The Diagnostic & Statistical Manual of Mental Disorders in Problem Solving Courts

April 27, 2015  10:45 am -12 pm

Larry Sideman, Ph.D., ABPP, LPC, LISAC
International Classification of Disease (World Health Organization, ICD)

- The International Statistical Classification of Diseases and Related Health Problems codes (n=14,400) diseases, signs/symptoms, abnormal findings, complaints, social circumstances, external causes of injury/diseases
- Official psychiatric nosology used throughout most of world
- DSM-5 diagnostic criteria used by insurance companies for chart quality assessment, audit, determine fraud/abuse
ICD-9-CM, ICD-10-CM, DSM

- ICD-10-CM can benefit clinicians to better understand coding of other medical disorders; esp. in medical/mental health service integrated settings

- DSM-5 serves as a crosswalk - criteria facilitates diagnostic impressions & utilizes ICD billing codes

- October 1, 2015, US changes from ICD-9 to ICD-10

- ICD-10-CM codes alpha-numeric – in parentheses within diagnostic criteria box for each DSM-5 disorder
Purposes of Diagnosis

- Clinical
- Legal
- Organizational
- Communication
- Research
- Educational
- Statistical
- Reimbursement
DSM-5 Structural Modifications

- Philosophical changes
- Changes to chapter organization (lifespan approach)
- Removal of multiaxial system/combinesAxes I, II, III
  - All mental, personal, physical disorders recorded in 1 place:
    (Principal Diagnosis)
    (Reason for Visit)
- Psychosocial/envir factors (Axis IV), that within last yr effect evaluation/diagnosis/management of pt or, if occurred prior, contributes to development of disorder/focus of treatment, now in V Codes/Z Codes
DSM-5 Structural Modifications

- Axis V replaced by separate measures of severity & disability for individual disorders
- Diagnostic changes
- Use of dimensional/cross-cutting assessments
  - Domains commonly seen/monitored, regardless of initial clinical presentation /subsequent diagnosis (e.g., depressed mood, anxiety, substance use, sleep problems)
  - Ratings for areas over time regardless of specific disorder
- Now a narrative/dimensional diagnostic approach
Changes to Order of Chapters

- DSM-5 Classification
- Preface
- Section I: DSM-5 Basics
  - Introduction
  - Use of the Manual
  - Cautionary Statement for Forensic Use
- Section II: Diagnostic Criteria and Codes
- Section III: Emerging Measures and Models
  - Assessment Measures
  - Cultural Formulation
  - Alternative Model for Personality Disorders
Changes to Order of Chapters

• Conditions for Further Study
  • Non-Suicidal Self-Injury (NSSI)
  • Internet Gaming Disorder

• Appendix
  – Glossarys
  – Alphabetical and Numerical Listing of
  – Diagnoses and Codes
  – ICD-9-CM and ICD-10-CM
DSM-5 Diagnostic Changes

Other specified disorder 300.9 (F99)

- Identify specific reason does not meet criteria for any specific category within a diagnostic class
- Record name of category, then reason

ex: 312.89 Other specified disruptive, impulse-control, and conduct disorder, recurrent behavioral outbursts of insufficient frequency

Unspecified disorder 300.9 (F99)

- Do not specify reason does not meet criteria for any specific category within a diagnostic class

ex. 312.89 Unspecified disruptive, impulse-control, and conduct disorder
Mental Disorder

- Clinically significant behavioral/psychological syndrome/pattern associated with present distress/disability or with significantly increased risk of suffering death, pain, disability, or an important loss of freedom
- Not merely expectable/culturally sanctioned response to a particular event
- Currently considered a manifestation of a behavioral, psychological, or biological dysfunction
Relevant Classifications for Problem-Solving Courts

- Neurodevelopmental Disorders
- Trauma- and Stressor-Related Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Disruptive, Impulse Control & Conduct Disorders
- Substance-Related and Addictive Disorders
- Personality Disorders
- Other Conditions That May Be a Focus of Clinical Attention
Relevant Classifications
Neurodevelopmental Disorders

___.__ (___.__) Intellectual Disability (formerly MR-Must
assess both cognitive capacity & adaptive functioning; severity
determined by latter-not IQ score)

299.00 (F84.0) Autism Spectrum Disorder (single category)

314.01 (F 90.XX) AD/HD (age of onset changed 7->12)

