

The human soul doesn't want to be advised or fixed or saved. It simply wants to be witnessed — to be seen, heard, and companioned exactly as it is.

When we make that kind of deep bow to the soul of a suffering person, our respect reinforces the soul's healing resources, the only resources that can help the sufferer make it through.


—Parker Palmer



Please make sure
you have what you
need for class.



We will begin
shortly

The background of the slide is a blurred image of a hand holding a pencil, pointing at a DNA microarray on a slide. The microarray shows various colored spots (red, green, blue) arranged in a grid. The text is overlaid on the left side of the image.

Assessment and Psychopathology Throughout the Lifespan

Introduction

Dr. Rachel Speer

Agenda



Introductions



Review syllabus



Lecture and
Discussion



You cannot *drink*
from an empty cup.

FILL YOURSELF UP. YOU'RE WORTH IT.



Introductions

- Name and pronouns
- How you are doing in this moment
- Practicum Placement and/or Prior Clinical Experiences
- A favorite self-care activities

Who am I?

- Dr. Rachel Speer, Ph.D., MSW, LCSW
- EMDR Trained, Spanish-speaking
- Previous roles: School-based Therapist, Integrated Behavioral Health Clinician, Outpatient Therapist, Multi-systemic Family Therapist, Emergency Mental Health Evaluator, Telephonic Behavioral Health Clinician, Health Coach, Disaster Response, Adjunct Faculty
- Experience with toddlers, children, adolescents, adults, and families.

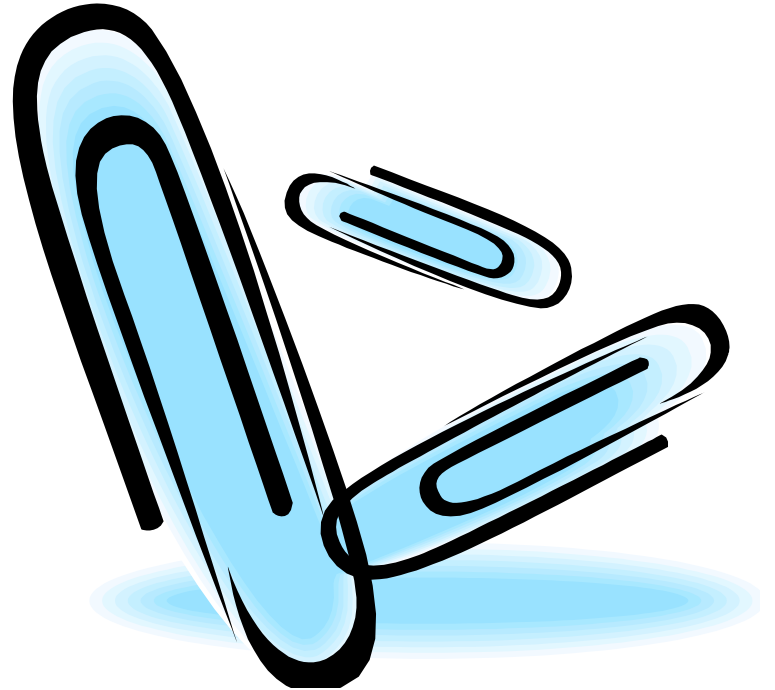
Small Group Reflection

- In thinking about the pre-semester reading and this course...
 - What are you hoping to learn?
 - What are some of your concerns?

What Can we expect
from this course?

Syllabus Review

- Review Together
 - Group Case Presentation
[Sign Ups](#)
- Questions?



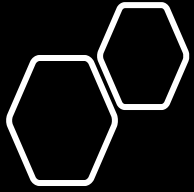


How do I find the
DSM V-TR?

Proxy login

Search “DSM”

Click on online version



Holding Complexity

- Developmental Perspective
- Person in Environment
- Social Work Ethics
- Valuing Critical Theories



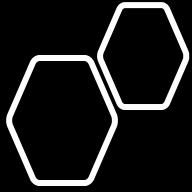
A SHORT HISTORY OF THE DSM®

Ken Carter, PhD, ABPP

Charles Howard Candler Professor of
Psychology
Oxford College of Emory University

National Institute on the
Teaching of Psychology





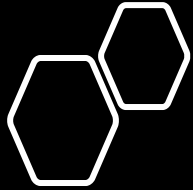
DSM-V

Released in 2013:

- Got rid of multi-axial system
- Revised some disorders
 - Substance Use Disorder
 - Binge Eating Disorder

Each disorder is described in detail, including:

- an overview of the disorder (diagnostic features),
- specific symptoms required for diagnosis (diagnostic criteria),
- what percent of the population is thought to be afflicted with the disorder (prevalence information), and
- risk factors associated with the disorder.



