Minority Fellowship Program
The National Board for Certified Counselors

# Innovations in Counseling: Working with Minority Populations- Part 2
# Session 6: DSM-5: Exploring New Clinical Perspectives (Part 2)

**Webinar Follow-up Question and Answer Session with Matthew Buckley**

**Question from Virginia Asher**
How do we get a copy of the measure to use with adults and children?

Answer from Presenter
http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures

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**Question from Andrea Jordan-Lemma**
The Level 1 and 2 assessment measures, are these to substitute for the biopsychosocial outline we are currently trained to use as guide for diagnostics?

Answer from Presenter
A biopsychosocial assessment is often used in clinical practice to gather a comprehensive history on the client to assist in treatment planning. These emerging measures are not intended to be a replacement for the biopsychosocial, but can potentially aid in providing assessment data for that purpose. Clinicians and agency personnel will be in the position to determine how to best use these measures to fit the needs of their practices and the clientele they serve.

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**Question from Virginia Asher**
How is this measure useful if there it does not have strong reliability or validity, only face validity?

Answer from Presenter

"Usefulness" has little to do with validity and reliability. There were a number of diagnostic tools/elements that were introduced and used in the DSM-IV-TR that had no or poor validity and reliability such as the Global Assessment of Functioning (GAF – Axis V) and the diagnostic decision trees, both of which were widely used by clinicians and somewhat "validated" by even insurance companies in the development of a clinical diagnosis. The American Psychiatric Association (APA) does not hide the fact that the DSM-5 cross-cutting measures are "soft" measures that were developed to integrate formal assessment as part of the diagnostic process. I see these assessment instruments as part of the research process of establishing validity and reliability as APA seeks for feedback from clinicians on how these instruments perform in clinical practice. One of the criticisms of the cross-cutting symptom measures is that they were introduced with little or no research as to their validity and reliability. In the testing of the DSM-5 assessment measures, hundreds of clinicians participated in field trials where they tested out these instruments. Kappa scores (a methodology that constitutes a meta-analysis of inter-rater reliability) were generated and those instruments that were included in the final offering were those that performed well among clinicians who used them. APA had to balance getting the

DSM-5 out to the mental health community and sacrificing strong research data to support these measures. That is why it is important to interpret any results with this context in mind. However, just because there is a lack of research that supports these instruments does not make them inadequate or inappropriate.

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**Question from Daniel Burrell**
What is significance of the 2 week time frame as well as the "last several days?"

Answer from Presenter
Level 2 assessments go deeper into specific domain symptomology (i.e., mania, sleep, anger, etc.) which include how acute the symptoms may be, expanding on all relevant aspects of a symptom and assessing severity. A Level 1 assessment really detects whether a symptom is present and generally its prominence within the client's life.

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**Question from Donna Inman**
So one would only use these measures if a diagnosis was already given?

Answer from Presenter
Not necessarily. It is recommended that assessment instruments be administered at a client intake which would help with a diagnosis and then to be used periodically throughout treatment to determine treatment effects.

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**Question from Charles Nichols**
Would you immediately present the client with level two if need be or would you wait until the next schedule session to administer it?

Answer from Presenter
When to administer these assessments is really a judgment call on the part of the clinician and the agency and there are a variety of factors that influence this decision. You definitely don't want to overwhelm your client with a barrage of assessment instruments, but you will want to assess those areas that need immediate attention and that have significant consequence (i.e., psychosis, delusions, mania, suicide ideation, substance use, etc.). The more that you use these instruments the better handle you will have on how and when to use them.

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**Question from Andrea Jordan-Lemma**
Will there be free (online or otherwise) courses to do the 'massive retraining of all mental health professionals' or will this be left to each organization and individual to figure out on own?

Answer from Presenter

There are a number of education companies who advertise trainings in the DSM-5, including these assessment instruments and other professionals who do trainings throughout the nation and internationally. In-house or agency trainings typically occur where a consultant is brought in to provide education, training and even advice about how to use assessments within the agency. These trainings usually come with a fee.

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**Question from Marjorie Jones**

On the measure of energy; it said talking more than usual and I want to know if it means more than usual for the person or if others tell them they are talking more than usual?

Answer from Presenter

In the Level 1 CCSM, the items related to mania (items #4 and #5) have language that assesses for "energy" as well as the Level 2 Adult Mania measure (question #4) that assesses talking or verbosity. The items range from, "I do not talk more than usual" to "I talk constantly and cannot be interrupted," so it is from the perspective of the client taking the assessment. If the client were to disclose something like, "my family tells me that I talk non-stop" you would want to follow up with when this behavior may happen, how often, and under what circumstances to confirm or rule out symptoms of mania.

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**Question from Christiana Shao**

Are we only to use this cross cutting symptoms rating scales only when clients have experienced symptoms for at least seven days? If so, do you think they can still be helpful to consider even if the client symptoms have been less than 7 days?

Answer from Presenter

It is assumed that the symptom being assessed in the Level 2 CCSM would be seven days or less. I do think it would be helpful to determine how frequently a symptom may manifest within that time frame.

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