PP 12-145
Bipolar & Related No Subsyndromal
Bipolar & Related Disor
Depressive Disorders
Anxiety Disorders
Red D/O: Substance / Medication induced
OCD & Red D/O - (PP 257-260)

3/01/17: ?



DSM-V Classification Differences

- ▶ Substance or Medication induced “Comorbidity”
 - ▶ Within Schizophrenia: **Substance / Medication Induced Psychotic Disorder** (pp 100-115)
 - ▶ Within Bi-polar Related Disorders **Substance / Medication Induced Bi-Polar and Related Disorders** (pp 142-145)
 - ▶ Within Depressive Disorders: **Substance / Medication Induced Depressive Disorders** (pp 175-180)
 - ▶ Within Anxiety Disorders **Substance / Medication Induced Anxiety Disorders** (pp 226-230)
- 



DSM-V Classification Differences

- ▶ Substance or Medication induced “Comorbidity” Concerns, Embedded in other Diagnoses, Ctd.
 - ▶ Within Obsessive Compulsive Related Disorders: **Substance / Medication Induced Obsessive Compulsive and Related Disorders** (pp 257-260)
 - ▶ Within Sexual Dysfunctions: **Substance / Medication Sexual Dysfunctions**(pp 446-450)
 - ▶ Within Neurocognition Disorders: **Substance / Medication Induced Anxiety Disorders** (pp 226-230)



DSM-V Classification Differences

- ▶ “Dependence” has been easily confused with the term “Addiction” when in fact, the tolerance and withdrawal that previously defined dependence are actually normal responses to prescribed medications that affect the central nervous system and do not necessarily indicate the presence of addiction.”

DSM-V p. xlii



DSM-V Classification Differences

- ▶ “Neither tolerance nor withdrawal is necessary for a diagnosis of a substance use disorder. However, for most classes of substances, a past history of withdrawal is associated with a more severe clinical course, (i.e., and earlier onset of a substance use disorder, higher levels of substance intake, and a greater number of substance related problems.).



DSM-V Classification Differences

- ▶ 11 Symptoms are noted for the Substance use disorder, and they fit into four overall “groupings.”
 - ▶ Symptoms 1-4 apply to “impaired control.” They can be loosely summarized as (1) Increased consumption, (2) Loss of control over use, (3) Preoccupation with use, and (4), craving.
 - ▶ Symptoms 5-7 apply to social impairment, and can be described as (5) consequences in work school or home, (6) Social consequences, and (7) decline in interests of activities.



DSM-V Classification Differences

- ▶ 11 Symptoms “overall groupings,” ctd
 - ▶ Symptoms 8 & 9 apply to “risky use” and can be briefly summarized as (8) dangerous use and (9), continued use despite harmful consequences (health or mental health related).
 - ▶ Symptoms 10 and 11 are groups as “Pharmacological criteria” and include traditional withdrawal and tolerance. Withdrawal does not apply to hallucinogen or inhalant disorders, and is usually factored into a substance-specific scale in the DSM-V.

Categories Covered in DSM-V SUD

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
 - Phencyclidine type
 - Other Hallucinogens
- Inhalants
- Opioids
- Sedatives, Hypnotics, and Anxiolytics
- Stimulants
 - Amphetamine Type
 - Cocaine
- Tobacco
- Other



DSM-V Classification Differences

- Severity is no longer “Abuse” v. “Dependence.” Instead. The presence of a number of symptoms may indicate:
 - 2-3 symptoms, mild substance use disorder
 - 4-5 symptoms, moderate substance use disorder
 - 6 or more symptoms, severe substance use disorder



Major Differences between DSM IV & V:

- Elimination of “Abuse” vs “Dependence” Diagnostic labels and criteria
- Regrouping of Substances identified (see next slide)
- “Specifiers” indicate Severity
- Specifiers differentiate Cocaine from Amphetamine use
- Inclusion of Gambling Disorder and Diagnostic Criteria



Changing Views in Substance Use Disorders

Older Model/ DSM IV

- Drug Abuse v. Drug Dependence
- Disease Concept and Abstinence Model
- Harm Reduction Models
- Treatment and Aftercare

