



SAINT SOPHIE'S

PSYCHIATRIC CENTER



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PSYCHIATRIC CENTER

PRESENTING TO

Annual Conference 2024

Into the Light: Mental Health is Real Health

Wednesday, October 2nd



PRESENTER

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“Wheel of Fortune!”

Flipping All of the Letters
Toward Effective and Safe
Psychiatric Treatment



Part 1: What Do We Call It and How Do We Understand it?



Part 2: Treatment Options in Psychiatry



Part 3: Right Illness, Right Medication, Wrong Dose (with case examples)



FUN & GAMES

abc 23



Part 1: What Do We Call It and How Do We Understand it?



Objectives

Participant will be able to
identify 2 different
Nosologic Systems

(ways to categorize Illnesses).



Objectives

Participant will be able to identify strengths and shortcomings of DSM5 including why diagnoses sometimes disappear.



Objectives

Participant will be able to describe
a
Bio-Psycho-Social Spiritual Model
of
Understanding Illness.



A historical Backdrop:
The initial modern psychiatrists
were neurologists by training.

Eugen Bleuler (1857-1939)
Emil Kraepelin (1856-1926)



Psychoanalysis was initiated by Sigmund Freud (1856-1939) and adapted by other psychoanalysts, Margaret Mahler (1897-1985), Anna Freud (1895-1982), and also NeoFreudians such as Carl Jung (1865-1961) Alfred Adler (1870-1937), Karen Horney (1885-1952)



We'll Talk About Trauma Today

Both the Scientific Basis of the Study of It and the Experience of Years of Treating it.



Tower of Babel





Dictionary

Definitions from [Oxford Languages](#) · [Learn more](#)



no·sol·o·gy

/ˌnɒˈsələʒi/

noun

the branch of medical science dealing with the classification of diseases.



Pre-World War II

In the United States, the initial stimulus for developing a classification of mental disorders was the need to collect statistical information. What might be considered the first official attempt to gather information about mental health in the United States was the recording of the frequency of “idiocy/insanity” in the 1840 census. By the 1880 census, seven categories of mental health were distinguished: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy.

In 1917, the American Medico-Psychological Association, together with the National Commission on Mental Hygiene, developed a plan adopted by the Bureau of the Census for gathering uniform health statistics across mental hospitals. Although this system devoted more attention to clinical usefulness than did previous systems, it was still primarily an administrative classification. In 1921, the American Medico-Psychological Association changed its name to the APA. It subsequently collaborated with the New York Academy of Medicine to develop a nationally acceptable psychiatric classification that would be incorporated within the first edition of the American Medical Association’s Standard Classified Nomenclature of Disease. This system was designed primarily for diagnosing inpatients with severe psychiatric and neurological disorders.



Post–World War II

A much broader classification system was later developed by the U.S. Army (and modified by the Veterans Administration) to better incorporate the outpatient presentations of World War II servicemen and veterans (e.g., psychophysiological, personality, and acute disorders). At the same time, the World Health Organization (WHO) published the sixth edition of *ICD*, which, for the first time, included a section for mental disorders. *ICD–6* was heavily influenced by the Veterans Administration classification and included 10 categories for psychoses and psychoneuroses and seven categories for disorders of character, behavior, and intelligence.

The APA Committee on Nomenclature and Statistics developed a variant of the *ICD–6* that was published in 1952 as the first edition of *DSM*. *DSM* contained a glossary of descriptions of the diagnostic categories and was the first official manual of mental disorders to focus on clinical use. The use of the term “reaction” throughout *DSM* reflected the influence of Adolf Meyer’s psychobiological view that mental disorders represented reactions of the personality to psychological, social, and biological factors.

In part because of the lack of widespread acceptance of the mental–disorder listings contained in *ICD–6* and *ICD–7*, WHO sponsored a comprehensive review of diagnostic issues, conducted by the British psychiatrist Erwin Stengel. His report inspired many advances in diagnosis—especially the need for explicit definitions of disorders as a means of promoting reliable clinical diagnoses. However, the next round of revisions, which led to *DSM–II* and *ICD–8*, did not follow Stengel’s recommendations to any great degree. *DSM–II* was similar to *DSM* but eliminated the term “reaction.”



teleology, (from Greek *telos*, “end,” and *logos*, “reason”), explanation by reference to some purpose, end, goal, or function. Traditionally, it was also described as final [causality](#), in contrast with explanation solely in terms of efficient causes (the origin of a change or a state of rest in something). Human conduct, insofar as it is rational, is generally explained with reference to ends or goals pursued or [alleged](#) to be pursued, and humans have often understood the behaviour of other things in nature on the basis of that [analogy](#), either as of themselves pursuing ends or goals or as designed to fulfill a purpose devised by a [mind](#) that [transcends](#) nature.).



The most-celebrated account of teleology was that given by [Aristotle](#) when he declared that a full explanation of anything must consider its final cause as well as its efficient, material, and formal causes (the latter two being the stuff out of which a thing is made and the form or pattern of a thing, respectively).



Eg, DSM-II

IV. NEUROSES (300)

300 Neuroses

Anxiety is the chief characteristic of the neuroses. It may be felt and expressed directly, or it may be controlled unconsciously and automatically by conversion, displacement, and various other psychological mechanisms. Generally, these mechanisms produce symptoms experienced as subjective distress from which the patient desires relief.



Eg, DSM-II

300.0 Anxiety Neurosis

This neurosis is characterized by anxious over-concern extending to panic and frequently associated with somatic symptoms. Unlike phobic neurosis (q.v.), anxiety may occur under any circumstances and is not restricted to specific situations or objects. This disorder must be distinguished from normal apprehension or fear, which occurs in realistically dangerous situations.



Psychiatric nosology is required for communication among clinicians and researchers, understanding etiology, testing treatment efficacy, knowing the prevalence of the problems and disorders, healthcare planning, organizing the services, and reimbursement purposes. Many approaches have been used for psychiatric nosology, including categorical, dimensional, hybrid, and etiological. The categorical approach considers illness as being either present or absent, and similarity with prototypical description of a disorder is taken as a marker for the disorder. The dimensional approach regards that symptoms of disorder exist on a continuum from normal to severely ill. The hybrid approach combines categorical and dimensional approaches, with categorical diagnosis for broad diagnostic group and dimensional indicator for severity. The etiological approach tends to find “reason” for the set of symptoms, which could be biological, psychological, or social.



