Reading, Reflection, Critical Analysis, and Synthesis Paper

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Abstract

This article was created as part of a class assignment. This paper discusses the changes that are brought about by the new DSM-5-TR as well as the assessments within the DSM-5-TR. The paper also discusses treatment and assessment tools for depression, trauma, and some anxiety disorders. Then it closes with an outline of treatment for a client with social anxiety.

Keywords: depression, social anxiety, exposure therapy, assessment, trauma, cognitive behavior therapy, DSM-5-TR

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Counselors base their diagnosis on the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual tends to change over the course of time. This paper will consist of identifying some of the recent changes within the DSM-5-TR, which is the newest version of the DSM-5. It will also consist of the review of the DSM-5-TR assessments and their reason for usage. Apart from concentrating on the DSM-5-TR, this paper will also review assessment tools and effective treatment modalities for treating depression, social anxiety, and trauma. Further, the paper will discuss a treatment of a case based on social anxiety.

DSM-5 to DSM-5-TR

The DSM-5 was recently updated into the DSM-5-TR. This update brought several changes to the counseling, psychological, and even the psychiatry world. Some of the changes revolve around changes in coding and specifiers. Other changes revolve around criteria, differential diagnosis, or simply changes in wording within a criterion.

One change that was brought about to assure less stigma was being put on the term suicide was brought into the wording of the criterion for major depressive episodes within the bipolar disorders (2022). Another change that was within the revised DSM, was the addition of prolonged grief as a differential diagnosis for major depression and the change of its code (2022). Other codes were changes such as those for other specified trauma and stressor, opioid-induced anxiety, other specified delirium, unspecified delirium, and hepatic encephalopathy (2022). Just like the ones mentioned, there are many other coding changes like the T-codes for suicidal encounters and the nonadherence to medical treatment codes, just to name a few (2022).

The neurocognitive disorder chapter has many revisions in the new DSM-5-TR. First, a paragraph was added to the introductory section of the chapter (2022). Another change can be

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found in the major neurocognitive disorder section, where the coding, criteria, and specifiers were changed (2022). The major neurocognitive disorder section is not the only one whose coding changed but also the mild neurocognitive disorder and the major or mild neurocognitive disorder due to traumatic brain injury (2022). Another significant change in this chapter is an addition of a diagnosis known as a major or mild neurocognitive disorder due to an unknown etiology (2022). Due to this disorder's addition, a definition change for the unspecified neurocognitive disorder was implemented (2022). Therefore, if an individual wants to diagnose a patient with a neurocognitive disorder, they should review the new DSM-5-TR to assure proper diagnosis and coding.

Counselors and counselor educators should be aware of these changes to diagnose their clients properly. Counselors ought to be involved in the updates to assure proper diagnosis and even billing when dealing with insurance. Counselor educators must be aware of these changes to ensure they are teaching and providing adequate information and training to their students and supervisees. Also, being aware of the updates allows for changes in research when new conditions are brought about and new effective treatment procedures within the research. As the DSM-5 was revised, so were the diagnostic assessments and measures, which are used to assess clients for possible diagnosis criteria, which counselors sometimes use.

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DSM-5-TR Online Measures Differential Diagnosis

The assessments of the DSM-5-TR help clinicians to assess for diagnosis and severity. The Cross-Cutting Symptom Measures help clinicians with diagnosis by breaking down the criteria of the domains. Level 1 consists of breaking down 12 to 13 domains, depending on whether it is given to an adult or a child/teen. This assessment will help the clinician identify what domain to concentrate on and then provide the client with the Level 2 assessment to help

identify the diagnosis criterion. Then, the clinician can choose to give the client the severity measure to see how severe the given diagnosis affects the client and help identify the severity of the diagnosis.

Not only does the DSM-5-TR have assessments to help with diagnostic criteria and identifying severity, but it also has other tools to help a counselor better understand and help their client. For instance, the World Health Organization Disability Assessment Schedule (WHODAS 2.0) is another tool within the DSM-5-TR to help identify the quality of life as well as identify whether the client has a disability that is affecting his/her life. Another tool provided within the DSM-5-TR that is found to be beneficial in checking a child's development, as well as home life, would be the Early Development and Home Background (EDHB). The final tool provided within the DSM-8-TR is known as the Cultural Formulation Interview (CFI), which ~~and~~ helps the cllinician gather information about the client's culture and its impact on them and is beneficial for the clinician to ensure cultural diversity as well as cultural sensitivity within the treatment plan and the relationship with the client.

