MENTAL HEALTH DIAGNOSES AND TREATMENTS

July 1st 2020

NAMI Multnomah – Evening with the Experts

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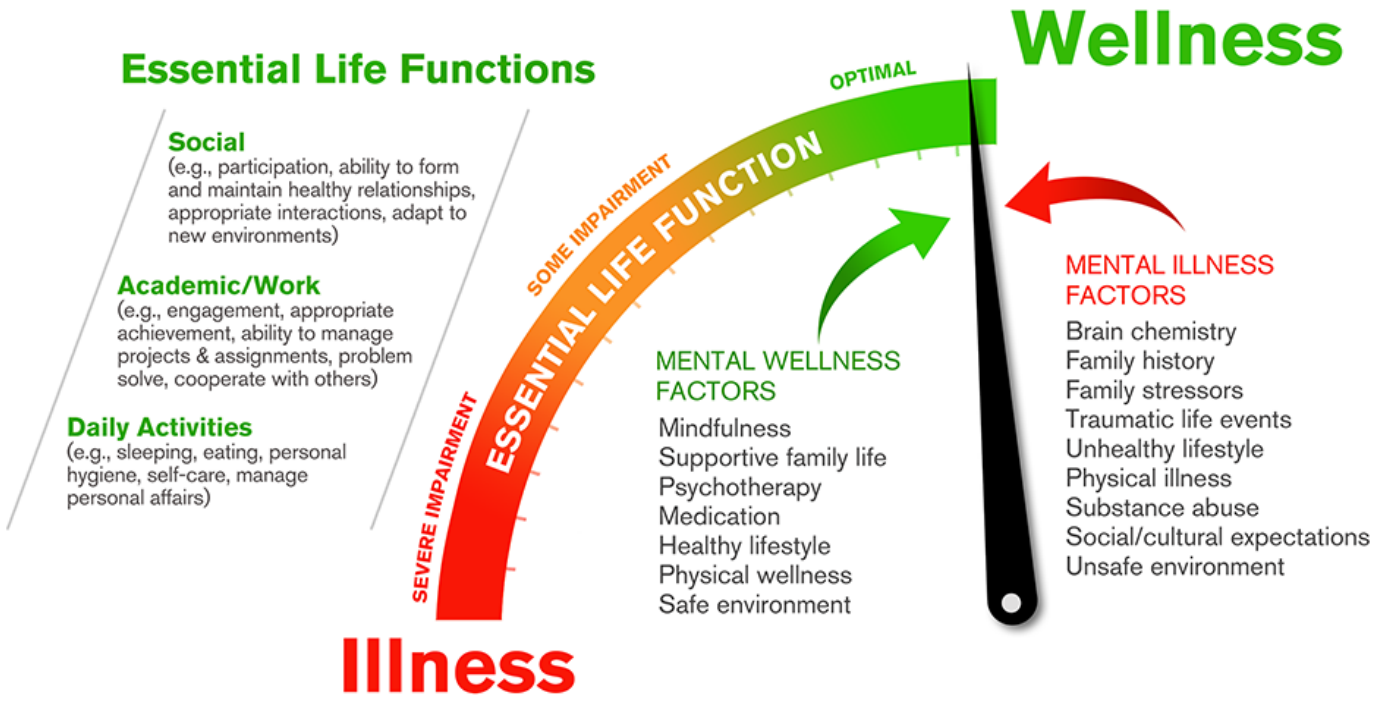
Let's talk about EXPERT

TOPICS FOR TONIGHT

- How to Identify Early Warning Signs
  - Questions
- Diagnosis
  - Questions
- Potential Treatment Options
  - Questions
- Final Questions

MENTAL FUNCTIONING IS ON AN EVER-CHANGING CONTINUUM



EARLY WARNING SIGNS= FOUR D'S

Dysfunction
Distress
Deviance
Danger

DYSFUNCTION

- Dysfunction: Interfering with the person's ability to conduct daily activities in a constructive way
- In what areas of life?
  - Work
  - Home Life
  - Personal Care
  - Social Life

DISTRESS OR DISCOMFORT

- Distress: Unpleasant and upsetting to a person

- Some therapists object to the subjective discomfort criterion because people are not always aware of problems that their behavior may create for themselves or others.