Categorical (Descriptive) Nosology

DSM III-R Generalized Anxiety Disorder

A. Unrealistic or excessive anxiety and worry (apprehensive expectation) about two or more life circumstances, e.g., worry about possible misfortune about one's child (who is in no danger) and worry about finances (for no good reason) for a period of 6 months or longer, during which the person has been bothered more days than not by these concerns. In children and adolescents, this may take the form of anxiety and worry about academic, athletic and social performance.



DSM III-R Generalized Anxiety Disorder

D. At least 6 of the following 18 symptoms are often present when anxious (do not include symptoms present only during panic attacks).

Motor tension

- 1) trembling, twitching or feeling shaky
- 2) muscle tension, aches, or soreness
- 3) restlessness
- 4) easy fatiguability

DSM III-R Generalized Anxiety Disorder



Autonomic hyperactivity

- 5) shortness of breath or smothering sensations
- 6) palpitations or accelerated heart rate (tachycardia)
- 7) sweating, or cold clammy hands
- 8) dry mouth
- 9) dizziness or lightheadedness
- 10) nausea, diarrhea, or other abdominal distress
- 11) flushes (hot flashes) or chills
- 12) frequent urination
- 13) trouble swallowing or "lump in throat"

DSM III-R Generalized Anxiety Disorder



Vigilance and scanning

14) Feeling keyed up or on edge

15) Exaggerated startle response

16) Difficulty concentrating or "Mind going blank" because of anxiety

17) Trouble falling or staying asleep

18) Irritability



DSM-V Dimensional Approach to Diagnosis

Structural problems rooted in the basic design of the previous DSM classification, constructed of a large number of narrow diagnostic categories, have emerged on both clinical practice and research. Relevant evidence comes from diverse sources, including studies of comorbidity and the substantial need for not otherwise specified diagnoses, which represent the majority of diagnoses in areas such as eating disorders, personality disorders, and autism spectrum disorder.



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DSM-III-R Pervasive Developmental Disorders Axis II

299.00 Autistic Disorder

299.80 Pervasive Developmental
Disorder Not Otherwise Specified



DSM-IV

Pervasive Developmental Disorders

299.00 Autistic Disorder

299.80 Asperger's Disorder

299.80 Pervasive Developmental
Disorder Not Otherwise Specified



DSM-V

Neurodevelopmental Disorders

299.00 Autism Spectrum Disorder
Requiring very substantial support
Requiring substantial support
Requiring support



DSM-V

Consolidation of autistic disorder, Asperger's Disorder, and pervasive developmental disorder into autism spectrum disorder. Symptoms of these disorders represent a single continuum of ,mild to severe impairments in the two domains of social communication and restrictive repetitive behaviors /interests rather than being distinct disorders. The change is designed to improve the sensitivity and specificity of the criteria for the diagnosis of autism spectrum disorder and to identify more focused treatment targets for the specific impairments identified.



DSM-V

Although the DSM-5 diagnostic criteria and text are primarily designed to assist clinicians in conducting clinical assessment, case formulation, and treatment planning, DSM-5 is also used as a reference for the courts and attorneys in assessing the forensic consequences of mental disorders. As a result, it is important to note that the definition of the mental disorder included in DSM-5 was developed to meet the needs of clinicians, public health professionals, and research investigators, rather than all the technical needs of the courts and legal professionals. It is also important to note that DSM-5 does not provide treatment guidelines for any given disorder.



In clinical practice, the difference between a teleological approach to understanding an illness and a categorial one can be quite significant. One is defined in the context of an assumed cause and the other (often) is not.



How Do We Understand Human Suffering and Illness?

Rene Descartes: **Mind Body Dualism** – 1650

- “Cogito, ergo, Sum”
- “I think, therefore, I am.”

Mental vs. Physical

Where most patients and their families are at in their understanding





How Do We Understand Human Suffering and Illness?

Moral Model:



Good things happen to Good People

Bad things Happen to Bad People



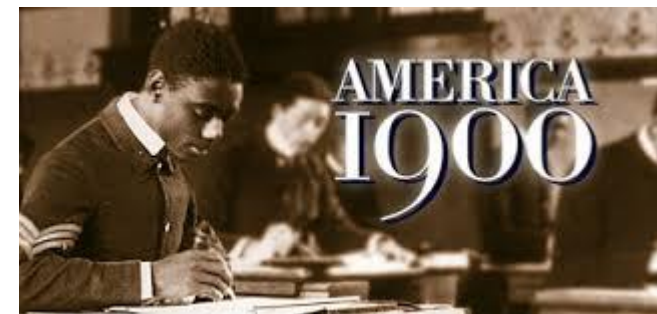
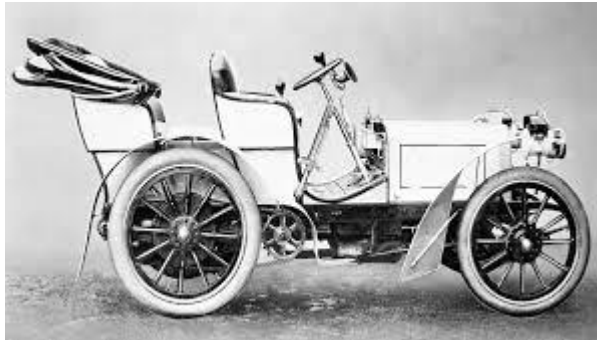
How Do We Understand Human Suffering and Illness?

Bio-Psycho-Social-Spiritual Model



Bio-Psycho-Social-Spiritual Model

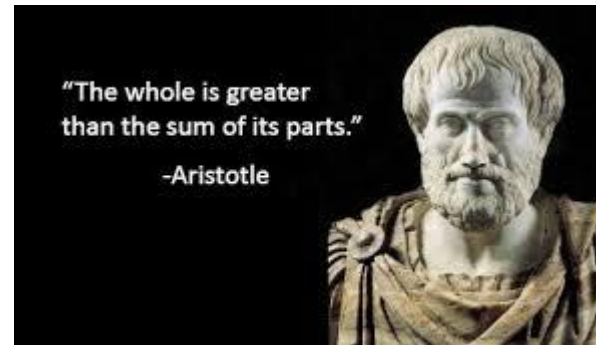
1900's on





Bio-Psycho-Social-Spiritual Model

The whole *is* more than the sum of the parts, *but* the parts have many dimensions which help us understand the whole.