___.__ (___.__) Specific Learning Disorder
314.01 (F 90.XX) AD/HD

- Inattention and hyperactivity/impulsivity sx$s$
- 6 symptoms in 1 domain required
- DSM-5 changes
  - Application across life span
  - Cross-situational requirement: “several” in each setting
  - Onset: before age 12
  - Subtypes replaced with presentation specifiers
  - Comorbid diagnosis with autism spectrum disorder now allowed
  - Symptom threshold change for adults (5 sx$s$ instead of 6)
  - Chapter change to reflect brain developmental correlates
Relevant Classifications
Trauma- and Stressor-Related Disorders

313.89 (F94.1) Reactive Attachment Disorder
313.89 (F94.2) Disinhibited Social Engagement Disorder
309.81 (F43.10) PTSD
308.3 (F43.0) Acute Stress Disorder
__.__ (___.__) Adjustment Disorder
• Formerly in "Anxiety Disorders"
• DSM-IV criteria maintained with minor revisions
• 2 criteria added:
  (1) negative alterations in cognition & mood assoc with traumatic event, beginning or worsening after event (Cluster D)
  (2) disturbance not attributed to the direct physiologic effects of a substance or another medical condition
• New diagnostic subtype: Preschool-aged children
• Distinction between acute/chronic PTSD removed
308.3 (F43.0) Acute Stress Disorder

- Reactions 3 days - 1 month post exposure
- Identify those at high-risk for developing PTSD
- Criterion A (either directly/witnessing or indirectly via learning about it)
- A2 (subjective reaction) eliminated
Adjustment Disorder

- Emotional/behavioral symptoms in response to identifiable stressor
- Within 3 months of stressor
- Marked distress in excess of that expected
- Significant social/occupational impairment
- Acute – lasts < 6 months
- Chronic – lasts > 6 months
297.1 (F22) Delusional Disorder

- 1 or more nonbizarre delusions that persist for 1 month
- Erotomanic: Another person, usually of higher status, in love with
- Grandiose: Inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person
- Jealous: Unfaithful sexual partner
- Persecutory: Self/someone close being malevolently treated
- Somatic: Physical defect/general medical condition
- Mixed
298.8 (F23) Brief Psychotic Disorder

- Sudden onset of 1 positive psychotic sx (delusions, hallucinations, disorganized speech/grossly disorganized or catatonic behavior)
- Symptoms at least 1 day but less than 1 month
- Specifiers: With/Without Marked Stressor(s), With Postpartum Onset

295.40 (F20.81) Schizophreniform Disorder

- Core sx identical to Schizophrenia
- Symptoms at least 1 but less than 6 months
- May/may not involve impaired social/occupational functioning
- Specifiers: With/Without Good Prognostic Features
295.90 (F20.9) Schizophrenia

- DSM-5 eliminated subtypes
- Symptoms persist at least 6 months
- At least 1 month of active-phase sx
- Marked social or occupational dysfunction
- 2 or more of: Delusions, hallucinations, disorganized thinking, grossly disorganized behavior, flat mood/apathy, OR 1 of: Bizarre delusions, constant hallucinations in which a voice talks constantly or 2 voices converse
295.70 Schizoaffective Disorder

- Uninterrupted period of major mood disorder symptoms concurrent with delusions or hallucinations

- Specifiers: Bipolar type, Depressive type
Bipolar I Disorder

Distinct period of abnormally/persistently elevated, expansive, or irritable mood

- Inflated self-esteem/grandiosity
- Decreased need for sleep
- Hyper-talkative/pressured speech
- Flight of ideas/racing thoughts
- Distractibility
- Increase in goal-directed activities
- Excessive involvement in pleasurable activities that have high potential for painful consequences
296.89 (F31.81) Bipolar II Disorder

- Distinct period of at least one hypomanic episode & current/past major depressive episode
296.99 (F34.8) Disruptive Mood Dysregulation Disorder

- New dx due to overdiagnosis/overtreatment of BD in children
- 3 or more per week for 1 year of severe/recurrrent temper outbursts grossly out of proportion in intensity/duration
- Between outbursts, persistently irritable/angry mood, most of day/nearly every day, observable by parents, teachers, peers
- Symptoms present in at least 2 settings for 12 or + months & not without sx for 3 or + consecutive months
- Symptom onset before age 10
- Dx should not be made before age 6 or after age 18
Major Depressive Disorder

