Play Therapy & Diagnosis: Use of the DSM-5-TR™ in Play Therapy Practice

Daniel Sweeney, PhD, LMFT, LPC, RPT-S™
George Fox University, Portland OR

1

Who should diagnose?

- All licensed mental health professionals!
- All play therapists!

2

What do professional organizations say?

OBLPCT

675.705

(8)(a) "Professional counseling" means the assessment, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of mental health counseling or other psychotherapeutic principles and methods in the delivery of services to individuals, couples, children, families, groups or organizations.

3

What do professional organizations say?

CA Board of Behavioral Sciences

4999.32

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

4

What do professional organizations say?

ACA – Code of Ethics

E.5.a. Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

5

What do professional organizations say?

APT – Play Therapy Best Practices

F.2 Proper Diagnosis of Mental Disorders

Play therapists must take special care to provide, when necessary &/or clinically appropriate, a diagnosis of mental disorder(s) & to re-evaluate such diagnoses as more information becomes available or treatment progresses. In an effort to strengthen appropriate diagnosing, play therapists should be familiar with the current updated versions of the Diagnostic & Statistical Manual of Mental Disorders (DSM). In addition, it is expected that play therapists will provide clients with the most up to date treatments based on research & updated recommendations.

6

Advantages – Disadvantages?

- There has long been discussions about the benefits and detriments in diagnosis.
- It's worth a look at these.

7

Group discussion

What is your opinion on the DSM-5-TR™ and the use of diagnosis?

Does this opinion change in light of the use of play therapy?

8

Benefits of Diagnosis

1. Diagnosis helps clinicians [& other/future clinicians] in identifying & understanding client challenges/problems.
2. Diagnosis helps with treatment planning & selecting interventions – particularly in the exploration of evidence-based treatment(s).
3. Diagnosis acknowledges & categorizes symptom cluster(s), as well as previous/current experiences.
4. Diagnosis helps clients access needed services, including reimbursement for services.
5. Diagnosis helps clients realize that they are not alone in their struggles.

9

Benefits of Diagnosis

6. Diagnosis helps clients & family members avoid suspicion/speculation about symptoms.
7. Related to this – diagnosis helps clients/parents realize that they are not "crazy"
8. Diagnosis helps clients take the presenting problem more seriously – which can lead to them to take a greater level of responsibility.
9. Diagnosis creates can begin the process of creating insight.
10. Diagnosis can give hope regarding the unknown.

10

Challenges of Diagnosis

1. There are label(s)/stigma that can be attached to diagnosis which reinforce that a child or family is/are "abnormal".
2. Diagnoses ignore many elements that may be the cause of the presenting problem. Treatment should acknowledge etiological factors, not simply the diagnosis.
3. Labeling alone is not particularly helpful. In fact, is it really necessary to apply labels before addressing problems?
4. The issue of diagnostic comorbidity decreases the validity of each diagnostic label. Different diagnoses can make treatment more challenging and cause confusion for clinicians & clients.
5. The DSM is a "Western document" & arguably biased in regard to many populations, including race, ethnicity, gender/gender identification, sexual orientations, social class, etc.

11

Challenges of Diagnosis

6. Diagnosis may lead clients to over-identify with a diagnostic label, possibly reinforcing the presenting issues & symptoms.
7. Diagnosis can vary, from one MHP to another. Different interviews with different clinicians can eventuate with different diagnoses – which calls the validity of diagnosis into question.
8. Diagnosis can bring on a social stigma as well as a personal one. Mental illness can be associated with negativity. This can come with a negative social stigma, which can be detrimental in regards to new employment or academic endeavors.
9. Diagnoses may ignore systemic factors, leaving out etiological contributors to a person's presenting problem that are not recognized by the DSM.
10. There may be variance in diagnoses related to popularity in the mental health field. Simply put – there are diagnostic trends in the field that may affect validity.