DEVIANCE

- Deviance: different, extreme, unusual, bizarre
  - "the important point is that most psychological disorders are simply extreme expressions of otherwise normal emotions, behaviors, and cognitive processes" (Barlow & Durand, 2002)
- Deviate from what?
  - Societal Norms: Stated and Unstated rules of proper conduct

DANGER

- Abnormal behavior may become dangerous to oneself or others. (Behavior may be careless, hostile, or confused)

- Being Dangerous is the exception, not the rule

QUESTIONS ABOUT EARLY WARNING SIGNS

- What questions do you have?

- Next: What to do if you begin to notice these in yourself or a friend/family member…

.F…

: steps

CHANGES IN A FRIEND/FAMILY MEMBER…

- Listen (Avoid giving advice on how to change)
- Normalize & Validate their Feelings
- Support by:
  - Helping them find providers
  - Offering to drive them to their first appointment
  - Asking how you can best support and encourage them
  - Allow that person to lead/have control over when and how you help

WHAT TO EXPECT WHEN YOU SEE A PROFESSIONAL

- Step 1: Get to know you/ Gather Individual Information
  - HIPAA and Confidentiality Review
  - Clinical Interviews/ Observations
- Step 2: Diagnosis
  - Do Symptoms Match a Known Disorder?
    - DSM-V
- Step 3: Treatment
  - How Might the Client be Helped?

STEP 2: DIAGNOSIS

Diagnosis: determining that a person's problems reflect a particular disorder.

- Patterns presented by client are similar to patterns of other individuals.

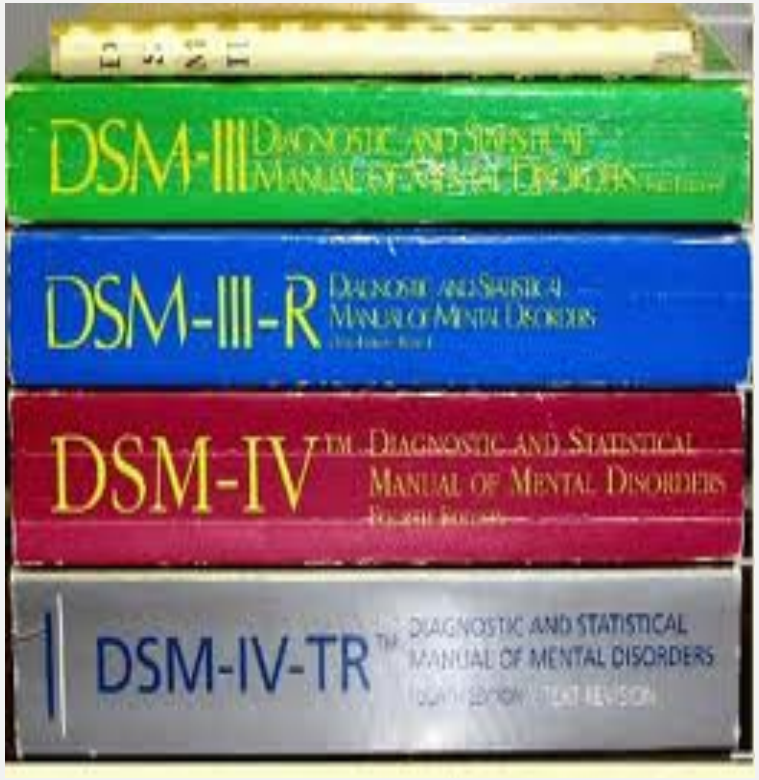
- Therefore, can apply what is known about the disorder to help the client.

CLASSIFICATION SYSTEMS

Diagnostic and Statistical Manual of Mental Disorders (DSM)

- Emil Kraepelin, 1883
- Written by the APA (American Psychiatric Assoc.)
- Most widely used system in the USA
- Currently on the DSM-V (2013)