- Insomnia/hypersomnia
- Psychomotor agitation/retardation
- Fatigue/loss of energy
- Feelings of guilt/worthlessness or excessive/inappropriate guilt
- Diminished ability to think/concentrate, or indecisiveness
- Recurrent thoughts of death/suicidal ideation, without specific plan, or a suicide attempt, or a specific plan for committing suicide
- Symptoms cause significant distress/impairment
300.4 (F34.1) Persistent Depressive Disorder (Dysthymia)

- Depressed mood for most of day, more days than not, at least 2 years (1 for children/adolescents)
- At least 2 symptoms:
  - Poor appetite or overeating
  - Insomnia or hypersomnia
  - Low energy or fatigue
  - Low self-esteem
  - Poor concentration or difficulty making decisions
  - Feelings of hopelessness
300.29 (___.__) Specific Phobia

Marked or persistent fear that is excessive/unreasonable, cued by presence/anticipation of specific object or situation:

- Flying
- Heights
- Animals
- Receiving an injection or seeing blood
300.23 (F40.10) Social Anxiety Disorder

- Marked/persistent fear of 1 or + social/performance situations when exposed to unfamiliar people/possible scrutiny. Fear will act in a way (or show anxiety symptoms) that will be humiliating/embarrassing.
- Exposure to feared social situations almost invariably provokes anxiety/panic.
- Recognize fear is excessive/unreasonable.
- Feared social/performance situations avoided/endured with intense anxiety/distress.
- Avoidance, anxious anticipation, distress interferes with normal activities.
300.22 (F40.00) Agoraphobia

- Out of proportion fear/anxiety/avoidance being in 2 or + places/situations from which escape difficult/embarrassing, or in which help may not be available:
  - Using public transportation
  - Being in open spaces
  - Being in enclosed places
  - Standing in line/being in a crowd
  - Being outside of the home alone
300. 02 (F 41.1) Generalized Anxiety Disorder

- Excessive anxiety and worry

- Difficult to control worry associated with 3 or more:
  - Restlessness/feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance
Relevant Classifications
Obsessive-Compulsive & Related Disorders

300.3 (F42) Obsessive-Compulsive Disorder

300.3 (F42) Hoarding Disorder

300.22 (F40.00) Agoraphobia

... (__.__) Substance/Medication-Induced Obsessive-Compulsive & Related Disorder

294.8(F06.8) Obsessive-Compulsive & Related Disorder
Due to Another Medical Condition
300.3 (F42) Obsessive-Compulsive Disorder

Obsessions:

- Recurrent/persistent thoughts, impulses, images experienced as intrusive/inappropriate; cause marked anxiety /distress
- Not simply excessive worries about real-life problems
- Attempt to ignore/suppress them with other thought or action
- Recognizes that obsessions are from own mind
300.3 (F42) Obsessive-Compulsive Disorder

Compulsions:

- Repetitive behaviors/mental acts driven to perform in response to obsession/according to rules rigidly applied

- Aimed at preventing/reducing distress/preventing dreaded event/situation - not connected in realistic way with what designed to neutralize/prevent, or excessive
300.3 (F42) Hoarding Disorder

- Persistent difficulty discarding/parting with possessions, regardless of value
- Emotional, physical, social, financial, legal effects
- Quantity of items sets apart from “normal” collecting
- Behavior distressing to other people, (family, landlords)
313.81 Oppositional Defiant Disorder (F91.3)

- Repetitive pattern of defiant, disobedient, hostile, negative behaviors toward others (other than siblings)
- Symptoms grouped into 3 types: Angry/irritable mood, argumentative/defiant behavior, and vindictiveness
- At least 4 symptoms present for 6 months
- Severity specifiers (per # of settings): mild (1), moderate (2), severe (3)
- Symptoms first appear at age 3-4, diagnosed later
- Adults can be diagnosed
- Exclusion criterion for conduct disorder removed
312.34 Intermittent Explosive Disorder (F63.81)

- At least 6 years of age
- Inability to control response to stressor/frustration
- Excessive unplanned verbal/physical outbursts ("hair trigger temper")
- Verbal aggression/non-destructive/non-injurious physical aggression also meet criteria
- Less severe outbursts at least 2X week for 3 months
- Over 1 year, damage to property/injury to others 3 times
- Severity specifiers mild, moderate, severe
312.8_ Conduct Disorder (F91._)

