Question 1: What is the Diagnostic and Statistical Manual of Mental Disorders?

Answer 1: To better classify mental disorders, the *Diagnostic and Statistical Manual of Mental Disorders* has been the key resource for recognizing clinical abnormalities of personality or mental health. Originally, the United States developed the classification system with the need to collect statistical information on idiocy or insanity in the 1840s, and later to better classify the recognizable symptoms of men returning from World War II. Over time, seven categories were recognized, and what developed throughout its evolution was essentially a glossary of recognized mental disorders. It is in its 4th revision, and thus named the *Diagnostic and Statistical Manual of Mental Disorders IV – Text Revision* (DSM-IV-TR).

Although it is a useful tool in diagnosing patients, the American Psychiatric Association (2000) states that, "compelling literature documents that there is much 'physical' in 'mental' disorders and much 'mental' in 'physical' disorders... it must be admitted that no definition adequately specifies precise boundaries for the concept of 'mental disorder.'"

Question 2: What are the most commonly explored disorders seen in most clinics and therapeutic environments?

Answer 2: The most commonly explored disorders as seen in most clinics and therapeutic environments are the following:

- **Substance-related disorders**: Alcohol and drug-related addictions
- **Mood disorders**: Depressive or bipolar disorders
- **Anxiety disorders**: Panic or anxiety, phobia, posttraumatic stress disorder (PTSD), and obsessive-compulsive behaviors
- **Eating disorders**: Anorexia or bulimia
- **Personality disorders**: Unique classification (Axis II) and includes schizophrenia, antisocial personality, borderline, narcissistic, avoidant, dependent, and obsessive compulsive personality disorder
- **Other conditions of clinical attention**: Relational, grief, academic, social, spiritual, acculturation, or occupational issues.
**Question 3:** How does the DSM determine and diagnose the type and longevity of a disorder (or multiple disorders) for a client?

**Answer 3:** The DSM utilizes five levels on a multiaxial assessment to determine and diagnose the type and longevity of a disorder, or multiple disorders for a client (American Psychiatric Association, 2000, pp. 27–34). They are as follows:

- **Axis I:** This is used to specify all clinical disorders or conditions that may be a focus of clinical attention.
- **Axis II:** This is used to specify personality disorders and mental retardation.
- **Axis III:** This is used to indicate general medical conditions.
- **Axis IV:** This is used to “provide information on Psychosocial and Environmental problems of the client that may affect the diagnosis, treatment, and prognosis of mental disorders on Axes I and II.” Such events may be negative life events like the loss of a job or death of a loved one, an environmental difficulty like the loss of home, familial or interpersonal stressors or lack of support like divorce or interpersonal trauma, or even positive life events and stressors like a promotion at work or an upcoming wedding.
- **Axis V:** This is used to indicate a Global Assessment of Functioning score (GAF). A high GAF score indicates a higher level of functioning and lower level of impairment. A low GAF score indicates a low level of functioning and high level of impairment. These tools are used globally to create consistent diagnostic evaluations. The collection of this information is then useful in determining a treatment plan for the client.

**Question 4:** What are common theoretical approaches to dealing with DSM disorders?

**Answer 4:** There are many theoretical approaches to the treatment of mental distress and disorder. Ultimately, each is based in specific theoretical beliefs systems about human development and how personality is formed. There are three core approaches: humanistic, behavioral, and psychoanalytic; however, in dealing with some mental disorders that are medical or biological in nature, drug therapy serves as an important part of treatment. Also, many family and relational therapists work from a systemic approach, recognizing that individuals are the result of a system of interaction and response, which impacts perception and beliefs. Therefore, it is helpful to suggest that in
modern therapy, there is a foundation of core approaches with various theories, techniques, and methods.