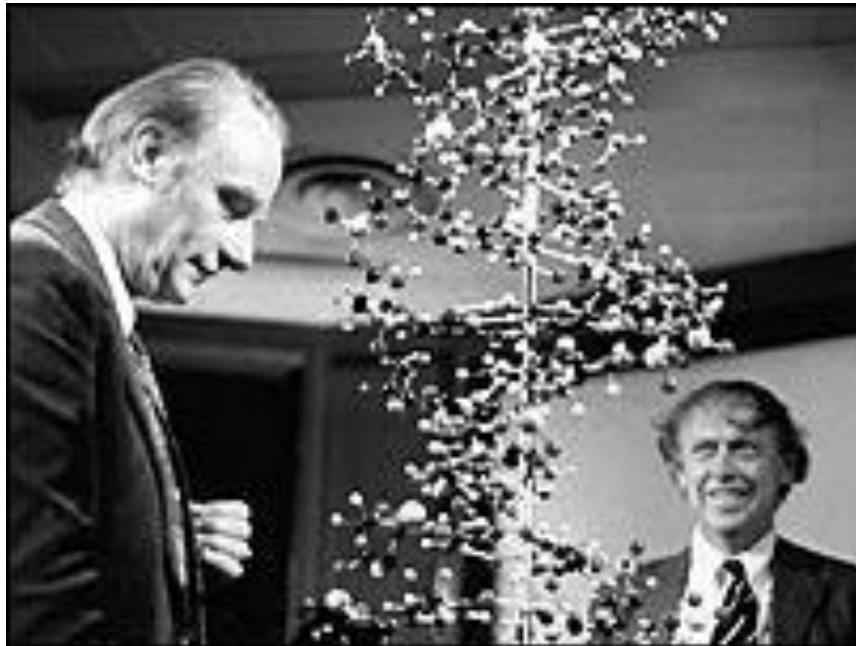




Bio- Genetics

DNA

Watson and Crick 1953



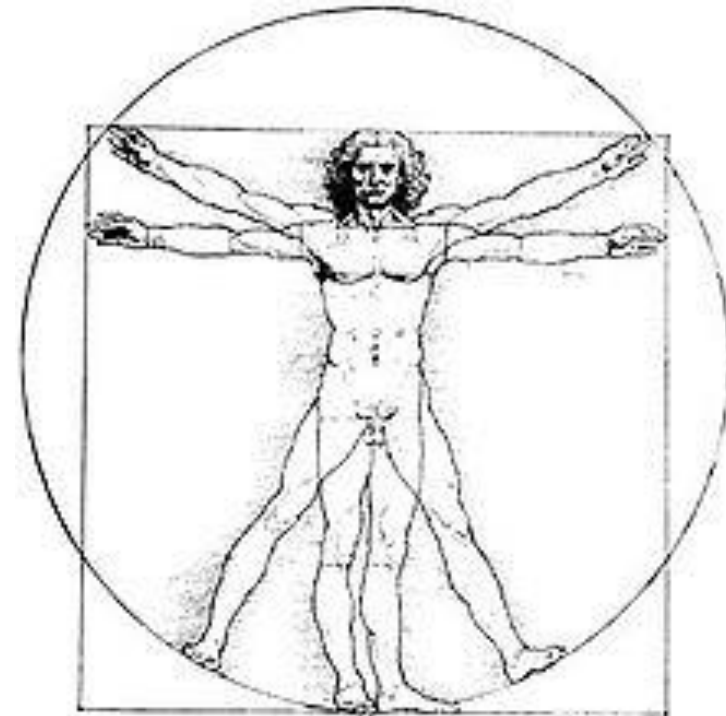


Bio- Genetics

Human Genome Project

Identifying the sequence of chemical base pairs that make up human DNA

Completed in 2003





Bio- Genetics

Determine to a degree the propensity for illnesses to be passed from one generation to the next, to run in families



Bio- Teratogens

Teratogen: an agent or factor that causes malformation of an embryo





Bio- Teratogens

Teratogens effect outcome beyond genetic potential and include infectious agents such as viruses and bacteria, contaminants and medications

Most teratogenic effects that are large are not compatible with life, but there are smaller effects eg lower IQ's of children born to women who smoked cigarettes during their pregnancy