DSM-V


DSM-III
DSM-III-R
DSM-IV
DSM-IV-TR

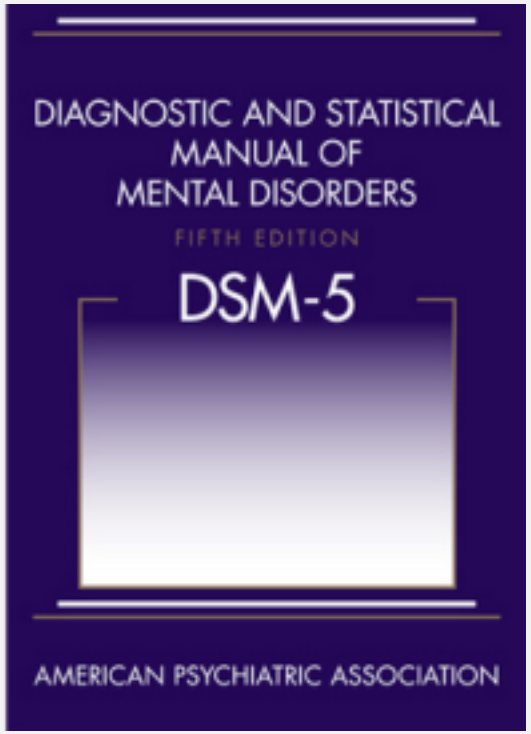

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

TABLE 1 DSM-5 criteria for major depressive disorder and persistent depressive disorder

Major depressive disorder (in children and adolescents, mood can be irritable)

5 or more of 9 symptoms (including at least 1 of depressed mood and loss of interest or pleasure) in the same 2-week period; each of these symptoms represents a change from previous functioning

- Depressed mood (subjective or observed)
- Loss of interest or pleasure
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor retardation or agitation (observed)
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Thoughts of death or suicidal ideation or suicide attempt

Persistent depressive disorder (in children and adolescents, mood can be irritable and duration must be 1 year or longer)

Depressed mood for most of the day, for more days than not, for 2 years or longer

Presence of 2 or more of the following during the same period

- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Impaired concentration or indecisiveness
- Hopelessness

Never without symptoms for more than 2 months

Table 1: DSM-5 criteria for major depressive disorder and persistent d...

DIAGNOSIS

- PROS:
  - Allow for common language to be used amongst providers
  - Research benefits
  - Can lead to feelings of validation/relief/ understanding
- CONS:
  - Labeling
  - Self-fulfilling prophecy
  - Stigma

GENERAL QUESTIONS ABOUT DIAGNOSIS

STEP 3:TREATMENT/THERAPY

Jerome Frank says all forms of therapy have:

- A *sufferer* (patient, client)
- A trained, socially accepted *healer* (therapist, clinician, counselor, psychologist)
- A series of contacts between the two in which the healer tries to produce changes in the sufferer's emotional state, attitude, and behavior.

TREATMENT: HOW MIGHT THE CLIENT BE HELPED?

- Treatment decisions
  - Begin with assessment information and diagnostic decisions to determine a treatment plan
  - Other factors:
    - Therapist's theoretical orientation
    - Current research
    - General state of clinical knowledge – focusing on empirically supported, evidence-based treatment

WHAT ARE TODAY'S LEADING TREATMENT THEORIES?

- One of the most important developments in the field has been the growth of multiple theoretical perspectives, including but not limited to:
  - Cognitive
  - Behavioral
  - Humanistic/Existential
  - Sociocultural
  - Psychoanalytic
  - Biological

