

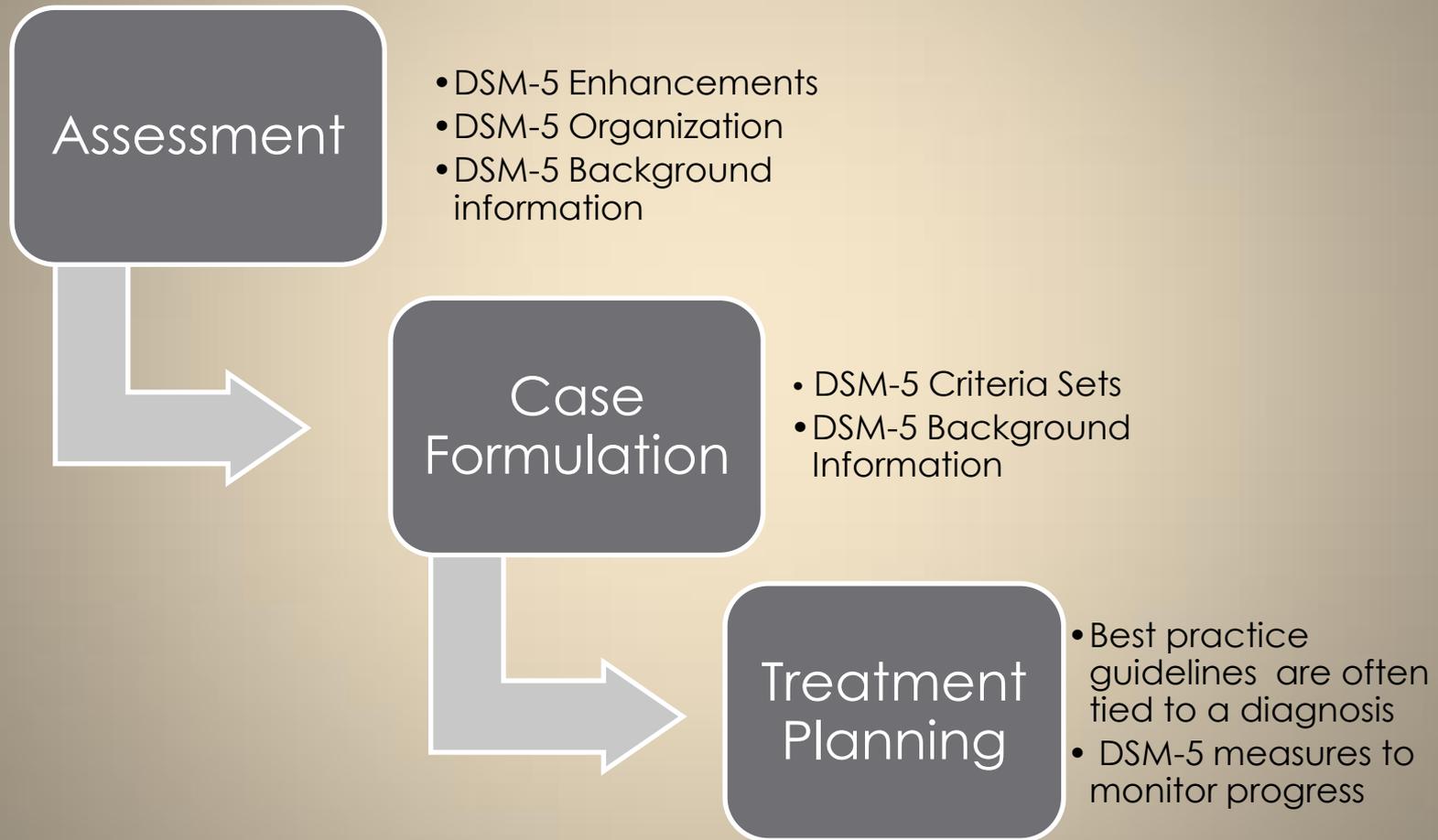
Using DSM-5 in Case Formulation

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Case Formulation

- Case formulation is a core clinical skill that links assessment information and treatment planning
- It is a hypothesis about the mechanisms that cause and maintain the problem
- It answers the question, “Why is *this* person, having *this* type of problem, *now*?”