DSM-V-TR

Released in
2022

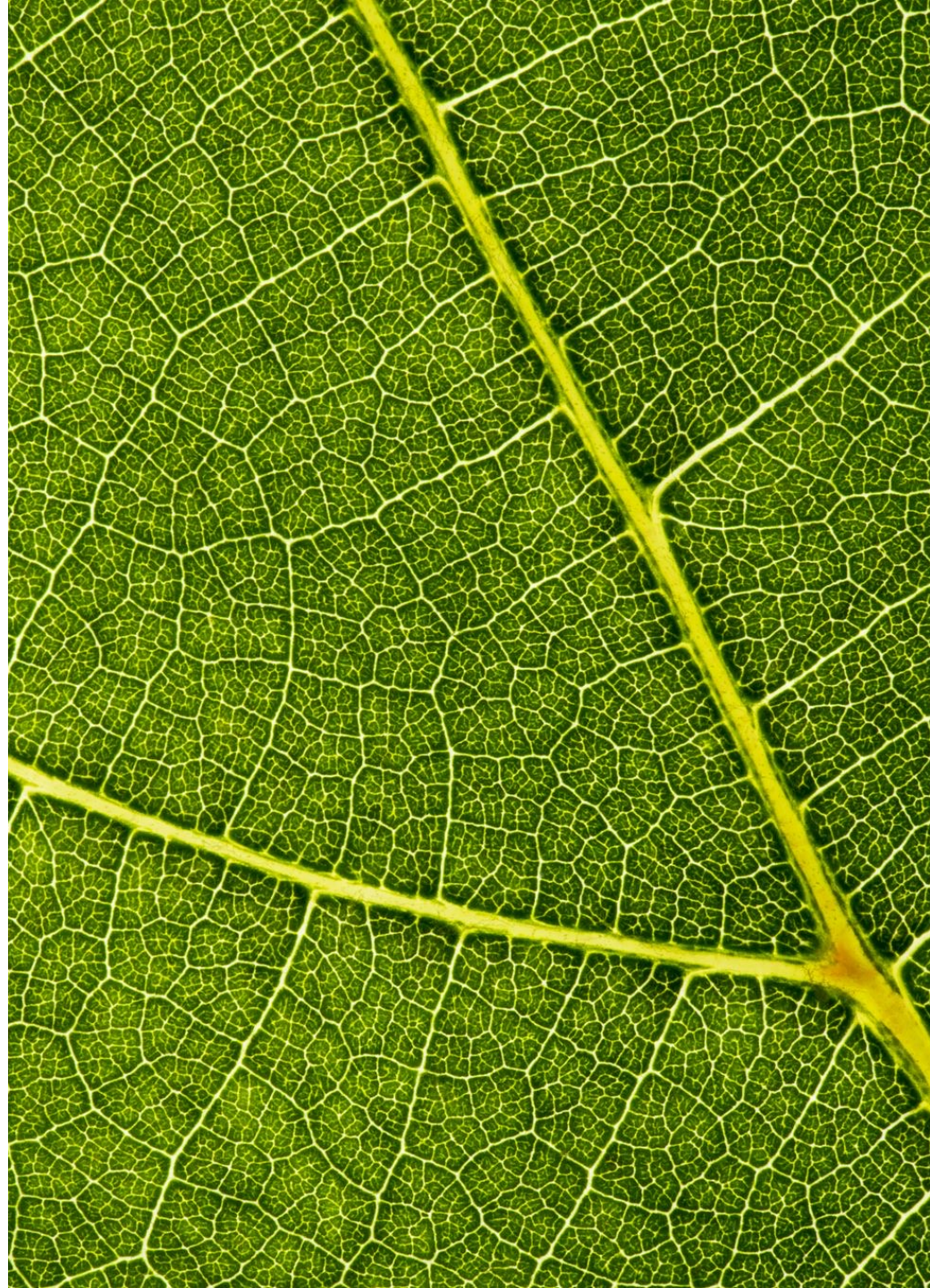
- Updated sections on associated features, prevalence, development and course, risk and prognostic factors, culture, diagnostic markers, suicide, and differential diagnosis
- Addition of the new diagnosis of prolonged grief disorder to Section II
- Over 70 modified criteria sets with helpful clarifications since publication of *DSM-5*
- Fully updated “Introduction” and “Use of the Manual” to guide usage and provide context for important terminology
- Considerations of the impact of racism and discrimination on mental disorders integrated into the text
- New ICD-10-CM codes to flag and monitor suicidal behavior and nonsuicidal self-injury that can be used without the requirement of another diagnosis
- Updated ICD-10-CM codes implemented since 2013, including over 50 coding updates new to *DSM-5-TR* for substance intoxication and withdrawal and other disorders

Defining Psychopathology as Presented in the DSM

- Manifestations of mental disorders, involves impairments, deviance, or distress
- Symptoms and problems in functioning
- Significant Distress or Impairment in personal, social, or occupational life
- Not psychosocial problems in daily living (see Wakefield)

Diagnosis

- Validity and Reliability
- Validity; set of cardinal symptoms, similar natural hx, age of onset, life course prognosis, complications, treatment determination
- Reliability; agreement on diagnosis among professionals





Differential Diagnosis

- Making a clinical decision between disorders
 - Underlying medical condition
 - Psychotic, non-psychotic
- Parsimony
- Hierarchy (Comorbidity)
 - Medical, psychotic, mood, anxiety, somatic, sexual, personality, adjustment, no mental disorder


Episode 28

PSYCHOLOGICAL DISORDERS

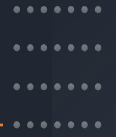
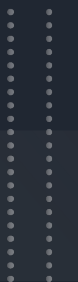


Image of video we will view.