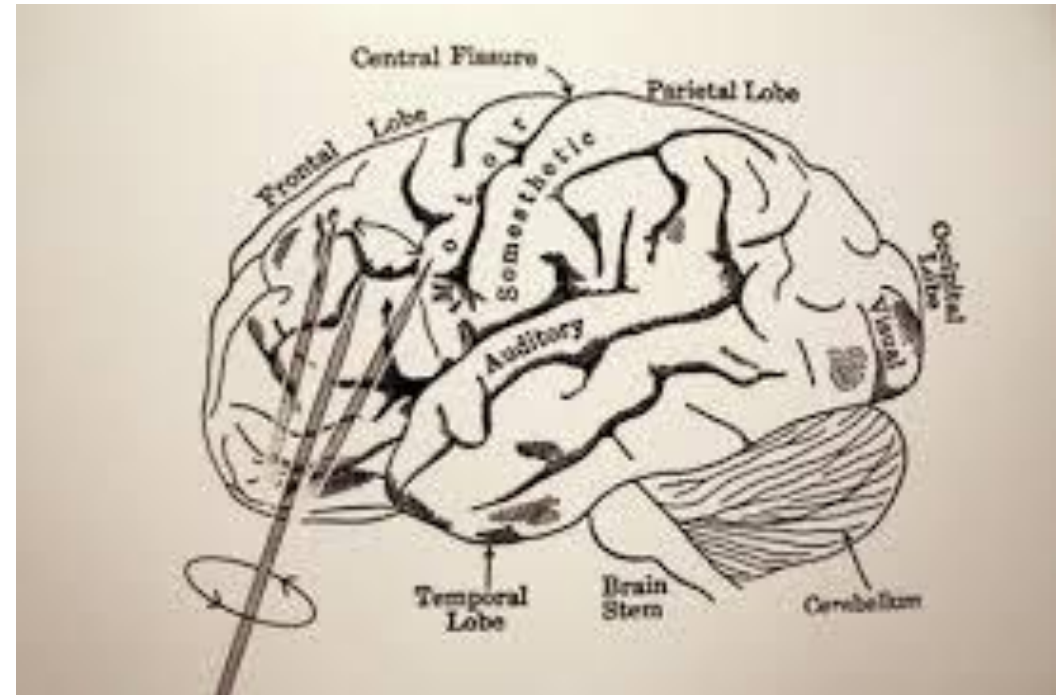
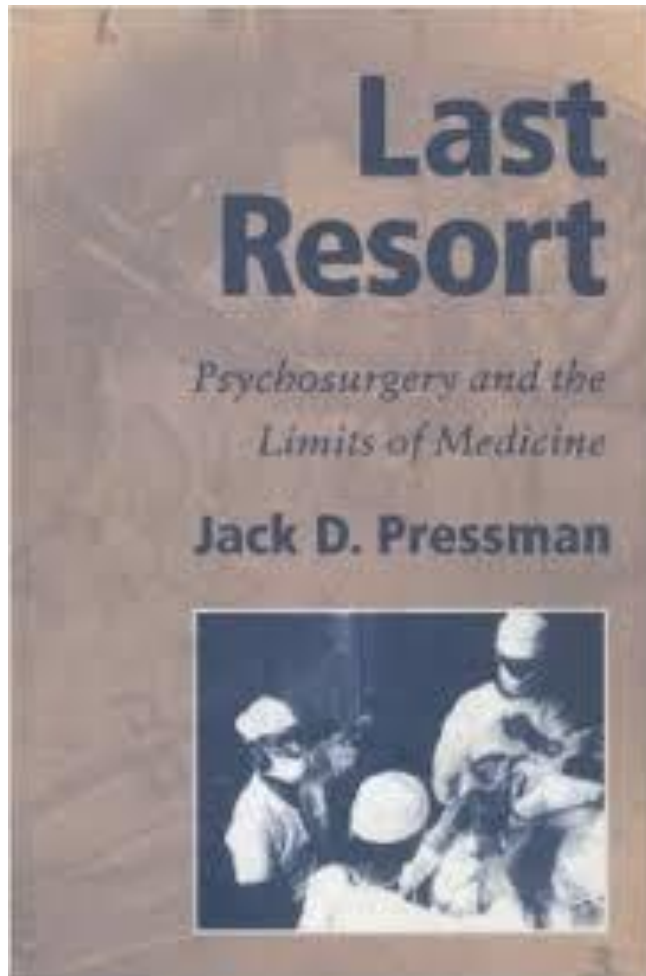
Bio- Surgery