FINAL QUESTIONS

NAMI Multnomah – Evening With the Experts Series

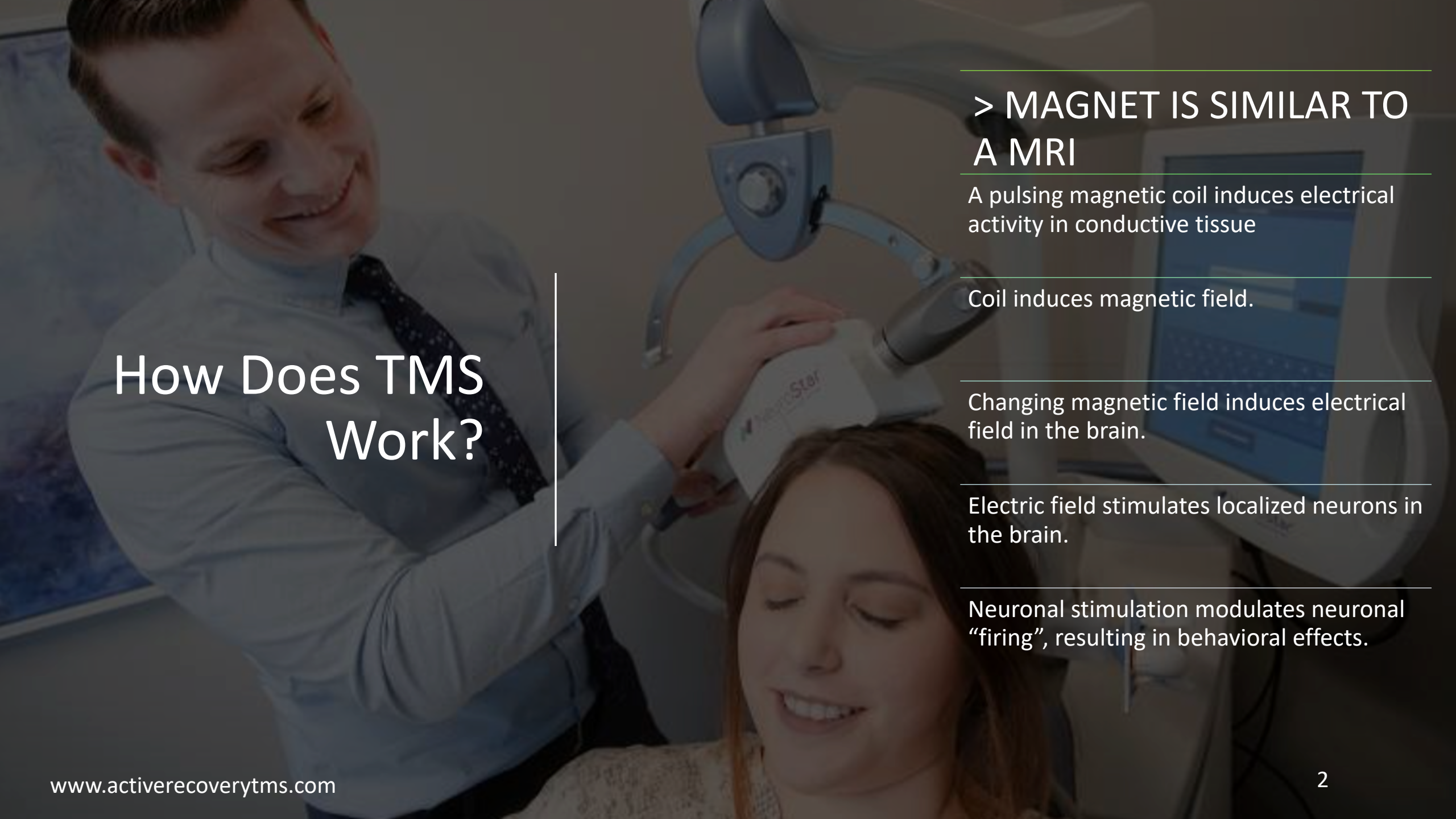
ACTIVE RECOVERY
TMS

Transcranial Magnetic Stimulation (TMS): Targeted Treatment for Depression

Presented by

Jonathan Horey, MD

Chief Medical Officer, Co-founder



How Does TMS Work?

> MAGNET IS SIMILAR TO A MRI

A pulsing magnetic coil induces electrical activity in conductive tissue

Coil induces magnetic field.

Changing magnetic field induces electrical field in the brain.

Electric field stimulates localized neurons in the brain.