These assessments can help a clinician with differential diagnoses and identify whether an individual is not being honest about their symptoms, which is step one of diagnosing (First, 2013). A client can be malingering, which would mean they are not being honest with a clinician about their symptoms to get something, for example, disability, or factitious, meaning they want to be sick and therefore will present to have any or several disorders, making it hard for the clinician to provide adequate treatment (First, 2013). After identifying whether the individual is being honest, without being a detective or a lawyer, a clinician must see if the intake of substances is causing the symptoms, this will allow proper treatment as well as collaboration with the psychiatrist (First, 2013). One way to identify whether the symptoms are a side effect of

substance use is by getting a good assessment and creating a good rapport for the client to feel safe sharing the accuracy of his/her usage. A clinician needs to be aware of the frequency and duration of the substance use, including that of medications, and when did the symptoms start, in order to diagnose correctly (First, 2013). After ruling out that the symptoms are caused by substance use or medication, a clinician should ask the client if they have had a recent physical to rule out any physical/biological condition that might be causing or connected to the symptoms (First, 2013). The body is all connected; biological disorders or imbalances may also affect a person's mental state.

After a clinician has identified the symptoms the client is expressing to have and ruled out biological factors and substance use as the reason for the symptoms, the clinician ought to identify the specific disorder (First, 2013). The clinician first breaks down to identify what domain the symptoms fall in; this could be done with a Level 1 Cross-Cutting Symptom Measure. Then further identifies using the specific diagnosis using a Level 2 measure as well as the severity assessment located in the DSM-5-TR and possibly even using a differential diagnosis tree, chart, or simply looking at the DSM-5-TR (First, 2013). It is essential for the clinician to properly identify the disorder to ensure adequate treatment. However, sometimes the symptoms and the duration of the symptoms do not match any disorder provided; therefore if the symptoms are of medical concerns, a clinician can identify the diagnosis as unspecified within the domain the symptoms fall in, for example, depression or anxiety (First, 2013). If the client reports that a specific stressor, for example, divorce, is causing the symptoms, adjustment disorder might be a better diagnosis (First, 2013). Therefore, if the clinician feels the symptoms are not of medical concern because it does not affect the quality of life of the client, then there will be no diagnosis for the client (First, 2013). One way for the clinician to identify whether the

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symptoms are causing distress to the client would be to give the WHODAS, and even the severity scales in the DSM-5-TR discussed earlier.

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Chapters and Articles

Counselors and counselor educators should always be involved in the literature surrounding the counseling field. Reading articles and books related to mental health disorders helps clinicians become more aware of the best practices for their clients. It also allows clinicians to be aware of the new research concerning specific disorders the clinician might specialize in. This section discusses some information gathered from various sources about depression, anxiety, and trauma.

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Depression

Depression is a widely known disorder that affects many people. The symptoms of depression include experiencing low mood, energy, and motivation, as well as having feelings of worthlessness, hopelessness, loss of pleasure, thoughts of death or suicide, loss of weight, and changes in appetite and sleep (Antony & Barlow, 2020; Dailey et al., 2014). This disorder typically affects women more than men (Antony & Barlow, 2020; Dailey et al., 2014). Concerning ethnicity, African Americans and Latinos have been diagnosed more with depression than any other ethnicity (Dailey et al., 2014). Socioeconomic status also seems to play a role in this diagnosis, considering those who have low income or lost a job also have been diagnosed with depression (Dailey et al., 2014).

Individuals with depression can also have generalized anxiety. However, it is very important to look at all the symptoms disclosed by the client because there is no worry or fear in depression and there is no sense of hopelessness or worthless in anxiety (Dailey et al., 2014). Therefore, when diagnosing depression, being aware of what the client is expressing as their

symptoms is very important to ensure a proper diagnosis. When diagnosing an individual with depression, one can add a specifier to the diagnosis related to anxiety distress (Dailey et al., 2014). Counselors should also understand that suicide ideation relates is one of the criteria for depression and thus must assess for previous attempts or plans during the intake interview (Antony & Barlow, 2020; Dailey et al., 2014). Counselors also should administer suicide assessments throughout treatment, and when needed, proper steps to hospitalization should be taken (Antony & Barlow, 2020; Dailey et al., 2014).