DSM-5 Informed Case Formulation Process



Fundamental Changes in DSM-5

Dimensional Approach

- The conundrum with categories
- Dimensional concepts:
 - Spectrum Disorders
 - Severity ratings
 - Dimensional assessment tools

Lifespan Perspective

- Lifespan perspective is infused throughout the manual
- More attention to developmental differences in presentation

New Organization

- Data-informed reorganization
- Proximity reflects similarity

DSM-5's Single Axis System

- There is one diagnostic axis on which all of the following can be coded:
 - All mental disorders (formerly on Axis I and II)
 - Other Conditions that May be the Focus of Treatment (V-codes; formerly Axis I)
 - Medical disorders (formerly Axis III)

DSM-5 Tools and Enhancements



- Clinical rating scales
- WHODAS 2.0
- Cultural Formulation Interview

Clinical Rating Scales

- Rationale for adding:
 - Measurement-informed care
 - Dimensional assessment of severity
 - Assessment of broad range of symptoms
 - Adjunct to clinical evaluation
- Types
 - Cross-Cutting Symptom Measures
 - Disorder-Specific Severity Measures
 - Disability Measures (WHODAS 2.0)
 - Personality Inventories
 - Early Development and Home Background Form

Link to Online Assessment Measures

- Assessment measures can be freely used by clinicians for use with clients
- They can be downloaded at:

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>

or

www.dsm5.org [DSM-5 Online Measures.docx](#)

Cross-Cutting Symptom Measures

- Assesses symptoms across the major domains of psychopathology
- Two types:
 - Level 1
 - Level 2
- Versions
 - Adult self-report
 - Parent/guardian-rated version (for children 6-17)
 - Youth self-report (11-17)

Level 1 Cross-Cutting Symptom Measure

- Description: Adult version measures 13 domains of symptoms [DSM-5 level1 assessment.pdf](#)
- Rate each item:
 - How much or how often “you have you been bothered by...in the past two weeks.”
 - 5-point rating scale from 4 (severe, nearly everyday) to 0 (none or not at all)
- Scoring: Rating of 2 or higher (Mild, several days) should be followed up by further clinical assessment. On items for suicidal ideation, psychosis and substance use, a rating of 1 (Slight) or higher should be used.

Level 2 Assessment Measure

- Description: A brief rating scale for a particular symptom (e.g., anxiety, depression, substance use)
- Indications: When a Level 1 item is rated above the cut-off
- Can be readministered periodically to plot change
- Scoring instructions are available at the site
- [DSM-5 Online Measures.docx](#)

Disorder-Specific Rating Scales

- Description: Disorder-specific rating scales that correspond to the diagnostic criteria
- Indications: Used to confirm a diagnostic impression, assess severity, and monitor progress
- Versions: Adult, Youth and Clinician rated
- [DSM-5 Online Measures.docx](#)

WHODAS 2.0

- Description: A 36-item measure that assesses disability in adults 18 years and older
- Rating: “How much difficulty have you had doing the following activities in the past 30 days.” Rated 1 (None) to 5 (Extreme or cannot do)
- Scoring: Calculate average score for each domain and overall
- Versions: Adult and proxy-administered
- [DSM-5 whodas2selfadministered.pdf](#)

Domains on the WHODAS 2.0

1. Understanding and communicating
2. Getting around
3. Self-care
4. Getting along with people
5. Life activities
6. Participation in society

[DSM-5 whodas2selfadministered.pdf](#)

Cultural Formulation Interview (CFI)

- Description: A 16-item semistructured interview to assess the impact of culture on key aspects of the clinical presentation and treatment plan
- Indications: Use as part of the initial assessment with *any* client but is especially indicated when there are significant differences in “cultural, religious or socioeconomic backgrounds of the clinician and the individual” (p. 751).