- Repetitive/persistent behavior pattern in which basic rights of others/major age-appropriate societal norms/rules violated
- 4 sx clusters: Aggression towards people/animals; property destruction; deceitfulness/theft; serious rules violations
- 3 sx over 1 year; 1 sx present in most recent 6 months
- 312.81 [F91.1] childhood-onset type prior to age 10
- 312.82 [F91.2] adolescent-onset type prior to age 10
- 312.89 [F91.9] unspecified-onset
- Severity specifiers mild, moderate, severe
- with limited prosocial emotions ("callous unemotional type"): Poorer prognosis indicated by lack of remorse/guilt, callous-no empathy, unconcerned, shallow/deficient affect
301.7 Antisocial Personality Disorder (F60.2)

Pervasive pattern of disregard for/violation of rights of others occurring since age 15, indicated by 3+ of:

- Failure to conform to social norms (lawful behaviors);
- Deceitfulness (repeatedly lying, use of aliases, conning others for personal profit or pleasure);
- Impulsivity/failure to plan ahead;
- Irritability/aggressiveness (physical fights/assaults);
- Reckless disregard for safety of self/others;
- Consistent irresponsibility (repeated failure to sustain consistent work behavior/honor financial obligations);
301.7 Antisocial Personality Disorder (F60.2)

- Lack of remorse (indifference to/rationalize having hurt, mistreated, or stolen from others)
- At least age 18 years
- Evidence of Conduct Disorder with onset before age 15
- The occurrence of antisocial behavior not exclusively during course of schizophrenia or bipolar disorder
312.33 Pyromania (F63.1)

- Recurrent, purposeful fire-setting without identifiable motive other than pleasure in viewing fire/effects
- Yields relief from irresistible impulse

312.32 Kleptomania (F63.2)

- Tension precedes act of recurrent, purposeful engagement in stealing for pure pleasure
Substance-Related and Addictive Disorders

- New chapter: *Substance-Related & Addictive Disorders*
- Significant restructuring to categorization of disorders
- Removal of distinction between abuse and dependence
- Single use disorders specific to substance to address disorders as existing on fluid, continuous spectrum
- 2 groups: Substance use disorders
  - Substance induced disorders
Substance-Related and Addictive Disorders

- “Craving” added to criteria/ Legal difficulties eliminated
- Caffeine withdrawal, Cannabis withdrawal codeable disorders
- Includes criteria for intoxication, withdrawal, substance-induced disorder, unspecified substance-related disorder
- Withdrawal eliminated for hallucinogen- and inhalant-related disorder
- Cannabis and Tobacco withdrawal added
Substance-Related and Addictive Disorders

__.__ (__.__) Alcohol-Related Disorders

Caffeine-Related Disorders-intoxication, withdrawal only

__.__ (__.__) Cannabis-Use Disorder

Hallucinogen-Related Disorders - withdrawal excluded

Inhalant-Related Disorders - withdrawal excluded

Opioid-Related Disorders
Substance-Related and Addictive Disorders

Sedatives Hypnotic, or Anxiolytic -Related Disorders

Stimulant-Related Disorders

Tobacco-Related Disorders – intoxication excluded

Other (or Unknown) Substance-Related Disorders
  Anabolic Steroids, Nitrous Oxide, OTC/Prescription Drugs,
  Betel Nut, Kava

Non-Substance-Related Disorders
Substance-Related and Addictive Disorders

Essential features

- “…a cluster of cognitive, behavioral, & physiological symptoms indicating individual continues using the substance despite sig sub-related problems”
- Criteria 1-4: Impaired control, social impairment, risky use, pharmacological
- Criteria 5-7: Social. Occupational, interpersonal problems
- Criteria 8-9: Risk taking surrounding use
- Criteria 10-11: Tolerance & withdrawal
Substance-Related and Addictive Disorders

- Includes criteria for intoxication, withdrawal, substance-induced disorder, unspecified substance-related disorder
- Withdrawal eliminated for hallucinogen- and inhalant-related disorder
- Cannabis and Tobacco withdrawal added
Substance-Related and Addictive Disorders

Each diagnosis includes severity specifier (# of criteria):

- Mild = 2-3
- Moderate = 4-5
- Severe = 6 or more

Specifiers:

- In early remission = 3-12 months
- In sustained remission = 12 months or more
- On maintenance therapy = prescribed
- In a controlled environment = restricted access
Substance Induced Disorders

Intoxication

- A reversible, temporary substance-specific syndrome due to recent ingestion (Criterion A)