The experience of
being an amputee
- Annasophia Robb

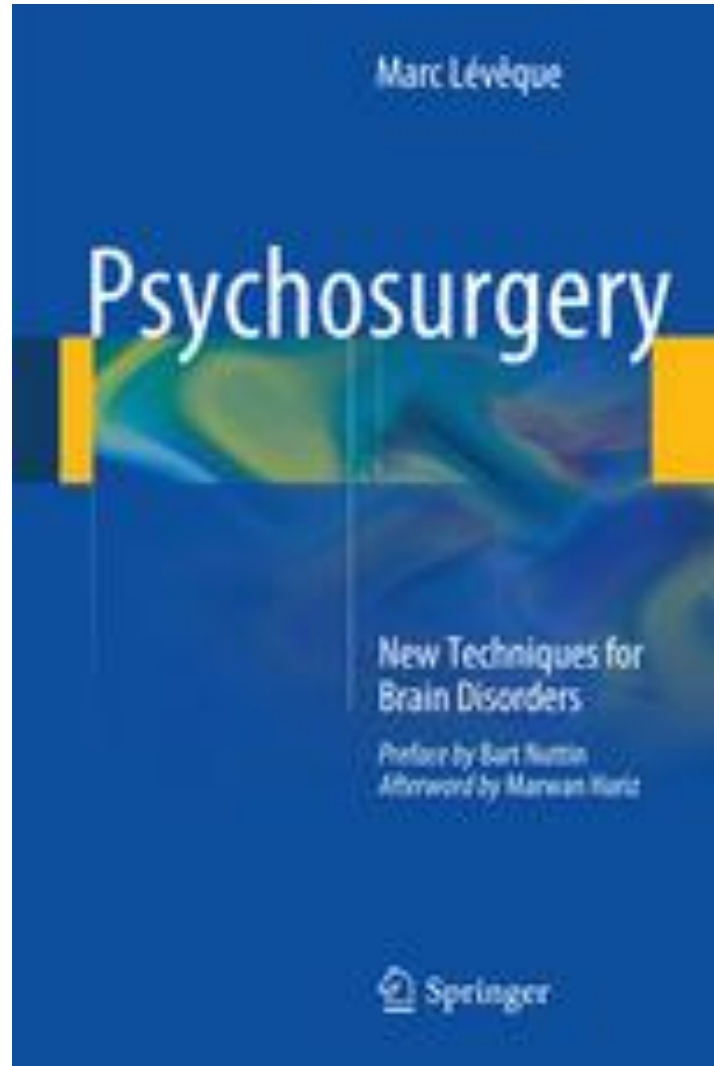


Bio- Surgery





Bio- Surgery





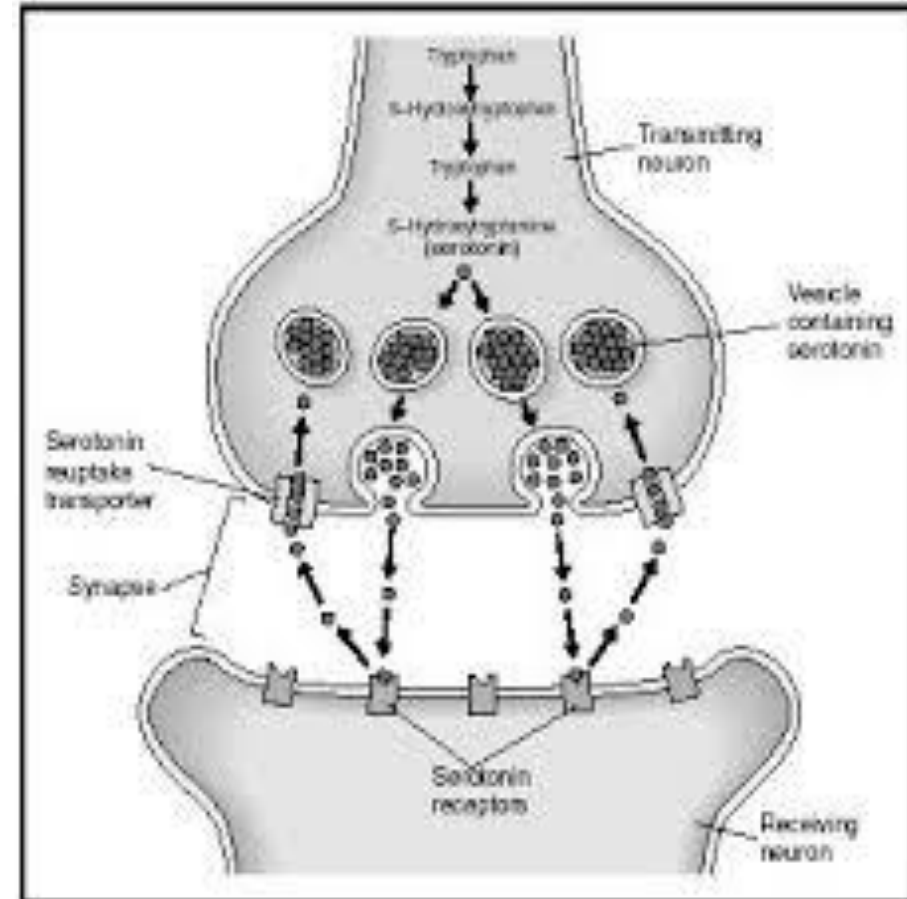
Bio- Medications





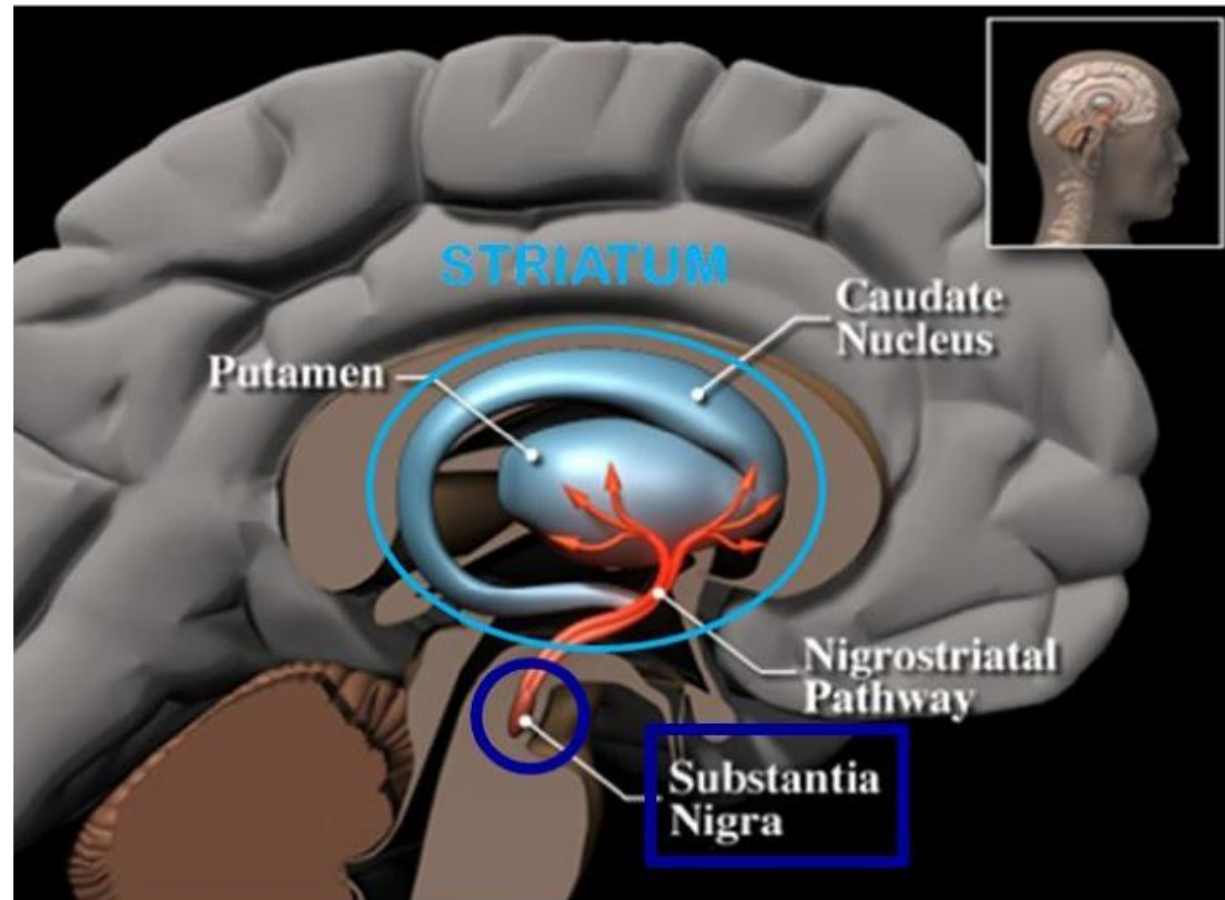
Bio- Medications-Synapse

Medications are generally the most likely biological intervention to be thought of and include a wide variety of chemical classes