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Depression can be caused by~~due to~~ biological factors; therefore, counselors should recommend that their clients have a medical assessment to ensure the symptoms are not caused by biological factors (Dailey et al., 2014). Individuals who have had strokes or have a traumatic brain injury can also suffer from depression, as well as individuals with chronic health problems (Dailey et al., 2014). Thus, working with the physicians will help the counselor know what is of the medical condition and what is related to the diagnosis (Dailey et al., 2014). Not only should medical assessments be looked at, but counselors should also work collaboratively with psychiatrists considering treatment for depression tends to be more effective when combined with medication (Dailey et al., 2014). Apart from medication and medical assessments, it is essential to know the family history of mental health to know if the client has a genetic predisposition to the diagnosis, as well as whether they are on any drugs, not only prescription but street drugs, alcohol, or illegal substances (Antony & Barlow, 2020).

There are several assessment tools to help diagnose and screen for depression. When starting therapy with a client, it is important to start with an interview. A structured diagnostic interview such as the Structured Clinical Interview for DSM-5 (SCID-5) would be a great way to screen for depression, considering this assessment breaks down the most common

disorders found in clinical settings based on symptomatology to help the clinician focus on a specific disorder or domain (Antony & Barlow, 2020). Hence, this assessment is good for screening for depression (Antony & Barlow, 2020).

The self-administered diagnostic instrument is another type of tool a clinician can use such as the Inventory to Diagnose Depression or the Diagnostic inventory to Diagnose Depression (Antony & Barlow, 2020). Both inventories are self-administered and help identify the severity of symptoms (Antony & Barlow, 2020). The most common clinician-rated assessments are the Hamilton Rating Scale for Depression (HAM-D) and the Montgomery Asberg-Depression Rating Scale (MADRS) (Antony & Barlow, 2020). Both assessments have been found effective in measuring the severity of depressive symptoms both in private settings as well as in research studies (Antony & Barlow, 2020).

The other assessments that are commonly used are self-rated, such as the Patient Health Questionnaire (PHQ9), the Becks Depression Inventory (BDI), and the Depression Anxiety Stress Scale (DASS) (Antony & Barlow, 2020). All these assessments are suitable for screening purposes, severity, and to check the treatment outcome (Antony & Barlow, 2020). The DASS has also shown to be effective in distinguishing between anxiety and depression, which is very important concerning differential diagnosis.

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Cognitive behavioral therapy (CBT) and interpersonal therapy have been found to be effective in treating individuals with depression (Dailey et al., 2014). A study showed that not only does CBT help in the restructuring of the thought process but in the restructuring of the brain itself, allowing the brain to focus more by making more neuron connections (Wu et al., 2022). Therefore, CBT is not only effective for therapy but for biological reasons; thus, as a counselor, it is an effective means for treating depression. Hence, when using cognitive

behavioral therapy, it is beneficial to identify cognitive dysfunctions and how the client thinks, negative or positive. Some assessments can help CBT counselors identify such things as well as monitor the changes in cognition throughout the treatment (Antony & Barlow, 2020). Some assessments that help with this are the Dysfunctional Attitude Scale (DAS), the Automatic Thought Questionnaire (ATQ), and the Cognitive Distortion Scale (CDS) (Antony & Barlow, 2020). Each of these assessments can be used to better assist in CBT treatment and planning to ensure the client is changing their thought process, from negative to positive and adapting their dysfunctional thinking to one that will help them heal and manage their depression symptoms more effectively. These assessments, like the previous ones, can also help a counselor reshape the treatment plan if needed and to assure the client's progress in therapy.

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Anxiety

In the DSM-5-TR there are various disorders within the anxiety section. Therefore, a very important thing is to evaluate as a clinician where and when the client feels worry, stress, or fear. Answering these questions will allow the clinician to pinpoint the correct diagnosis (Antony & Barlow, 2020). For example, if the client reports that he only gets fearful when thinking about his panic attacks, the client might have a panic disorder. However, if the client only becomes worried or fearful when interacting with people, parties, friends, and dating, then he/she might have social anxiety. Even though there are several disorders under the anxiety domain, this section will focus more on assessing and treating social anxiety.

When starting with a client, it is essential to also conduct an interview to ensure the counselor gets all the information, including medication, history of symptoms, duration, frequency, and even past traumatic incidents, to ensure proper diagnosis. Besides the SCID-5 mentioned earlier, counselors can also provide the Anxiety and Related Disorders Interview

Schedule for DSM-5 (ADIS) (Antony & Barlow, 2020). This assessment allows the clinician to identify the severity of the anxiety as well as screen for specific anxiety disorders (Antony & Barlow, 2020). Within the interview, the counselor also has to be aware that the interview itself might be anxiety provoking for the client and therefore explore the idea of discomfort with the client and make them feel safe in the session (Antony & Barlow, 2020). Clients with social anxiety might also feel uncomfortable in the waiting room, therefore creating a compromise, for example, allowing them to wait in the car until they feel ready to wait in the waiting room could be something that is done to help the client feel safe and be able to continue in their healing journey.