- Problematic behavioral/psychological changes attributable to physiological effects of the substance (Criterion B)

- Symptoms not due to other medical condition/mental disorder (Criterion D)

- Does not apply to Tobacco
Substance Induced Disorders

Withdrawal

- Substance-specific problematic physiological, cognitive, behavioral changes due to cessation of/reduction in prolonged use (Criterion A)

- Substance-specific syndrome causes clinically significant distress or social/occupational/other functional impairment (Criterion C)

- Symptoms not due to other medical condition/mental disorder (Criterion D)
Substance/Medication Induced Mental Disorders

- Severe, usually temporary CNS syndromes
- Developed during/within month of intoxication/withdrawal/ingestion
- Causes clinically significant distress/impairment
292. 89 Hallucinogen Persistent Perception Disorder (F16.983)

- After cessation of use, experience at least 1 misperception that occurred during intoxication (flashback)
- Faces
- Geometric forms
- Flashes of color
- Micropsia (things look small)
- Macropsia (things look huge)
- Diminished interest in sex
312. 31 Gambling Disorder (F63.0)

- Only “process’ addiction - relabeled/reclassified
- Persistent, recurrent maladaptive behavior that disrupts personal, family, vocational pursuits (Criterion A)
- 4 or more symptoms within 12 months
- Specifiers: Episodic (several months), persistent (several yrs), in early remission (3 months), in sustained remission (12 months)
- Severity: mild (4-5 criteria), moderate (6-7), severe (8-9)
Personality Disorders

Enduring pattern of inner experience & behavior that deviates from expectations of culture manifested in:

• Cognition
• Affect
• Interpersonal functioning
• Impulse control

Leads to significant distress/impairment in social, occupational, or other important areas of functioning
Personality Disorders

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder
Other Conditions That May Be a Focus of Clinical Attention

Relational Problems

Problems Related to Family Upbringing

V61.20 (Z62.820) Parent-Child Relational Problem

V61.8 (Z 62.891) Sibling Relational Problem

V61.8 ((Z62.29) Upbringing Away From Parents

V61.29 (Z62.898) Child Affected by Parental Relationship Distress
Other Conditions That May Be a Focus of Clinical Attention

Relational Problems

Other Problems Related to Primary Support Group

V61.10 (Z63.5) Disruption of Family be Separation or Divorce

V61.8 (Z63.6) High Expressed Emotion Level Within Family

V 62.82 (z63.4) Uncomplicated Bereavement
Other Conditions That May Be a Focus of Clinical Attention

Abuse and Neglect

Child Maltreatment & Neglect Problems

995.54 Child Physical Abuse, Confirmed/Suspected

V61.21 (Z69.010) Encounter for Mental Health Services for Victim of Child Abuse by Parent

V61.21 (Z69.020) Encounter for Mental Health Services for Victim of Nonparental Child Abuse

V15.41 (Z62.810) Personal history (past history) of Physical Abuse in Childhood
Other Conditions That May Be a Focus of Clinical Attention

Abuse and Neglect

Child Maltreatment & Neglect Problems

V15.41 (Z62.810) Personal history (past history) of Physical Abuse in Childhood

V61.22 (Z69.011) Encounter for Mental Health Services for Perpetrator of Parental Child Abuse

V62.83 (Z69.021) Encounter for Mental Health Services for Perpetrator of Nonparental Child Abuse

Above also for Sexual Abuse, Neglect, & Psychological Abuse: Non-accidental verbal or symbolic acts (e.g., berating, disparaging, humiliating; harming/abandoning or threat will/to things child cares about; confining; egregious scapegoating; excessively disciplining thru non/physical ways
Other Conditions That May Be a Focus of Clinical Attention

Adult Maltreatment & Neglect Problems

- Spouse or Partner Violence, Physical
  - 995.581 Spouse or Partner Violence Physical, Confirmed/Suspected
  - V61.11 (Z69.11) Encounter for Mental Health Services for Victim of Spouse or Partner Violence, Physical
  - V15.41 (Z91.410) Personal history (past history) of Spouse or Partner Violence, Physical
  - V61.12 (Z69.12) Encounter for Mental Health Services for Perpetrator of Spouse or Partner Violence, Physical

Above also for Sexual Abuse, Neglect, & Psychological Abuse and for Adult Abuse by Nonspouse or Nonpartner
Other Conditions That May Be a Focus of Clinical Attention

