

## V-CODES

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### PHASE OF LIFE

**DSM-IV-TR Diagnostic Code:**

V62.82	Bereavement
V62.89	Religious or Spiritual Problem
V62.4	Acculturation Problem
V62.89	Phase of Life Problem

The above diagnostic codes will be used when the focus of clinical attention is bereavement, a religious or spiritual problem, a problem with acculturation or phase of life problem (such as retirement or marriage) not due to a mental disorder. The above codes should be used as the primary diagnosis and the participant can be effectively treated using brief, problem-solving therapy.

The following guidelines are to be considered and rendered within the context of the participant's cultural, ethnic, and spiritual values in order to maximize the accuracy of the diagnosis, the effectiveness of the treatment, and the best possible outcomes for the participant and the family.

**Diagnostic Guidelines:**

1. Establish diagnostic accuracy as defined in DSM-IV-TR. These V-codes can be used when the issue described is the focus of clinical attention. They are coded on Axis I where there may be additional co-existing mental disorders. It is imperative that a primary mental health diagnosis is ruled out, especially acute depression complicated by grief. Typically, this V-code category is time limited in terms of treatment. If more acute treatment is needed, there is probably a primary mental health diagnosis that is not clearly evident.
2. Assessment should include probing for symptoms associated with the death of a significant person in participant's life, loss of job, friend, or child leaving home, move to another community including one outside the country of origin, change in one's spiritual/religious orientation that substantially alters participant's life or a significant change in one of the participant's phases of life like marriage or employment. Comprehensive history should be completed as part of the assessment in order to rule out a more complicated mental health diagnosis, and should include history of previous responses to loss and current medical problems.

3. Consider the following symptoms:

- Complaint of feeling “blue” about a loss that does not go away, but that is not severe or chronic enough to be diagnosed as depression or anxiety
- Lack of desire to socialize or communicate with colleagues, neighbors, and family as frequently as before the loss, move or change in spiritual values but not severe enough to be diagnosed as an adjustment disorder
- Reports that thoughts are dominated by loss of a loved one or ideal and avoids talking about loss or change. Thoughts do not include suicidal ideation.
- Appears to be losing weight and/or experiencing insomnia since the loss or move, but not severe enough to be considered an eating disorder, sleep disorder, or depression.
- Has experienced significant losses in any of the following forms: death of a loved one or co-worker; loss of a job; friend moving away or recent household move; child leaving home; serious medical problem, etc... any of which have substantially altered the participant’s life.
- The accumulation of these unresolved traumatic life events trigger defenses like avoidance; sleep disturbance; thoughts dominated by themes around loss and the pervasive “blue” feeling which may represent the middle aged adults’ fear of mortality as manifested by a loss of hope.

4. Consider co-morbid problems:

- depression/anxiety disorder – loss of loved one or normal activities may increase risk for depression or anxiety disorder
- substance abuse – participant may resort to substance use/abuse to relieve the pain of losing a loved one or an ideal
- eating disorder – participant may decrease or increase normal eating routine because of loss of a loved one or an ideal
- adjustment disorder- participant may socially withdraw because of an identifiable stressor occurring within 3 months of the onset and lasting less than 6 months and can be associated with another mental health diagnosis

5. All five Axes should be part of the diagnostic assessment and attention paid to issues of safety and the availability of appropriate support systems.

**Treatment Guidelines:**

1. Individuals who would profit from treatment have a clearly defined problem or complaint, which is amenable to resolution within 10 sessions or less. If more lengthy treatment is required, it usually indicates that a mental health diagnosis is present and should be addressed.

2. The overall goal of treatment should include return to former level of productivity, social functioning, and positive outlook on family, job and community.
3. Practitioner needs to encourage participant to begin emotional grieving process around loss of loved one or values by exploring causes of reaction, verbalizing loss and/or keeping of an activity and feeling journal.
4. The general treatment approach should include development of awareness of how change has altered normal functioning and interpersonal relations with participant and education regarding the stages of change. Practitioner should allow participant to verbalize current activities that are negative in outcome and educate the participant as to alternative activities that are positive and will assist the participant toward recovery.
5. Practitioner needs to direct participant toward improving productivity, interaction with friends and family, and focusing recovery on a developing new ways of approaching daily living by normalizing participants response and:
  - Incorporate the family and other social supports into the recovery process
  - Provide education around change and recovery for both the participant and the family
  - Utilize active and supportive modalities especially focused on listening, verbalization of feelings and re-evaluation of life activities
  - Treatment plan should be comprehensive and address strengths and weaknesses and active change-in-life activities
  - Treatment goals should be realistic, concrete and well defined and aimed toward improving current level of functioning
  - Treatment plan should include coordination of community services, education regarding change, development of coping strategies and interpersonal enrichment, and support for recovery
  - Treatment can include support groups for issues like grief, marriage, change in culture or retirement
6. If participant appears to hold on to negative thinking, provider may need to re-assess level of functioning and recommend referral for a higher level of treatment, a specialty therapist or a support group. Practitioner may need to obtain permission to speak to participant's primary care physician.

7. Therapeutic Modalities can include:

A. Individual Therapy

- Utilizes a synthesis of approaches and strategies determined by and tailored to the participant's clinical condition, coping capacity and preferences.
- Optimal individual therapy is based on an empathic, understanding, continuous relationship.
- Strategies are based on level of functioning within the family, worksite or community.
- Practitioner's assessment supports need for individual treatment versus group therapy or another level of intervention

B. Group Therapy

- Goals are to use group dynamics to introduce ways to cope with the loss of a loved one, a change in phase of life, or the reaction to a change in culture or religion.
- Group therapy typically is focused on learning, using the "group as teacher"; the therapist intervenes only when necessary and then only to address inconsistencies or to clarify issues.
- In group therapy, the participant draws solutions that they want and come through their own experience from the other members of the group
- Members in a treatment group are "those who share a goal and state their desire to do something about making it happen".
- Group therapy can be a platform for participants to experiment with new behaviors and receive feedback from other members in a safe environment as defined by the group.

C. Family/Work Interventions

- Goals are to reduce relapse, enhance participant functioning, decrease the family, friend or colleague burden and improve family or work group function.
- Stress is placed on education and development of a collaborative approach to treatment.
- Family interventions can include a family conference, a "reality check," or a reprimand.
- Work interventions can include a "constructive confrontation" by a supervisor, a verbal or written reprimand, a referral to the employee assistance program (EAP) or other such resource.

#### D. Community Based Programs

- Self-Help grief groups can be beneficial to the participant's recovery.
- Ethnic, religious and welcome support groups are available in some communities to assist with integration into the new community.
- Language programs are available in some communities where a new language is a barrier toward recovery.
- Some employers and local organizations like community colleges and AARP (American Association for Retired Persons) deliver retirement seminars which include an emotional component.

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