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Sometimes individuals might come talking about panic attacks. An assessment used with reference to panic attacks is the Panic Attack Severity Scale which helps the counselor assess for panic disorder over just panic attacks as a specifier for another anxiety disorder (Antony & Barlow, 2020). To help counselors identify their client's thoughts related to social phobia, it is best to use the Social Thoughts and Beliefs Scale (STABS) and incorporate it with CBT practices within the treatment plan to help the client reconstruct some of their beliefs (Antony & Barlow, 2020). Another assessment that has been found effective for social anxiety has been the behavior approach test (BAT) (Antony & Barlow, 2020). This assessment allows a counselor to identify what environment causes the most anxiety for the client by exposing the client to the stressful environment and then allowing the client to provide feedback afterward, as well as noting physical symptoms of the anxiety (Antony & Barlow, 2020). This type of assessment can help create a hierarchy of anxiety; the Liebowitz Social Anxiety Scale can also help create an anxiety hierarchy related to social anxiety (Antony & Barlow, 2020).

Treatments that have been shown to be effective for anxiety depends on the type of anxiety a client has. Cognitive behavioral therapy works for all of them. Exposure therapy has been shown to be effective for specific phobias and social anxiety because it slowly exposes the individual to the trigger of the anxiety while allowing them to sit with the anxiety. However, before using exposure therapy, teaching the client how to self-regulate and even use progressive muscle relaxation to help them relax and feel safe is important. Nordh et al. (2022) studied the effects of CBT via telehealth for children and adolescents. They found that the individuals that received CBT decreased their social anxiety over those that did not. In another study, Molino et al. (2022) found that even during COVID-19, CBT was found to be effective when treating social anxiety. Therefore to treat social anxiety effectively, it is best to have a mixture of CBT, exposure therapy, and progressive muscle relaxation.

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Trauma

The current trauma and stress disorders chapter was previously included in the anxiety chapter within the DSM-IV (Antony & Barlow, 2020; Dailey et al., 2014). All the disorders in this chapter involve the client being involved in a traumatic or stress-induced incident (Dailey et al., 2014). There are even disorders for children, such as reactive attachment disorder and disinhibited social engagement disorder, which correlate to emotional neglect as an infant that causes a child to under-socialize or over-socialize with adults (Dailey et al., 2014). It is very important to identify the symptoms and, if possible, the incident that is causing the nightmares, panic, fear, guilt, worry, or decrease in quality of life to better help the client. Counselors ought to remember that they are mandatory reporters and should constantly assess children's safety, especially when the child has been previously abused (Dailey et al., 2014).

Trauma is a field that is currently changing and growing. Research has been growing in this field over the past years. Trauma used to be thought of as something only veterans or individuals who had been to war could be diagnosed with. With time, it became known that individuals have various traumas, and what one individual can consider as trauma might not be the case for another. Therefore, as this specific field grows, so do the assessment tools to better assess for trauma disorders and help the client in the healing process (Antony & Barlow, 2020). There are specific questions one must ask when dealing with individuals with trauma, such as when did you start feeling like this, how were you feeling when it happened, and has there been anything else similar that has affected you (Antony & Barlow, 2020). These questions help structure what type of trauma and how long they have been feeling like that. These questions can be incorporated into the initial interview to help with the evaluation process.

When looking at assessments, the counselor might want to start with the SCID-5 to assess for another diagnosis, considering comorbidity does occur with trauma disorders (Antony & Barlow, 2020). After administration of the structured interview, the counselor would benefit from having the client conduct a timeline to address when the trauma occurred, identifying family dynamics, strengths, social/work/school life, and daily life prior to and post, the event (Antony & Barlow, 2020). Also, constructing a timeline gives the counselor an idea of how many traumatic incidents the client identifies in their own life. It is also essential to know whether the client is involved in legal matters, including civil lawsuits, to obtain compensation for traumatic incidents or criminal cases (Antony & Barlow, 2020). It is also important to assess whether the client is ready for therapy or not ready for change, especially concerning trauma, because they might want to avoid the topic or might have had bad experiences within therapy (Antony & Barlow, 2020).