Educational & Occupational Problems

- V62.3 (Z55.9) Academic/Educational Problem
- V62.21 (Z56.82) Problem Related to Current Military Deployment Status
- V62.29 (Z56.9) Other Problem Related to Employment

Housing Problems

- V60.0 (Z59.0) Homelessness
- V60.1 (Z59.1) Inadequate Housing
- V60.89 (Z59.2) Discord with Neighbor, Lodger, or Landlord
- V60.6 (Z59.3) Problem Related to Living in a Residential Institution
Other Conditions That May Be a Focus of Clinical Attention

Housing Problems

V60.0 (Z59.0) Homelessness
V60.1 (Z59.1) Inadequate Housing
V60.89 (Z59.2) Discord with Neighbor, Lodger, or Landlord
V60.6 (Z59.3) Problem Related to Living in a Residential Institution

Economic Problems

V60.2 (Z59.4) Lack of Adequate Food or Safe Water
V60.2 (Z59.5) Extreme Poverty
V60.2 (Z59.6) Low Income
V60.2 (Z59.7) Insufficient Social Insurance or Welfare Support
V60.9 (Z56.9) Unspecified Housing or Economic Problem
Other Conditions That May Be a Focus of Clinical Attention

Other Problems Related to the Social Environment

- V62.89 (Z60.0) Phase of Life Problem
- V60.3 (Z60.2) Problem Related to Living Alone
- V62.4 (Z60.3) Acculturation Difficulty
- V62.4 (Z60.4) Social Exclusion or Rejection
- V62.4 (Z60.5) Target of Perceived Adverse Discrimination or Persecution
- V62.9 (Z60.9) Unspecified Problem Related to Social Environment
Other Conditions That May Be a Focus of Clinical Attention

Problems Related to Crime/Interactions with Legal System

V62.89 (Z65.4) Victim of Crime
V62.5 (Z66.0) Conviction in Civil or Criminal Proceeding
  Without Imprisonment
V62.5 (Z65.1) Imprisonment or Other Incarceration
V62.5 (Z65.2) Problems Related to Release from Prison
V62.5 (Z65.3) Problems Related to Other Legal Circumstances
Other Conditions That May Be a Focus of Clinical Attention

Other Health Encounters for Counseling and Medical Advice

V66.49 (Z70.9) Sex Counseling
V66.40 (Z71.9) Other Counseling or Consultation
Other Conditions That May Be a Focus of Clinical Attention

Other Health Encounters for Counseling and Medical Advice

Problems Related to Other Psychosocial, Personal, & Environmental Circumstances

V62.89 (Z65.8) Religious or Spiritual Problem
V61.7 (Z64.0) Problems Related to Unwanted Pregnancy
V62.89 (Z64.4) Discord with Social Service Provider Including PO, Case Manager/Social Services Worker
V62.89 (Z65.8) Other Problem Related to Psychosocial Circumstances

Personal History of Self-Harm
Problem Related to Lifestyle
Child or Adolescent Antisocial Behavior
Other Conditions That May Be a Focus of Clinical Attention

Other Circumstances of Personal History

- V15.49 (Z91.49) Other Personal History of Psych Trauma
- V15.59 (Z91.5) Personal History of Self Harm
- V62.22 (Z91.82) Personal History of Military Deployment
- V15.89 (Z91.89) Other Personal Risk Factors
- V69.9 (Z72.9) Problem Related to Lifestyle
- V71.01(Z72.811) Adult Antisocial Behavior
- V71.02 (Z72.810) Child or Adolescent Antisocial Behavior
Other Conditions That May Be a Focus of Clinical Attention

Problems Related to Access to Medical & Other Health Care

V63.9 (Z276.3) Unavailability/Inaccessibility of Healthcare Facilities

V63.8 (Z276.4) Unavailability/Inaccessibility of Other Helping Agencies
Other Conditions That May Be a Focus of Clinical Attention

Nonadherence to Medical Treatment

V15.81 (Z91.19) Nonadherence to Medical Treatment
278.00 (E66.9) Overweight or Obesity
V65.2 (Z76.5) Malingering
V40.31 (Z91.83) Wandering Associated With a Mental Disorder
V62.89 (R41.83) Borderline Intellectual Functioning
How to Contact the Presenter

Lawrence M. Sideman, Ph.D., ABPP, LPC, LISAC

- Phone: (602) 677-1206
- e-mail: lsideman@argosy.edu