V Codes & Adjustment Disorders

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Lecture Outline

- Signs and symptoms in psychiatry
- Adjustment Disorders
- Other conditions that may be a focus of clinical attention
Signs and symptoms

- **Signs** = clinician’s observations/objective (e.g., agitation, tremors, etc.)
- **Symptoms** = patient’s subjective experiences (e.g., feeling depressed)
- **Syndromes** = constellation of signs and symptoms which make up a recognizable condition
Adjustment Disorders

Adjustment disorders are defined in the DSM-IV-TR as 'clinically significant emotional or behavioral symptoms' that develop 'in response to an identifiable psychosocial stressor or stressors.'
Adjustment Disorders

- Sxs must appear *within 3 months* of the stressor’s onset
- Sxs of the disorder usually resolve within 6 months (can last longer if the stressor persists or there are long-term consequences)
- If the reaction meets criteria for another specific anxiety or mood disorder, or aggravated by a preexisting Axis I or II disorder, the dx of adjustment disorder is not being made
Adjustment Disorders

**Epidemiology:**
- One of the most common psychiatric dx for disorders in medical & surgical patients
- Prevalence between 2%-8% among children, adolescents and the elderly (general population)
- Prevalence of 12% of general hospital inpatients referred for mental health consultation
- Prevalence of 10%-30% of those in mental health outpatient settings
- Prevalence of 50% in special populations (e.g., patients following cardiac surgery)
Adjustment Disorders

Etiology:

- **Stress-diathesis model**: precipitated by one or more stressors, recurrent or continuous; the severity of stressors is not always predictive of the severity of the disorder; vulnerability & poor coping skills.

- Specific developmental stages are often associated with adjustment disorders: beginning school, leaving home, getting married, becoming a parent, failing to achieve an occupational goal, having the last child leave home, retirement.
Adjustment Disorders

Diagnosis & Clinical Features:

- **Essential feature:** a psychological response to an identifiable stressor that results in the development of clinically significant emotional or behavioral symptoms.

- **Onset** within 3 months following a stressor.
Adjustment Disorders

Diagnosis & Clinical Features:
- Varied clinical presentations - physical sx are most common in children and the elderly

There are six adjustment disorder subtypes listed in the DSM-IV
Adjustment Disorders

- 309.0  Depressed mood
- 309.24  Anxiety
- 309.28  Mixed anxiety & depressed mood
- 309.03  Disturbance of conduct – conduct in which the rights of others are violated or age-appropriate societal norms and rules are disregarded, assaultive behavior, reckless driving, excessive drinking, defaulting on legal responsibilities, withdrawal
Adjustment Disorders

- **309.4** Mixed disturbance of emotions and conduct

- **309.9** Unspecified – a residual category for atypical maladaptive reactions to stress (e.g., massive denial of the dx of a physical illness, social withdrawal without significant depressed or anxious mood, severe noncompliance with treatment)
Adjustment Disorders

Specifiers:

- **Acute** – persistence of sxs for less than 6 months
- **Chronic** – persistence of sxs for 6 months or longer
Adjustment Disorders

- **Associated features and disorders:** Decreased performance at school or work, temporary changes in social relationships; may be associated with suicide attempts, suicide, excessive substance use, somatic complaints.

- **Specific culture, age and gender features:**
  - women to men ratio = 2:1;
  - may occur at any age;
  - responses to stress may vary across cultures.

- **May be diagnosed in the presence of another Axis I or Axis II disorder**
Adjustment Disorders

**Differential diagnosis:** Clinical judgment is necessary, since there are no clear guidelines

- Bereavement (an expectable response to the death of a loved one); Adj.D. when it is in excess.
- Acute stress reactions
- PTSD – a significant trauma; a syndrome which includes flashbacks & physiological reactions
- Mood and anxiety disorders
Adjustment Disorders

- Substance-related disorders
- Conduct disorder
- Personality disorders are frequently exacerbated by stress – additional dx is not made
Adjustment Disorders

- **Course & Prognosis**: With proper tx, most patients return to previous levels of functioning within 3 months.

- **Treatment**: psychotherapy & pharmacotherapy; assess secondary gains.
Adjustment Disorders

Treatment recommendations for Adjustment Disorders and V code conditions (Seligman, 1990)

"DO A CLIENT MAP"
Adjustment Disorders

- **DIAGNOSES.** Adjustment disorders and V codes for conditions not attributable to mental disorder.

- **OBJECTIVES.** Relieve symptoms, improve coping, restore at least prior level of functioning.
Adjustment Disorders

- **ASSESSMENTS.** Generally none; measures of transient anxiety, depression, & stress might be helpful.

- **CLINICIAN.** Flexible, yet structured. Present-oriented. Optimistic.