**Question 5:** What is the psychoanalytic theory?

**Answer 5:** The psychoanalytic theory is a model of personality development and a method of psychotherapy originally outlined by Freud that focuses on the role of the unconscious on human development. It suggests that personality develops during the following five key stages from birth until later adulthood:

- **Oral stage:** Needs are satisfied orally (first year of life) and issues of trust versus mistrust develop
- **Anal stage:** (age 2–4) Absorbed in issues of pleasure stemming from defecating and urinating and concerns of self-control
- **Phallic stage:** (ages 4–6) Focused on the sexual energy of the genitals and personality development as male or female
- **Latency stage:** (5–11) Socialization
- **Genital stage:** (adolescence to adulthood) Includes attention to adult life stages and managing the id or demanding child, ruled by the pleasure principle, the ego or traffic cop, ruled by the reality principle, and the superego or judge, ruled by the reality principle

The evolution of other stage-related theories are based in psychoanalytic theory and continue to focus on early development in personality formation and mental disorders. For example, attachment theory is how we bond with our caretakers and early belief systems based on positive or negative learning at stages of development; Adlerian psychology focuses on birth order and social interests.

The usefulness of psychoanalytic theory in the treatment of mental disorders is limited to diagnosis on Axis I that pertain to belief systems and unconscious drives. Psychoanalysis seeks to move the unconscious to the conscious level and resolve early beliefs and issues surrounding the first few stages of life or placement within the family system. It includes, but is not limited to, brief psychodynamic therapy (treating selective disorders within a brief period of time), hypnosis, dream interpretation, free association, projective techniques (projecting a parent figure in order to handle feelings and thoughts), and awareness of placement within the family system and the roles and tasks associated with that placement.
Question 6: What is the analytic theory?

Answer 6: The analytic theory, developed by C.G. Jung, focuses on reintegration of the past with the present, bringing the conscious together with the unconscious, and individuation, that is, the process of becoming a distinct individual from the social collective. The significance of Jung’s work in today’s therapeutic efforts is from Jung’s Typology Test (later the Myers-Briggs Personality Assessment) which has been useful in organizing an array of sixteen distinct personality types. This has been practical in understanding career choices and fields of work that match personality and interests.

Question 7: What is behavior therapy?

Answer 7: Behavior therapy is a model that stems from experimental findings and research. It is based on principles of learning that are systematically applied, and all treatment is expected to be specific and measurable. It focuses primarily on the client’s current problems and strives to change maladaptive to adaptive behaviors largely through education and skill development. The premise of behavioral therapy and how humans function is that humans are determinists, that is, people who are controlled by their environment. Some of the key therapies emerging from behavior therapy are the following:

- **Multimodal therapy** focuses on a comprehensive analysis and systematic attention to seven modalities: behaviors, affective processes, sensations, images, cognitions, interpersonal relations, and drugs (BASICID) and other biological functions to develop a treatment plan.
- **Rational emotive behavior therapy** (REBT) focuses on the cause/reaction dynamic in human relations and irrational beliefs, and stresses thinking, judging, deciding, analyzing, and doing. It recognizes that individuals contribute to their stressors by the way in which they interpret situations and information. It utilizes techniques such as disputing irrational thinking and beliefs, changing self-talk, desensitization, assertiveness training, and skills training.
- **Cognitive therapy** is useful for symptoms of depression because it looks at the ways in which individuals create abstractions, overgeneralizations, labeling, or catastrophizing. Cognitive therapy is an insight-focused therapy and focuses on changing negative thoughts or maladaptive beliefs, recognizing that a person’s belief system has highly personal meanings and that it is the job of the client to
recognize and interpret the impact of those beliefs on his or her behavior, self-talk, and choices.

- **Solution-focused brief therapy** is a goal-driven model of therapy that recognizes that clients have a vision of solutions and goals they want to accomplish. The approach focuses on supporting the client in identifying goals and the tasks needed to reach them by looking at previous solutions, identifying exceptions, utilizing questions that focus on the present as well as the future, and the miracle question in which the client imagines change and what behaviors need to be enacted to encourage the change.

Behavioral therapy focuses on maladaptive behaviors and not on feelings. It has gotten criticism for ignoring relational factors and for being deficient in providing the client with insights about his or her behaviors through exploration of feelings. Behavioral therapy is useful in the treatment of mental disorders that involve specific behaviors such as substance abuse, addictive behaviors, anxiety, or depression.