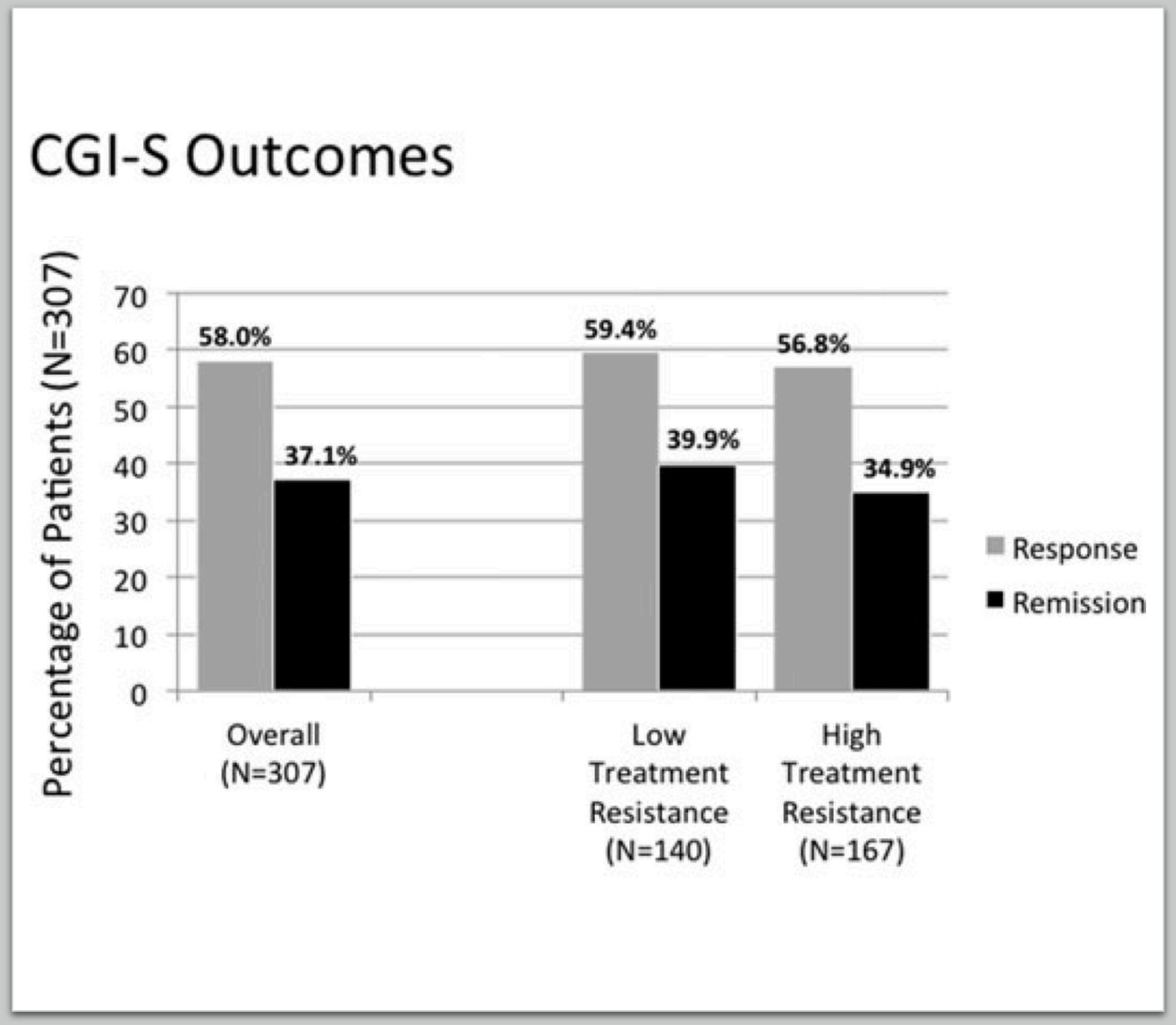
Neuronal stimulation modulates neuronal “firing”, resulting in behavioral effects.

TMS: Indicated for Treatment Resistant Depression (TRD)

- TRD: Failure of treatment to produce response or remission.
- 30-50% of patients can be classified as having TRD.
- One-third of patients with TRD will attempt suicide, double that of treatment responsive patients.
- **FDA Guidelines**: At least one failed trial of an antidepressant and one failed trial of psychotherapy.
  - "Failure" can be either lack of effectiveness or intolerable side effects.
  - Most commercial insurance plans require 2-4 antidepressant trials. Medicare sticks to FDA guidelines.