- **LOCATION.** Outpatient.
Adjustment Disorders

- **INTERVENTIONS.** Crisis intervention. Brief psychodynamically oriented psychotherapy, stress management. Other short-term active approaches.

- **EMPHASIS.** Encouragement of client responsibility. Moderately supportive. Probing only when relevant to current concerns with focus determined by specific precipitant and response.
Adjustment Disorders

- **NATURE.** Individual therapy and/or peer support group. Possibly some family sessions.

- **TIMING.** Brief duration, rapid pace.
Adjustment Disorders

- **MEDICATION.** Rarely needed.
- **ADJUNCT SERVICES.** Inventories to clarify goals and direction. Education and information very important. Possibly environmental manipulation.
- **PROGNOSIS.** Excellent, especially when no underlying mental disorder is present.
Other conditions that may be a focus of clinical attention

- Mental Disorder
- Psychological Symptoms
- Personality Traits or Coping Style
- Maladaptive Health Behaviors
- Stress-Related Physiological Response
- Other or Unspecified Psychological Factors
Other conditions that may be a focus of clinical attention

Medication-Induced Movement Disorders:

- 332.1 Neuroleptic-Induced Parkinsonism
- 333.92 Neuroleptic Malignant Syndrome
- 333.7 Neuroleptic-Induced Acute Dystonia
- 333.99 Neuroleptic-Induced Acute Akathisia
- 333.82 Neuroleptic-Induced Tardive Dyskinesia
- 333.1 Medication-Induced Postural Tremor
- 333.90 Medication-Induced Movement Disorder Not Otherwise Specified
Other conditions that may be a focus of clinical attention

Other Medication-Induced Disorder:

- 995.2 Adverse Effects of Medication Not Otherwise Specified
Other conditions that may be a focus of clinical attention

Relational Problems:

- **V61.9** Relational Problems Related to a Mental Disorder or General Medical Condition
- **V61.20** Parent-Child Relational Problem (e.g., overprotection, inadequate discipline)
- **V61.10** Partner Relational Problem (e.g., negative or distorted communication, noncommunication)
- **V61.8** Sibling Relational Problem
- **V62.81** Relational Problem Not Otherwise Specified
Relational Problems

*Relational Problems* = patterns of interaction between members of a relational unit that are associated with symptoms or significantly impaired functioning in one or more individual members or with significant impaired functioning of the relational unit.
Other conditions that may be a focus of clinical attention

Problems Related to Abuse or Neglect:

- V61.21 Physical Abuse of *Child*
- V61.21 Sexual Abuse of *Child*
- V61.21 Neglect of *Child*

995.52 if focus of attention is on the *victim*
Other conditions that may be a focus of clinical attention

Problems Related to Abuse or Neglect:

- V61.12 Physical Abuse of Adult – if focus of clinical attention is on the perpetrator & abuse is by partner

- V61.12 Sexual Abuse of Adult – if focus of clinical attention is on the perpetrator & abuse is by partner
Other conditions that may be a focus of clinical attention

Problems Related to Abuse or Neglect:
- V62.83 Physical Abuse of Adult – if focus of clinical attention is on the perpetrator & abuse is by other person than partner

995.81 Physical Abuse of Adult – if focus of attention is on the victim
Other conditions that may be a focus of clinical attention

Problems Related to Abuse or Neglect:

- V62.83 Sexual Abuse of Adult – if focus of clinical attention is on the perpetrator & abuse is by other person than partner

995.83 Sexual Abuse of Adult – if focus of attention is on the victim
Physical abuse of adult

- **Domestic Violence/Spouse Abuse**
  - Estimated Prevalence: 2-12 million families in the US (1.8 million wives)

- **Elder abuse**
  - Estimated Prevalence: 10% of persons above age 65
Additional conditions that may be a focus of clinical attention

- **V15.81** Noncompliance with treatment
- **V62.2** Occupational Problem
- **V62.3** Academic Problem
- **V62.4** Acculturation Problem
Additional conditions that may be a focus of clinical attention

- V65.2 *Malingering* = intentional production of false or grossly exaggerated symptoms, motivated by external incentives (should be strongly suspected in a medicolegal context of presentation; when there is marked discrepancy between the person’s claimed stress or disability and the objective findings; in the presence of Antisocial Personality Disorder; when there is lack of cooperation during the diagnostic evaluation and in complying with the prescribed treatment regimen)
Additional conditions that may be a focus of clinical attention

- V62.82 Bereavement
- V62.89 Religious or Spiritual Problem
- V62.89 Phase of Life Problem
- V62.89 Borderline Intellectual Functioning
- V71.01 Adult Antisocial Behavior
- V71.02 Child or Adolescent Antisocial Behavior
- 780.9 Age-Related Cognitive Decline
- 313.82 Identity Problem