**Question 8: What is the humanistic theory?**

**Answer 8:** The humanistic theory (or existential theory) is an approach that is philosophical in nature and focuses on the meaning of human existence. It works to explore an individual’s sense of value and meaning in life as well as exploring issues of love, death, and living. From humanism, the following theories or approaches have emerged that pertain to and value the individual (Messina & Messina, 2008):

- Client-centered theories (developed by Carl Rogers) focus on inner self-control, the belief in the natural goodness of people, and necessary key conditions between the client and therapist. It includes unconditional positive regard, accurate empathy, congruence or being oneself in the therapeutic relationship.
- Maslow’s hierarchy of needs, which is not a therapeutic treatment but a philosophy, suggests that everyone has basic needs that must be met before they are able to become self-actualized. The concept of self-actualization is one that reflects people who are comfortable enough with themselves that they do not take the world as personally as most. A self-actualized person is spiritually fulfilled, comfortable with him- or herself and others, independent, able to have deep intimate relationships, ethical, and loving.
- Group therapy is a particularly powerful approach to dealing with
relational issues and addictions. Under the attention and support of a therapist or group facilitator, 6–10 or more members can meet for either an open (members of the group change, like certain alcoholics groups) or a closed (stable set of members for a period of time) group. When individuals join a group, they often recreate the challenges and difficulties among each other, offering opportunities for members to work on new relational styles, utilize narrative to facilitate changes in perspective, and employ the feedback and support of the group as a powerful catalyst to change and recovery.

- Gestalt therapy focuses on existential (individual existence) perspective and how people make meaning of life. It explores phenomenological (how people experience and feel things) views with the goal of helping clients gain awareness of what they are experiencing and doing through experiments that allow the client to experiment with new behaviors and approaches. It moves away from abstractions that people tend to create in their minds and focuses on the experience of pain. Clients must do the work of consciously analyzing their sensory experiences rather than waiting for a practitioner to interpret their experiences for them and provide them with solutions.

Humanistic therapy emphasizes that humans are not prone to function under fixed laws or as gears in machinery, but rather, that they are entities that intend to do good unless thwarted by their experiences. This approach is particularly useful for other issues in the DSM such as relational, grief, academic, social, spiritual, acculturation, or occupational concerns and stressors (Messina & Messina, 2008).

**Question 9:** What is biomedical or drug therapy?

**Answer 9:** Biomedical or drug therapy often focuses on the treatment of psychological disorders through the combination of traditional mental health therapy and either drug therapy, electroconvulsive therapy, or psychosurgery. It is especially useful with Axis II personality disorders and mood or anxiety disorders. The following are several types of biomedical and drug therapies (Psychological Treatment, n.d.):

- **Anti-anxiety drugs** are often a type of tranquilizer that reduces symptoms of panic disorders and anxiety by calming the central nervous system.
- **Antidepressant drugs** include monoamine oxidase inhibitors
(MAOIs), tricyclics, and selective serotonin reuptake inhibitors (SSRIs), which increase the level of neurotransmitters norepinephrine and serotonin to reduce symptoms of depression.

- **Antipsychotic drugs** block the availability of dopamine in the brain to limit the effects of psychotic disorders, such as schizophrenia.
- **Electroconvulsive therapy** is used as a treatment for severe depression by administering electrical currents to the brain through electrodes to the patients head. The patient is anesthetized to minimize pain.
- **Psychosurgery** is a technique that involves a surgical procedure (also recognized as a frontal lobotomy in the 1940–1950s) which severs nerve tracts at the frontal lobes of the brain. Cingulotomies are more frequently performed. This procedure destroys only portions of the frontal lobes. These procedures are considered extreme and rare and often resulted in severe lethargy and social withdrawal of the patient.
- **Transcranial magnetic stimulation** (TMS) is used in the treatment of acute depression. Magnetic currents are focused on the frontal lobe to stimulate the brain.

**References**