Bio- Medications-Regional



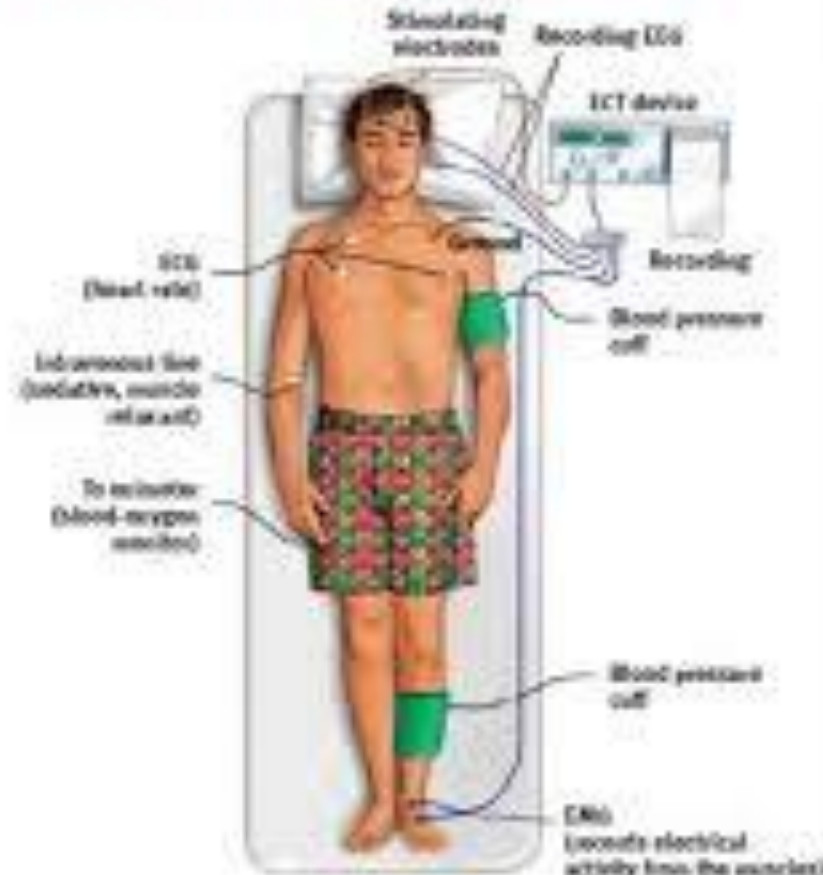
Cells in the substantia nigra produce **dopamine**, a chemical that is used by the **striatum**. The striatum is a part of the brain that is involved in planning and controlling movements and some aspects of thinking.



Bio- ECT

Electroconvulsive Therapy (ECT)

- Electroconvulsive therapy [ECT] induces a mild seizure that disrupts severe depression for some people.
- This might allow neural re-wiring, and might boost neurogenesis.





-Psycho-

Psychological

- Of, relating to, or arising from the mind or emotions.
- Influencing or intended to influence the mind or emotions.
- How a person understands themselves and their life





-Psycho-

Cognition

- the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.





-Psycho-

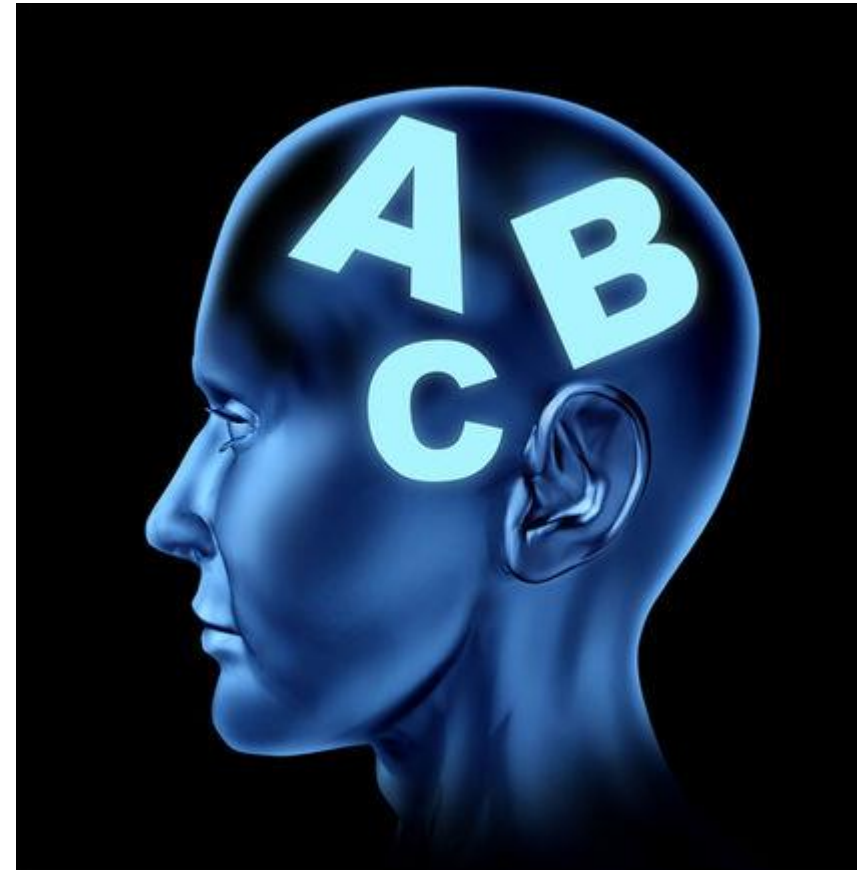
Cognition

- a result of this;
a perception,
sensation,
notion,
or intuition





-Psycho-

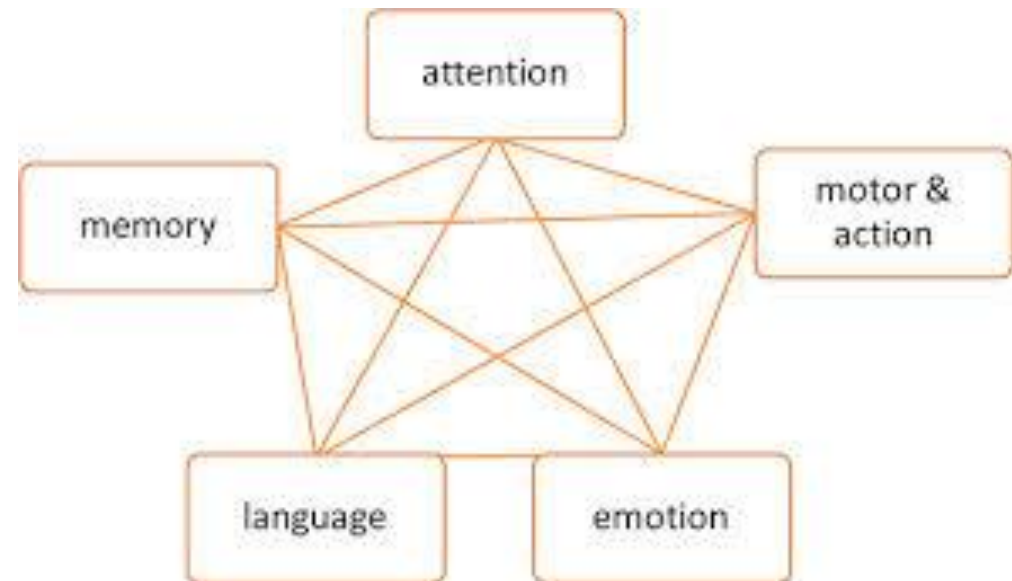




-Psycho-

Emotional Processing

- Of, relating to, or arising from the mind or emotions.
- Influencing or intended to influence the mind or emotions.
- How a person understands themselves and their life





-Psycho-

Emotional
Processing

- Anger
Management





-Psycho-

Psychotherapy

- The treatment of a behavior disorder, mental illness, or any other condition by psychological means





-Psycho-

Psychotherapy

May utilize insight, persuasion, suggestion, reassurance, and instructions so that the patient may see themselves and their problems more realistically and have the desire to cope effectively with them





-Psycho-



I think, therefore, I am.