Emerging Models/ DSM V

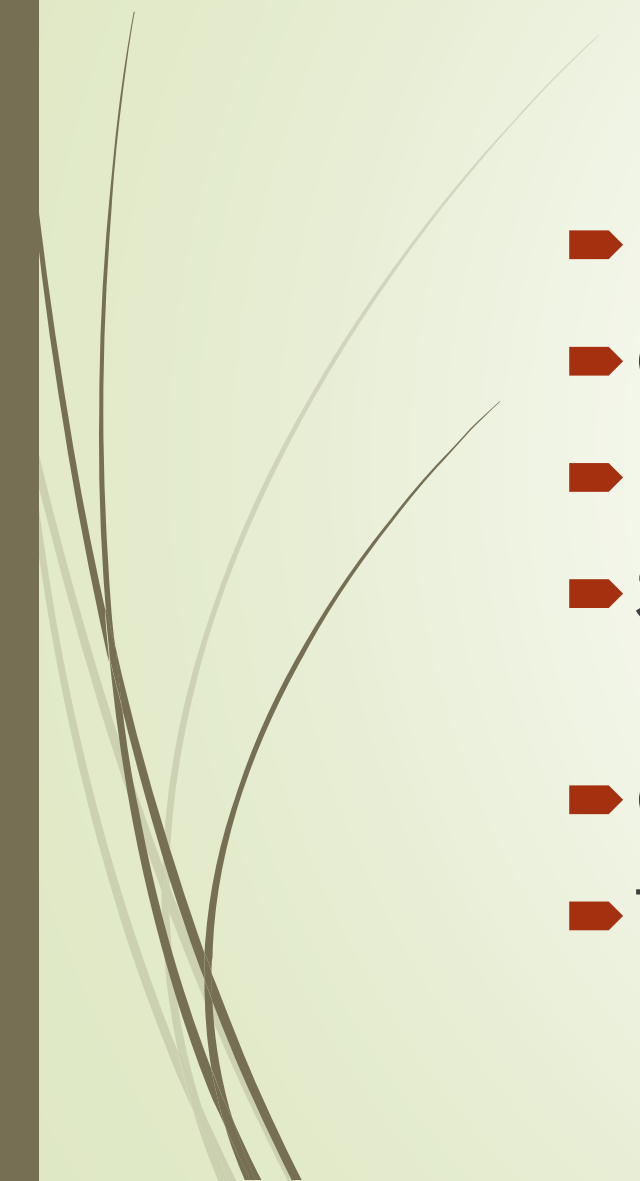
- Substance Use Disorders
- Recovery Management
- Medication Assisted Treatments
- “Housing First” v. “Sober Living”

Diagnostics in DSM-V

- “It requires clinical training to recognize when the combination of predisposing, precipitating, perpetuating, and protective factors has resulted in a psychopathological condition in which physical signs and symptoms exceed normal ranges.” – p. 19
- “Non-clinical decisionmakers should also be cautioned that a diagnosis does not carry any necessary implications regarding the etiology or causes of the individual’s mental disorder or the individual’s degree of control over behaviors that may be associated with the disorder. (p. 25)
- Diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to a substance.” (p. 483)




Areas of Technology Concern

- Recordkeeping and Release of Information
 - Collateral Contacts and “Need to Know”
 - Emerging Social Networks and Undue Familiarity
 - Surveillance and Privacy Concerns (Rapidly Evolving)
 - Changes in DSM-V View of Addiction
 - Technology and Pharmacology
- 



Recordkeeping Requirements

- What are the historical requirements for Recordkeeping?
- What are the issues of Self Incrimination
- What are the implications of Electronic Storage and Retrieval
- What types of Privacy Concerns are surrendered by participation in a recovery drug court