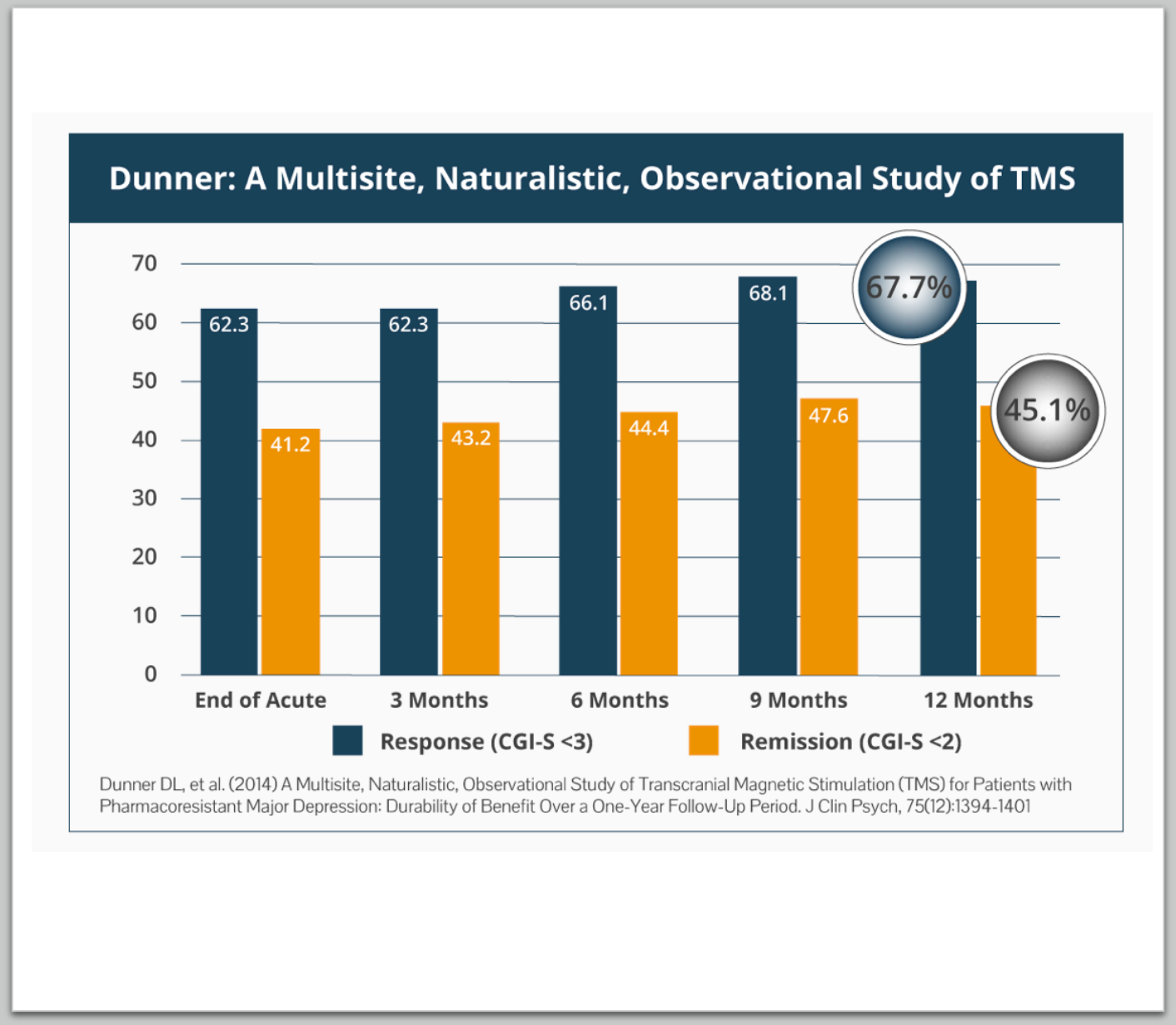
What is the Evidence for TMS in Depression?

- Carpenter, et al 2012
  - N=307, open label, on-label dosing
  - Significant results for both remission and response.