-Social-

Of or relating to Society or its Organization

- Relationships
 - Couples





-Social-

Of or relating to
Society or its
Organization

- Relationships
 - Families





-Social-

Of or relating to Society
or its Organization

- Relationships
 - Peers





-Social-

Of or relating to Society
or its Organization

- Relationships
 - Peers





-Social-

Of or relating to Society
or its Organization

- Relationships
 - Workplace



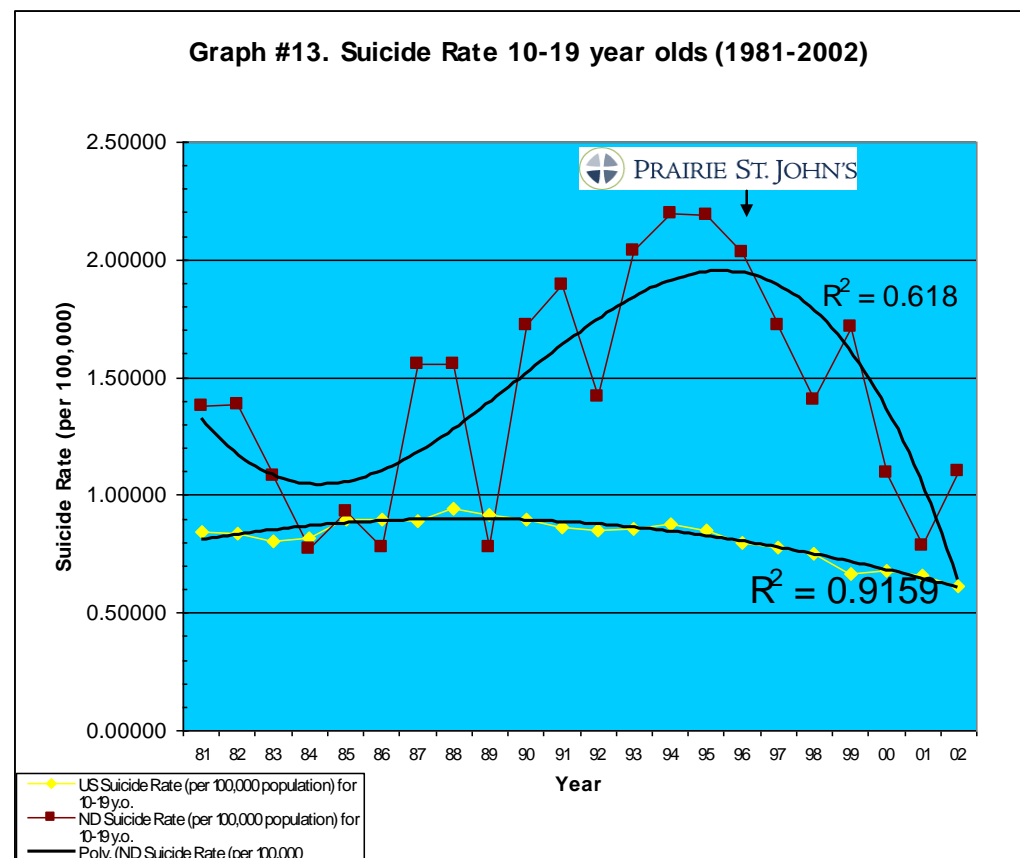


-Social-

Of or relating to Society or its Organization

Local Influences.

- Creation of Treatment center with de-stigmatizing advertising, educational emphasis, enhancement of provider base. And inter-agency collaboration.

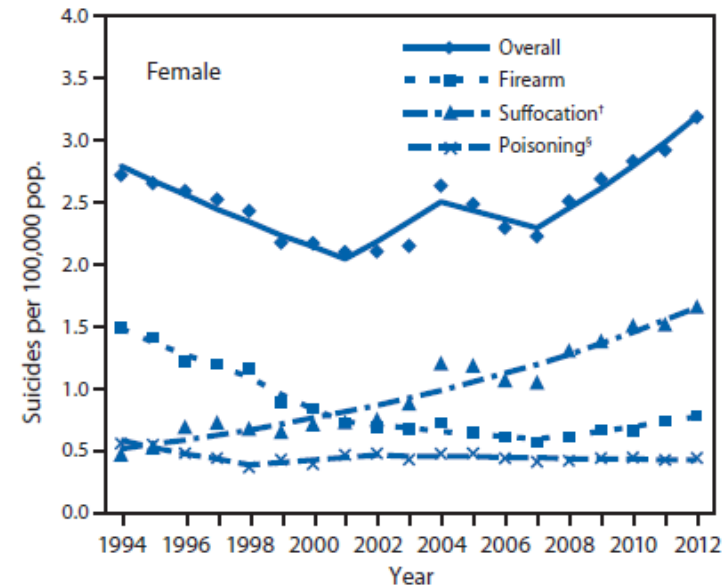
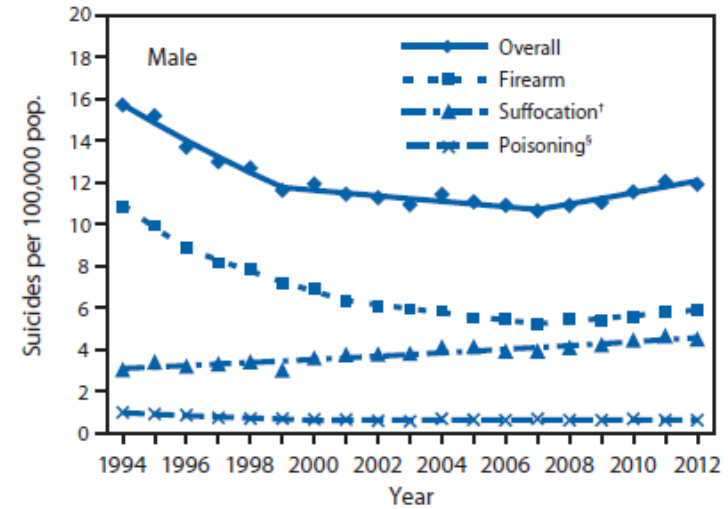