CFI Domains

- Cultural definition of the problem
- Causes of the problem, stressors and available supports
- Coping efforts and past help-seeking
- Current help-seeking and the clinician-client relationship [DSM-5 Cultural Formulation Interview.pdf](#)

Clinical Applications of DSM-5 Enhancements

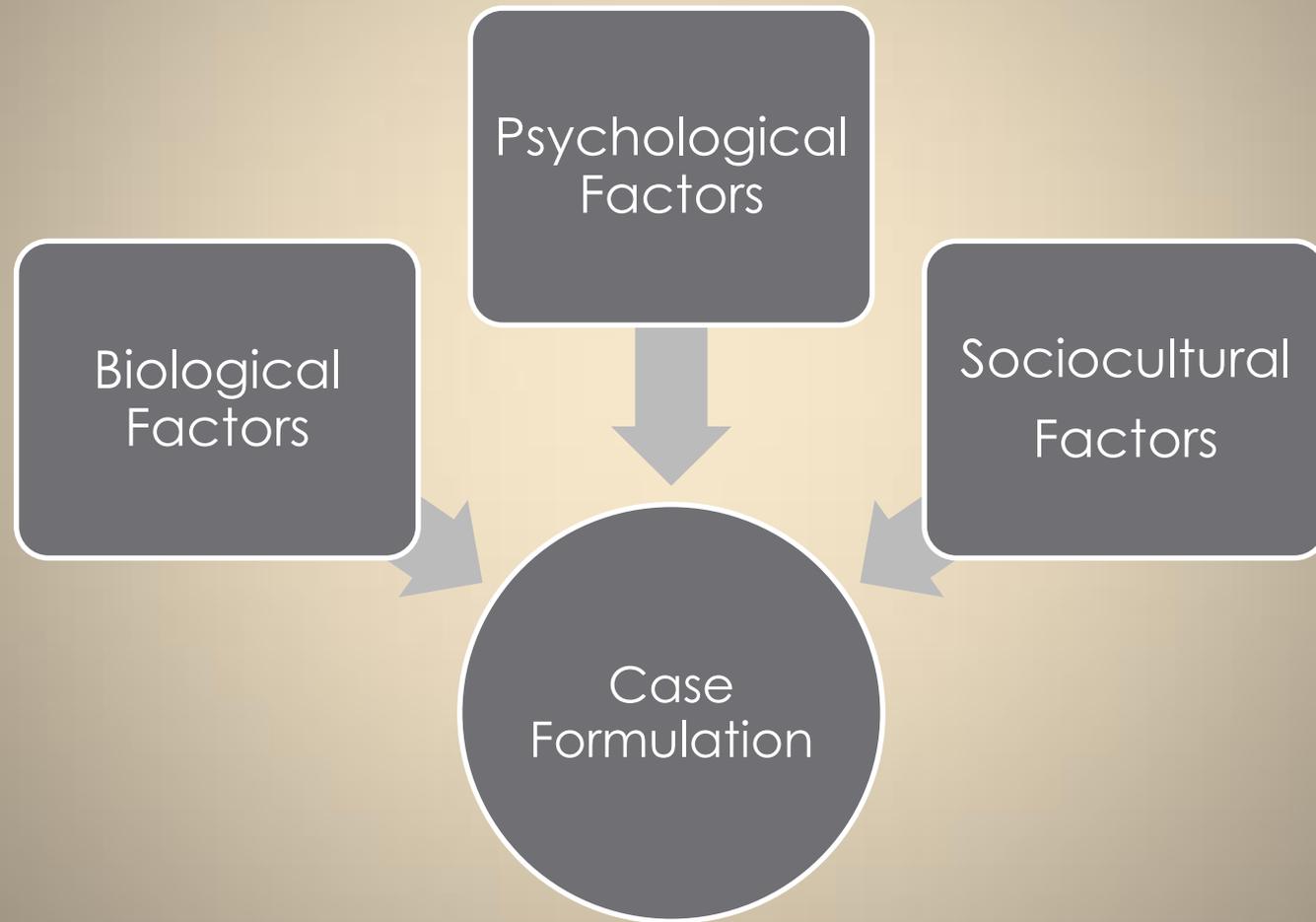
- During initial assessment:
 - Administer Level 1 Cross-Cutting Symptom Measure
 - Complete intake including social history, mental status, and diagnostic assessment
 - Administer Level 2 measures as needed
 - WHODAS 2.0 can be administered as indicated
 - Use aspects of the CFI interview throughout
- Follow-up sessions
 - Administer disorder-specific measures
 - Re-administer periodically to assess progress

DSM-5 and Case Formulation



- Biopsychosocial model in case formulation
- The Five P's of Case Formulations
- Doing a case formulation using DSM-5