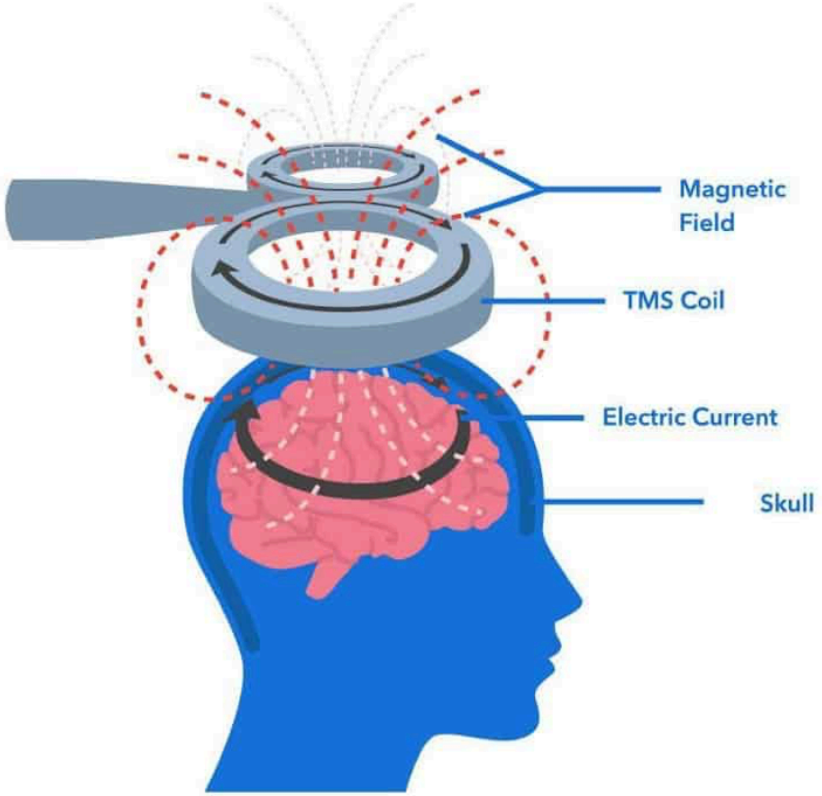


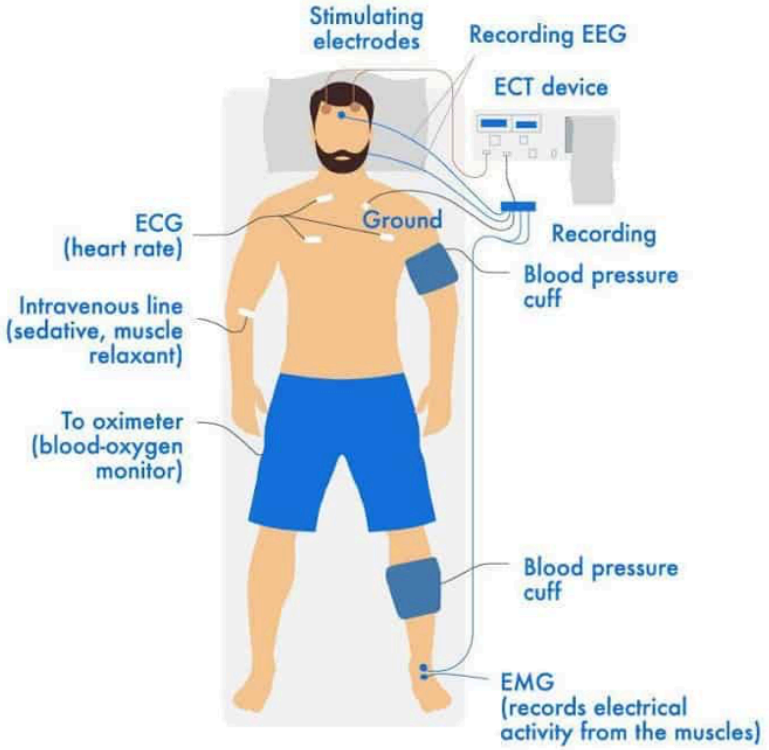
What is the Evidence for TMS in Depression?

- Dunner, et al 2014
  - 67.7% of acute remitters sustained response at one year.
  - Responders tended to maintain their gains over the year.



TMS vs. ECT





- Electroconvulsive Therapy (ECT) uses a direct electrical current whereas TMS uses magnetic stimulation.
- Using magnetic stimulation allows much more energy to be applied to the brain in a safer and more targeted way.
- Direct electrical current (i.e. ECT) causes pain due to stimulation of sensory neurons on scalp
- Magnetic fields pass painlessly through the scalp and skull.
- ECT has higher remission rate but also higher relapse rate.

What is an Acute Course of TMS?

First treatment is “mapping session”, takes about an hour.

Subsequent treatments are 20 minutes.

Treatment is 5 days/week (M-F) for six weeks, then six “tapering” sessions over the last three weeks for a total of 36 sessions.

Most patients see improvement between 3-5 weeks of treatment.

Treatment may be extended based on clinical situation.

Does Insurance Cover TMS?

For Major Depressive Disorder: YES!

- Medicare, Medicaid (in many states, including Oregon).
- Almost all commercial insurance plans.

For Obsessive Compulsive Disorder: Not Yet . . .

Other potential indications: Migraine, Anxiety Disorders, Addiction, Pain Disorders, etc.

Side Effects of TMS

Rare

- Seizure: less than 1 in 30,000 treatment sessions (<.003%), less than 6 in 5,000 patient exposures (<0.12%).
- Risk of hearing damage (earplugs are used which minimizes risk)
- Syncope (initial session)

Less than 5% of patients in TMS trials discontinue b/c of side effects.

Less Rare

- Scalp discomfort → usually responds to reassurance and a slower titration.
- Headache—Usually limited to a few minutes after session. Can pre-treat with NSAIDS.
- Lightheadedness, esp. in initial sessions.
- **No effect on memory.**