Of or relating to Society or its Organization

- Gender, and National Influences.
 - Blackbox warning on prescribing antidepressants to youths, 2004

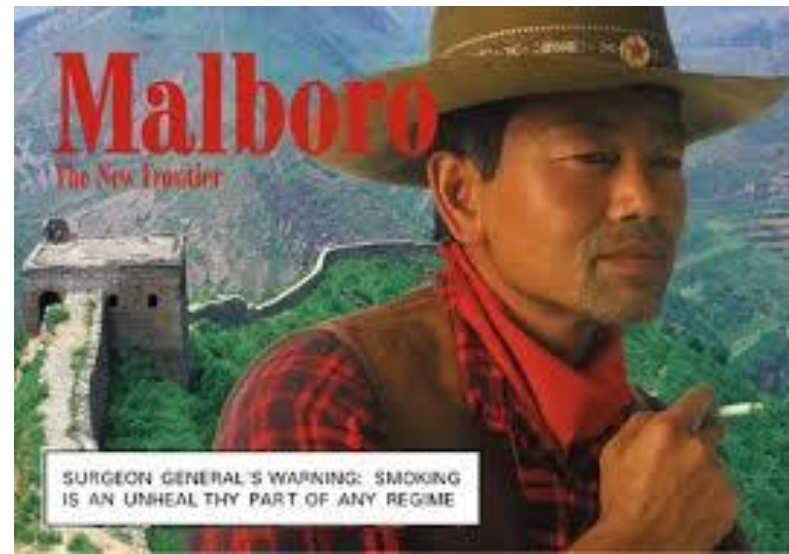
-Social-





-Social-

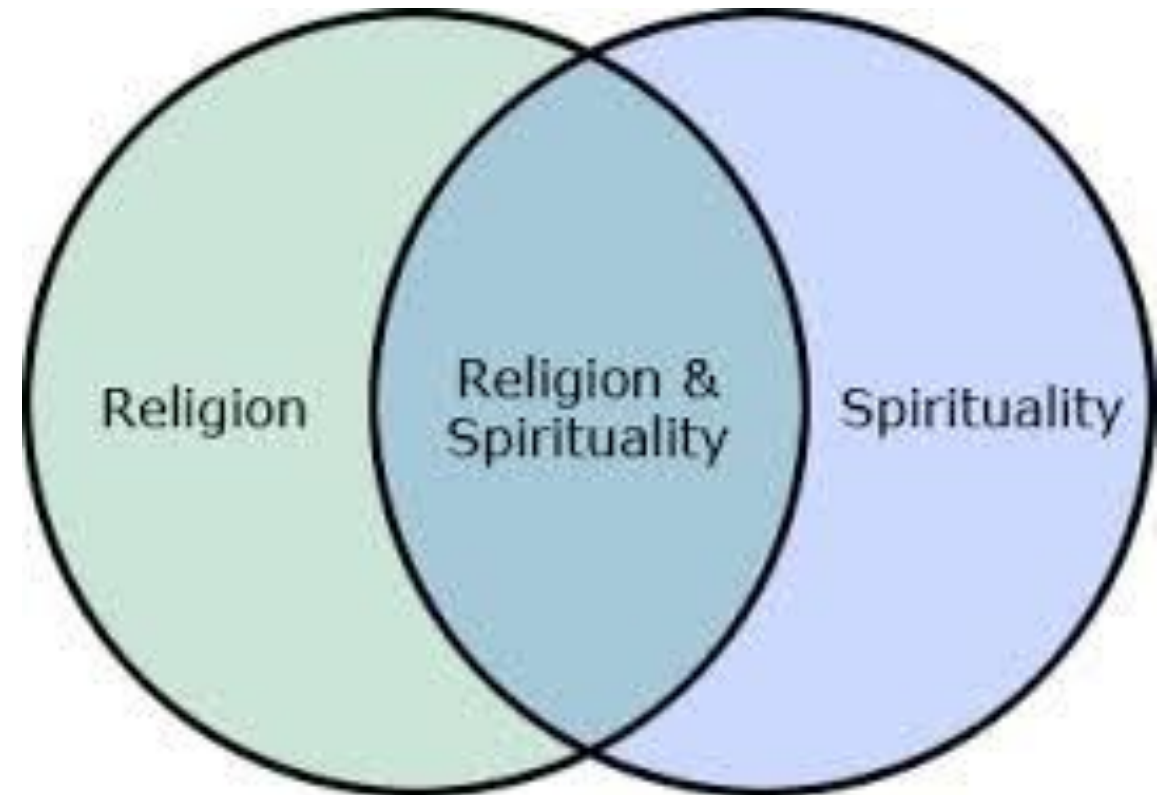
Of or relating to
Society or its
Organization
Culture and





-Spiritual

- Of, relating to, or affecting the human spirit or soul as opposed to material or physical things.
- Of or relating to religion or religious belief.





-Spiritual



-Spiritual



SPIRITUAL WELLNESS

Find meaning in life
events, demonstrate
individual purpose,
& live a life that reflects
your values and beliefs





-Spiritual





-Spiritual





-Spiritual

Religious affiliation in the U.S. (2014) Pew Research Center	
Affiliation	% of U.S. population
Christian	70.6
Protestant	46.5
Evangelical Protestant	25.4
Mainline Protestant	14.7
Black church	6.5
Catholic	20.8
Mormon	1.6
Jehovah's Witnesses	0.8
Eastern Orthodox	0.5
Other Christian	0.4
Unaffiliated	22.8
Nothing in particular	15.8
Agnostic	4.0
Atheist	3.1
Non-Christian faiths	5.9
Jewish	1.9
Muslim	0.9
Buddhist	0.7
Hindu	0.7
Other Non-Christian faiths	1.8
Don't know/refused answer	0.6
Total	100

Percentage reporting "none" or "undesigned" as religious preference