12

When Diagnosing Children

- What is typical – what is atypical?
- No single definition of psychological normality or abnormality
- Generally, childhood disorders involve psychological, emotional, & behavioral dysfunction – accompanied with &/or distress or impairment – which is atypical or culturally unexpected

13

When Diagnosing Children

- Etiology is crucial when considering treatment, but may not be when making a diagnosis
- I believe that diagnosis is a crucial element in treatment planning – but is it the most important?
- Treatment planning should be theoretically based, but diagnosis is independent of theory – and, reportedly, based on scientific research
- Diagnosis should not be considered a "necessary evil", but a tool in the treatment process

14

"Common" Childhood Diagnoses

- Depressive Disorders
  - Major Depressive Disorder (82)
    - ✓ For children, look at irritable mood
  - Disruptive Mood Dysregulation Disorder (81)
    - ✓ Not before age 6
  - Persistent Depressive Disorder (84)
    - ✓ For children – irritable mood / 1 year

15

"Common" Childhood Diagnoses

- Suicidal Behavior (306)
  - Current Suicidal Behavior
  - History of Suicidal Behavior
- Nonsuicidal Self-Injury (307)
  - Current Nonsuicidal Self-Injury
  - History of Nonsuicidal Self-injury

16

"Common" Childhood Diagnoses

- Anxiety Disorders
  - Being very afraid when away from parents (separation anxiety) (99)
  - Extreme fear about a specific thing or situation (phobias) (100)
  - Very afraid of school & places with people (social anxiety) (101)
  - Excessive worry about negative occurrences (general anxiety) (105)
  - Repeated episodes of sudden, unexpected, intense fear with accompanying physical symptoms (panic disorder) (102)

17

"Common" Childhood Diagnoses

- Bipolar Disorders
  - Bipolar I Disorder (57)
  - Bipolar II Disorder (62)
  - Cyclothymic Disorder (66)
- For children – is it mania or hyperactivity?

18

"Common" Childhood Diagnoses

- Trauma- & Stressor-Related Disorder
  - Reactive Attachment Disorder (131)
  - Disinhibited Social Engagement Disorder (122)
  - Posttraumatic Stress Disorder (123)
  - Prolonged Grief Disorder (130)

19

"Common" Childhood Diagnoses

- Neurodevelopmental Disorders
  - Intellectual Developmental Disorder (Intellectual Disability) (19)
  - Communication Disorders (24)
  - Autism Spectrum Disorder (27)
  - Attention-Deficit/Hyperactivity Disorder (31)

20

"Common" Childhood Diagnoses

- Neurodevelopmental Disorders (cont.)
  - Specific Learning Disorder (34)
  - Motor Disorders (37)
  - Tic Disorders (38)
  - Other Specified/Unspecified Neurodevelopmental Disorder (40)

21

"Common" Childhood Diagnoses

- Obsessive-Compulsive & Related Disorders
  - OCD (111)
  - Body Dysmorphic Disorder (112)
  - Hoarding Disorder (113)
  - Trichotillomania (114)
  - Excoriation (114)

22

"Common" Childhood Diagnoses

- Feeding & Eating Disorders
  - Anorexia Nervosa (144)
  - Bulimia Nervosa (145)
  - Binge Eating Disorder (146)
  - Pica (143)
  - Rumination Disorder (143)
  - Avoidant/Restrictive Food Intake (144)

23

"Common" Childhood Diagnoses

- Elimination Disorders
  - Enuresis (149)
  - Encopresis (149)

24

"Common" Childhood Diagnoses

- Substance-Related Disorders (187)
  - Most common substance use disorders in childhood & adolescence are related to alcohol and cannabis. Can begin as early as puberty (possibly before) – often accompanied by DSM disorders – if untreated, usually persist into adulthood.

25

"Common" Childhood Diagnoses

- Sleep-Wake Disorders
  - Insomnia Disorder (151)
  - Hypersomnolence Disorder (152)
  - Narcolepsy (153)
  - Non-Rapid Eye Movement Sleep Arousal Disorders (158)
    - Sleepwalking
    - Sleep terrors
  - Nightmare Disorder (158)

26

"Common" Childhood Diagnoses

- Gender Dysphoria in Children (177)
  - At least 6 of 8 criterion
  - Might consider *Other Specified (or Unspecified) Gender Dysphoria*
- Gender Dysphoria in Adolescents & Adults (177)

27

"Common" Childhood Diagnoses

- Disruptive, Impulse-Control, & Conduct Disorders
  - Oppositional Defiant Disorder (181)
  - Intermittent Explosive Disorder (182)
  - Conduct Disorder (183)
  - Pyromania (185)
  - Kleptomania (185)

28

"Common" Childhood Diagnoses

- Relational Problems (314)
  - Parent-Biological Child
  - Parent-Adopted Child
  - Parent-Foster Child
  - Other Caregiver-Child

29

"Common" Childhood Diagnoses

- Problems Related to the Family Environment (315)
  - Upbringing Away From Parents
  - Child Affected by Parental relationship Distress
  - Disruption of Family by Separation or Divorce
  - High Expressed Emotion Level Within Family