- Historical Context



Holding
Complexity
and a Social
Work Point of
View



Developmental
Perspective

Person in Environment

Social Work Ethics

Critical Theories





Pros and Cons of the DSM?

Small Group Reflection



ICD

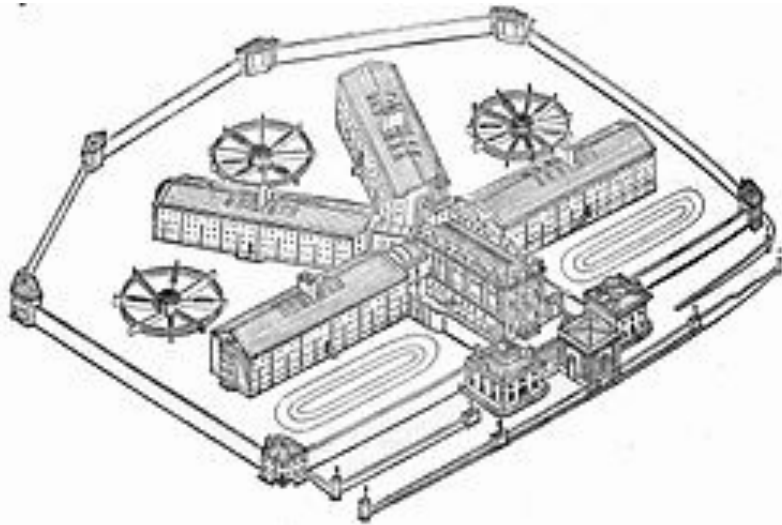
Resources



The Impact of Social, Cultural, and Biological Forces and Psychopathology

- Social Control and Labeling Theory
- Examine Help-Seeking Models
- Understanding Gender and Race as Social Constructions
- Understanding Culture and Ethnicity

Social Control and Labeling Theory



- Sociological roots with Emile Durkheim, Howard Becker, and Thomas Scheff
- Scheff published “Being Mentally Ill”-proposed Labeling Theory
- Society constructs *deviance* and then builds labels to support these constructs, which then illicit unconscious role fulfillment
- Goffman’s ideas about Stigma (Stain/Mark)

Which ways have you seen these labels impact clients as they relate to the DSM?

Help-Seeking Small Group Reflection

In order to be diagnosed with a mental disorder; one must seek out care, help or treatment.

- What factors predict help seeking?
- What might support help seeking behaviors and what might hinder them?
- How might gender and culture impact this?
- Why do you go to the doctor?



Gender, Culture, and the DSM

- Social Control/Deviance
 - Femininity and Masculinity, constructed categories; often to oppress; uphold subjugation of women and racial/ethnic minorities
- Help-Seeking
 - Help-seeking is relational, subsumed in social networks, social action, and thus constructed via views on masculinity and femininity , and culturally, about what is normal and abnormal, acceptable and unacceptable
- Gender, Culture and Disease
 - Medicalization washes away impact of social world, and makes phenomenon individualized-obfuscates biological, social, and psychological etiology/presentation/observation of disorder
 - DSM diagnoses are assumed, by the text to be disease states, as opposed to being “transactional or socially deviant.”
 - Real versus constructed

Gender

- Women as morally insane
- Labeling of women as hysterical, ill or weak
- Individual/intrapsychic underpinnings of female distress
- Viewed as more relational
- More internalizing than externalizing
- More likely to seek treatment/psychotherapy
- Display selfless, self-abnegating behaviors that may be pathologized
 - Subject to differing definitions of dependency

Culture

work or school, or discrimination.

ROLE OF CULTURAL IDENTITY

<p><i>Ask the informant to reflect on the most salient elements of the individual's cultural identity. Use this information to tailor questions 10–11 as needed.</i></p> <p><i>Elicit aspects of identity that make the problem better or worse.</i></p> <p><i>Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).</i></p> <p><i>Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).</i></p>	<p>Sometimes, aspects of people's background or identity can make the [PROBLEM] better or worse. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, and your faith or religion.</p> <p>9. For you, what are the most important aspects of [INDIVIDUAL'S] background or identity?</p> <p>10. Are there any aspects of [INDIVIDUAL'S] background or identity that make a difference to his/her [PROBLEM]?</p> <p>11. Are there any aspects of [INDIVIDUAL'S] background or identity that are causing other concerns or difficulties for him/her?</p>
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How does your agency handle cultural assessments?
Have you seen this in practice?



APA Apology to POC Reflection

- How does the APA's acknowledgment of its historical role in promoting racism challenge or reinforce your understanding of institutional accountability?
- What are your thoughts on APA's commitment to revising research methodologies to incorporate culturally diverse perspectives? How might this impact the field of psychology?
- How does the resolution's emphasis on intersectionality (structural, institutional, interpersonal, and internalized racism) reshape your understanding of racism within psychology?



End of class exercise: Self-compassion
break

Questions?

Comments?