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Some assessments might help counselors assess the traumatic events of clients to ensure that the client has witnessed or experienced trauma in some way. The Traumatic Life Events Questionnaire. The Life Events Checklist, and the Childhood Questionnaire, are assessments constructed as a self-report for the client to report whether they have experienced the events or not (Antony & Barlow, 2020). The Life Events Questionnaire even asks whether the individual experienced the trauma due to work, syncing it with the DSM-5 criteria (Antony & Barlow, 2020). Besides these assessments, military personnel have their own assessment that evaluates trauma they might experience while in combat, known as the Deployment Risk and Resilient Inventory (Antony & Barlow, 2020). Apart from these assessments, one of the most common self-report assessments publicly accessible on the post-traumatic stress disorder(PTSD) website is the PTSD Checklist for DSM-5, also known as the PCL-5 (Antony & Barlow, 2020). This assessment is available for both civilians and service personnel and does assess all criteria for the DSM-5 for PTSD, making it one of the most used assessments for PTSD (Antony & Barlow, 2020). There are constantly new assessments being created, and counselors need to identify whether the assessment is culturally appropriate, reliable, and valid. Thus the counselor ought to do some research prior to using any assessment to ensure it is appropriate for the client as well as to be competent in the use of the assessment (Antony & Barlow, 2020).

Apart from assessments, it is also important to know what research finds to be effective concerning treatment in individuals with PTSD. When working with trauma CBT has been found to be effective (Antony & Barlow, 2020). One form of CBT is known as Trauma-focused CBT (TF-CBT). Schmidt et al. (2022) studied the effects of TF-CBT on sex trafficking survivors. Their study concluded that TF-CBT was effective in decreasing PTSD symptoms. Thus, it can be concluded that TF-CBT would be a great way to help clients with PTSD. Knowing this will help

a counselor identify a modality and work on the treatment plan with accuracy to match the client's needs.

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Outline of Treatment

When starting with a client, starting with a structured interview like the SCID-5 is important to break down the most appropriate diagnosis. Another assessment used would be the Level 1 Cross-Cutting Symptoms Scale. This interview process would be separate from the biological, psychological (which the SCID-5 would fall into), social, cultural, and spiritual interview. After these interviews are completed, based on the results of SCID-5 and the Level 1 assessment, Level 2 for anxiety and the ADIS will be given due to scoring high in the anxiety domain in the Level 1 assessment and providing several symptoms correlated with anxiety. After reviewing all the assessments with the client, it appears the client has social anxiety. Therefore, to check for severity, the Social Anxiety Severity Scale will be given from the DSM-5-TR.

Addressing client safety would also be a main concern, especially since they present with social anxiety. If the client needs to do the sessions virtually in the beginning or wait in the car, compromises will be made to assure they do not feel overstimulated or pushed too far too fast. The Liebowitz Social Anxiety Scale will then be used to help the client build their hierarchy of anxiety related to social situations. This will allow to the creation of the treatment plan with exposure therapy at the level the client needs to start with and work their way up the hierarchy pyramid throughout treatment. It would be informative and beneficial to look at the hierarchy using the Liebowitz Social Anxiety Scale every four sessions to see any improvements. Another assessment that would be very beneficial to assess thought processes would be the STABS. This assessment would also be good to give the client every three sessions to see if their thoughts and

beliefs of the social situations have changed with the implementation of the restructuring of thought processes related to social situations and the self within the CBT model.

Exposure therapy with the conjunction of CBT will be used for social anxiety for this client. The client will work up his hierarchy pyramid from calling someone on the phone all the way up the pyramid to socializing with a peer for ten minutes. Before starting the exposure therapy, cognitive restructuring of social constructs and progressive muscle relaxation will be taught. The client will be able to self-regulate when presented with the stressor. Before sending the client to partake in a stressful situation, imagery will be used in the clinic to assure lower anxiety levels for the client to feel at ease and safe to try it on his own. Throughout the entire time, the client will be providing feedback on his level of anxiety and self-regulating in and out of the session until he feels he has mastered his hierarchy levels of anxiety.

Conclusion

To conclude, this paper discussed various changes in the DSM-5-TR. It also broke down the DSM-5-TR assessments and the reasons for usage. A review of how to best assess and treat depression, social anxiety, and trauma was provided. Then putting everything together an outline of how the author would treat and assess an individual with social anxiety was provided. The field of counseling is constantly changing, so we must constantly be aware of the research and the new models to assist best and treat our clients.

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I enjoyed reading your paper Odalis. You've synthesized the contexts of the readings successfully as you developed your work! I appreciate the work you've done!

There were some grammar/syntax concerns that Grammarly software can help you pick up before you submit your Capstone Paper.

May you continue to flourish as you develop your Capstone Paper and complete this course Odalis!