30

"Common" Childhood Diagnoses

- Somatic Symptom Disorders (137)
  - Somatic Symptom Disorder
  - Illness Anxiety Disorder
  - Factitious Disorder Imposed on Another (previously Factitious Disorder by Proxy) (139)
  - Malingering (322)

31

"Common" Childhood Diagnoses

- Abuse and Neglect (307)
  - Child Physical Abuse
  - Child Sexual Abuse
  - Child Neglect

32

"Un-Common" Childhood Diagnoses

- Neurocognitive Disorders
  - Delirium (242)
    - For example:
      - ✓ Substance intoxication delirium
      - ✓ Medication-induced delirium
      - ✓ Delirium due to another medical condition

33

"Un-Common" Childhood Diagnoses

- Paraphilic Disorders (279)
  - Voyeuristic Disorder
  - Exhibitionistic Disorder
  - Frotteuristic Disorder
  - Pedophilic Disorder
  - Pedophilic Disorder

{ ***Most likely teens***

34

Case Study 1: Reg

- Oppositional Defiant Disorder
- Conduct Disorder
- Attention-Deficit/Hyperactivity Disorder
- Unspecified Neurodevelopmental Disorder
- Disruptive Mood Dysregulation Disorder
- Adjustment Disorder, with mixed disturbance of emotions & conduct

35

Case Study 2: Taylor

- Encopresis, with constipation and overflow incontinence
- Enuresis, Nocturnal Only
- Nightmare Disorder, Acute, Moderate
- Parent-Child Relational Problem
- Speech Sound Disorder

36

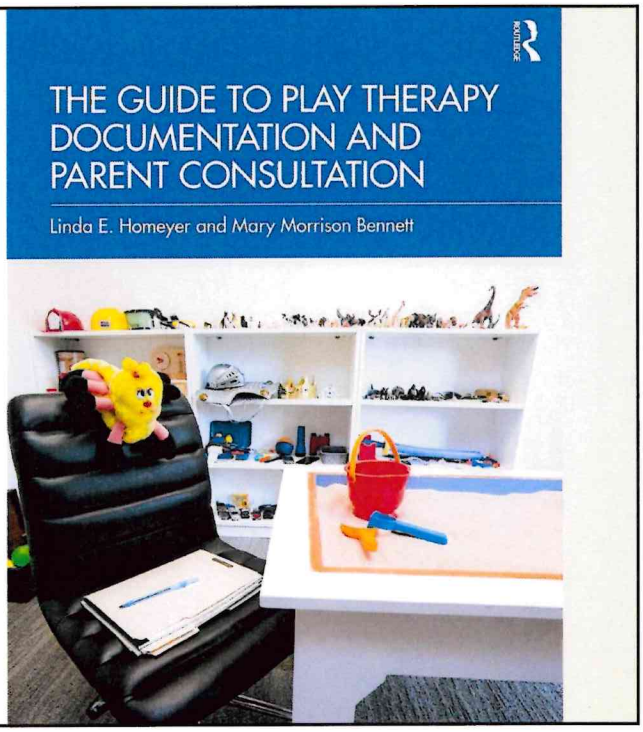
Case Study 3: Janie

- Obsessive-Compulsive Disorder, With Poor Insight
- Other Specified Feeding or Eating Disorder
- Anorexia Nervosa, Restricting Type
- Avoidant/Restrictive Food Intake Disorder
- Social Exclusion or Rejection

37

Treatment Planning examples

(Recommended book!)



38

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Flessner, C. A., & Piacentini, J. C. (2017). *Clinical handbook of psychological disorders in children and adolescents: A step-by-step treatment manual*. Guilford Publications.

Homeyer, L. E., & Bennett, M. M. (2023). *The guide to play therapy documentation and parent consultation*. Routledge.

Morrison, J. R. (2023). *DSM-5-TR made easy : The clinician's guide to diagnosis*. The Guilford Press.

39

References

Morrison, J., & Flegel, K. (2016). *Interviewing children and adolescents: Skills and strategies for effective DSM-5 diagnosis* (2nd ed). Guilford Press.

O'Connor, K. J., & Ammen, S. (2012). *Play therapy treatment planning and interventions: The ecosystemic model and workbook* (2nd ed.). Elsevier Science & Technology.

Wonders, L.L., & Affee, M.L. (Eds.). (2024). *Play therapy treatment planning with children and families*. Routledge.

40

41