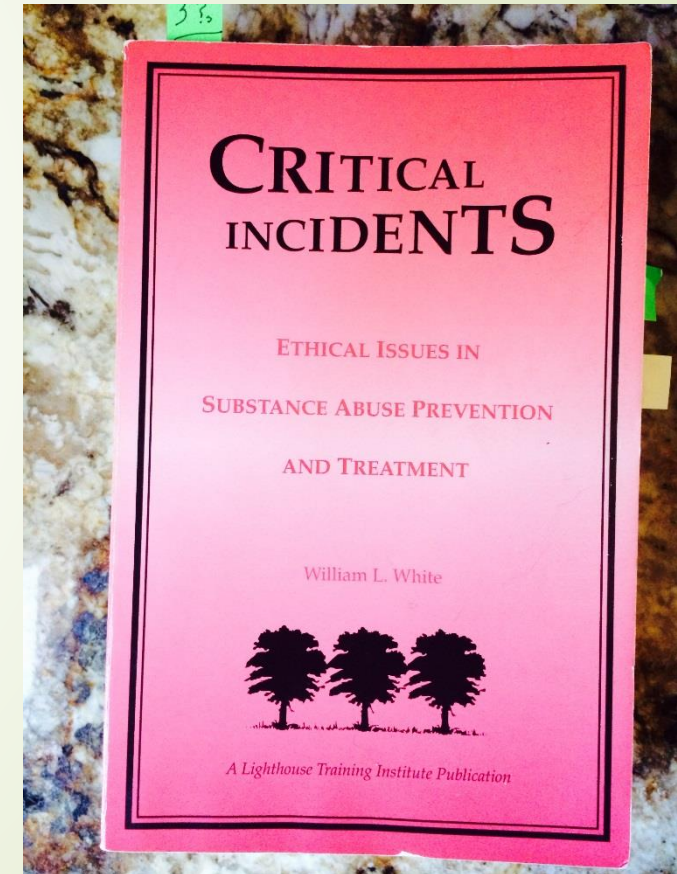
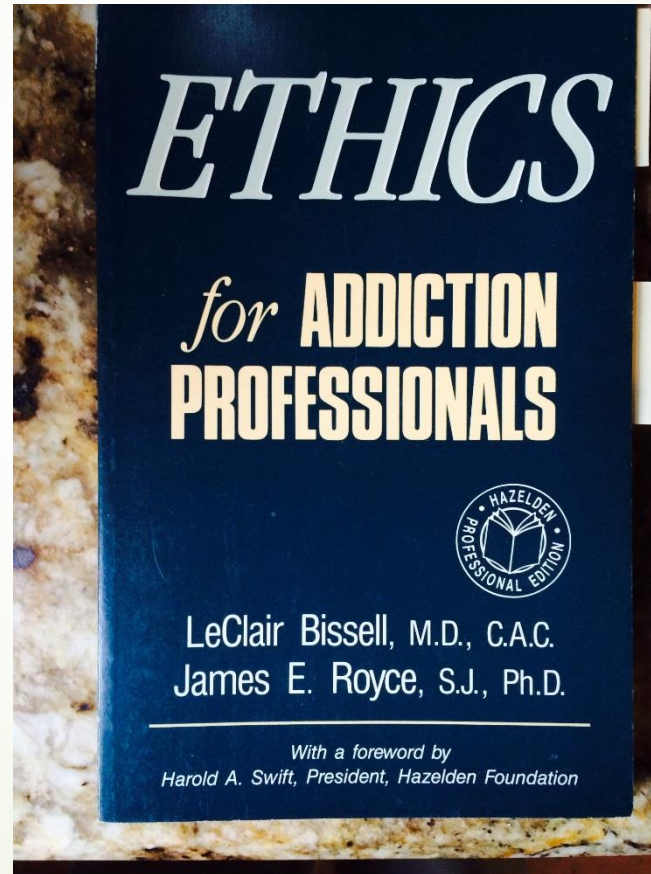
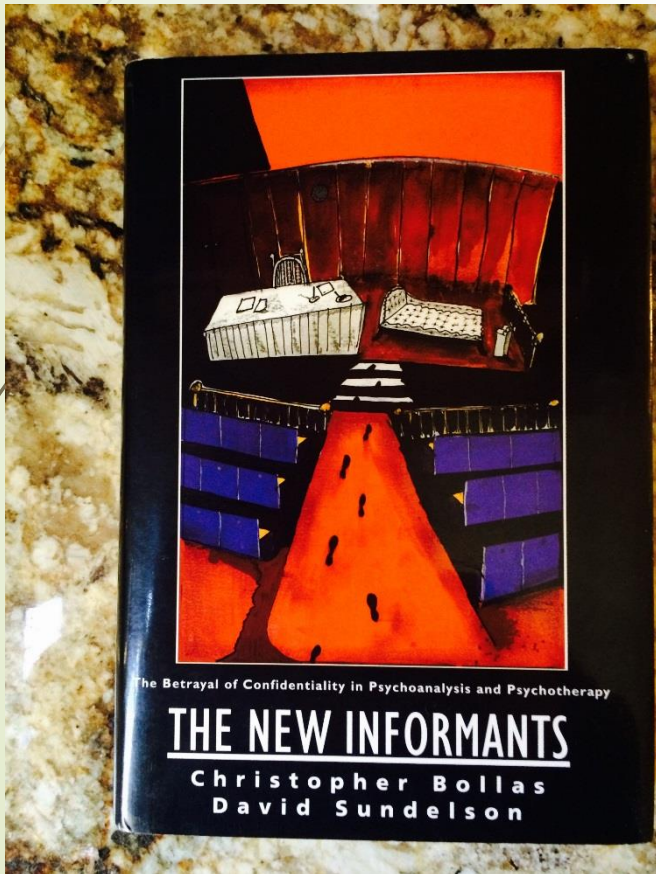


Technology and Pharmacology: What is the Tolerance in your program for:

- Anabuse
- Suboxone
- Methadone
- Campral
- Naltrexone or Vivitrol
- Narcan

➤ Discussion

Additional Resources





Randal Lea, MA, LADAC, QCS

Executive Director

Music City Recovery Resources

4003 Murphy Road, Nashville, TN, 37209

Cell (615) 665-9321 Office (615) 647-7855

Preferred e-mail:

Randal_Lea@Yahoo.com or Randal@YanaHouse.com

END OF SECTION TWO