Biopsychosocial Model in Case Formulation



The Five P's of Case Formulation

(Macneil et al., 2012)

- **Presenting problem**
 - What is the client's problem list?
 - What are DSM diagnoses?
- **Predisposing factors**
 - Over the person's lifetime, what factors contributed to the development of the problem?
 - Think biopsychosocial
- **Precipitants**
 - Why now?
 - What are triggers or events that exacerbated the problem?
- **Perpetuating factors**
 - What factors are likely to maintain the problem?
 - Are there issues that the problem will worsen, if not addressed
- **Protective/positive factors**
 - What are client strengths that can be drawn upon?
 - Are there any social supports or community resources ?

The Five P's in DSM-5

- **Diagnostic criteria**
 - Disorder-specific criteria set (Presenting Problem)
 - Subtypes and specifiers (Presenting Problem)
- **Explanatory text information**
 - Diagnostic features (Presenting Problem)
 - Associated features (Presenting Problem)
 - Prevalence (Presenting Problem)
 - Development and course (Predisposing, Perpetuating and Protective Factors)
 - Risk and prognostic factors (Predisposing, Perpetuating Protective Factors)
 - Culture-related diagnostic issues (5 P's)
 - Gender-related diagnostic issues (5 P's)
 - Suicide risk (Presenting Problem)
 - Functional consequences (Perpetuating Factors)
 - Differential diagnosis (Presenting Problem)
 - Comorbidity (Presenting Problem and Perpetuating Factors)

Case of Helen

Helen was fired from her job one month ago because she started making numerous mistakes and had trouble concentrating. About three months ago she started feeling "down" after a break-up with a man she had been dating for a few months. She has trouble falling asleep and has noticed a significant decline in her appetite. She feels like a failure and believes that no one will want to hire her again.

Helen Continued

She has thoughts of committing suicide but admits, "I could never do it." The only thing that seems to help is when she participates in a bible-reading group every Tuesday night. She explains, "During that time I'm more like my old self and at least that night I can sleep." She also reports that her mood improves when she visits her friends. However, she reports such low energy throughout the day that she is unable to schedule a job interview.

Helen Continued

She had a similar episode about two years ago after she was laid off from her former job. She reports that it took four months before she began feeling "normal" again and positive about herself.

Her history indicates that her mother had severe depression and was hospitalized on several occasions when Helen was young. She describes her as "negative" and often absent in her youth. However, Helen always did well in school and had an active social life. Her work history has been very consistent up to her lay off.

Diagnostic Work-Up

- **DSM-5 measures:**
 - Level 1(positive for depression, sleep problems and avoiding certain events)
 - PHQ-9, Score = 20 (Severe)
 - WHODAS 2.0
 - General Disability Score = 85 (2.36; Mild)
 - Subscale: Life activities = 14 (3.5; Moderate)
 - Subscale: Participation in Society = 28 (3.5; Moderate)
- **Differential diagnosis:** What are the possibilities?
- **Diagnostic Impression:**
 - 296.33 Major Depressive Disorder, recurrent, severe severity
 - V62.29 Other Problems related to employment

Case Formulation

- Why is she so depressed?
 - Predisposing factors?
 - Precipitating factors?
 - Perpetuating factors?
 - Positive or protective factors?
- How does the diagnosis and case formulation inform your treatment plan?

Guide to Case Formulation

1. State the problem or diagnostic impression.
2. State the precipitant
3. Describe critical predisposing factors
4. Include a statement about perpetuating or maintaining factors
5. Highlight protective and positive qualities

Write a Case Formulation

Helen presents with.....(1) which appears to be precipitated by.....(2). Factors that seem to have predisposed her to depression include....(3). The current problem is maintained by.....(4). However, her protective and positive factors include....(5).

From Formulation to Treatment

- How does the formulation inform the treatment plan?
 - Best practices for this disorder?
 - Which types of interventions will address the predisposing, precipitating and perpetuating factors?
 - How do you ensure that diversity factors are considered?
 - How do you tailor treatments so that they are more strength-based?

Final Thoughts...



- Begin using DSM-5 enhancements
- DSM-5 can help you identify the five P's
- Case formulation is a skill and has been tied to better outcome

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