

An Interview with Jessica Russo, Kelly Coker, and **Jason King: Mixing Oil & Water - The *DSM-5* and Family Systems**

(interviewed on behalf of North American Journal of Psychology by)

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J. Kelly Coker is an Associate Professor in the Department of Counseling at Palo Alto University. She has worked as a drug prevention/intervention counselor for children and adolescents in a K–12 setting as well as for at-risk and adjudicated youth in outpatient and group home settings; and has been published in several professional journals and edited books.

Jason H. King is a faculty member at Walden University. Dr. King owned an outpatient mental health and substance abuse treatment clinic that collected data for the American Psychiatric Association's Routine Clinical Practice field trials that informed the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* revision process. He composed a journal article on the *DSM-5* published in *The Professional Counselor* (www.tpcjournal.nbcc.org/wp-content/uploads/2014/07/Pages-202-215-King.pdf) and authored a 100-page online continuing education course on the *DSM-5* (www.ContinuingEdCourses.Net). Dr. King is the *DSM-5* content editor for the textbook *Diagnosing Children and Adolescents: Guide for Mental Health Practitioners*.

Systems help us to identify who we are and to discern that behaviors cannot be understood in isolation. As such, *DSM-5 and Family Systems* was not intended to describe the diagnostic criteria for disorders in explicit detail; that responsibility remains with the authors of the *DSM-5*. Rather, this text was intended to help emerging clinicians to conceptualize and to apply a family systems framework.

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“You will be the same person in five years as you are today except for the people you meet and the books you read.” Charlie “Tremendous” Jones
“Systems thinking provides no magical answers, but it does provide a different way of conceptualizing human problems.” Murray Bowen

NAJP: These two quotes above have captured our attention in general and apply to your work with family systems. What are your thoughts regarding your purposeful choice of the theoretical lens for your text? Why family systems and why now?

RCK: Our hope is that this book will assist the systemic clinician – whether novice or seasoned – with the foundational knowledge of principles and models of assessment and case conceptualization from a system perspective relevant to marriage, couple, and family counseling. Each chapter opens with an overview of the diagnosis from a systemic perspective. **Using recent and relevant research from the literature, authors describe the disorders and diagnoses that are the focus of the chapter and explore how a systemic framework is applied in working with clients and their family members with these disorders.** We believe the timing of this book is long overdue because no other book provides clinicians with the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families.

NAJP: Your edited book, *DSM-5 and Family Systems* has been out for about a year. It has been adopted for use in over 15 university programs. What was your vision for this book when you conceived the original need for it?

RCK: Our vision of this book was that it becomes broadly adopted in most universities that offer coursework in psychology, social work, marriage, couple, and family therapy, counseling, counselor education and supervision programs, and those clinicians that want to learn how to practice systemically. We also wanted to provide a credible instructional tool to satisfy the the Council for Accreditation of Counseling and Related Educational Programs’ (CACREP) contextual dimension requirement that entry-level marriage, couples, and family counseling programs develop student competence with the diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*.

NAJP: What are your hopes for its use over the next five to ten years?

RCK: We hope that this book is not limited to students or university settings. Any clinician from any theoretical background or licensure status who wants to practice systemically can use this book as a tool. This is a book for students, clinical educators, supervisors, and practitioners. We would love to see this book next to the American Psychiatric Association's *DSM-5* on every student's, clinical educator's, supervisor's, and practitioner's bookshelf. We consider our book, *DSM-5 and Family Systems*, as a "sibling" to the *DSM-5*.

NAJP: In selecting course texts, what insights can you provide to program directors, content mastery experts, and other course development team members as to what sets *this* book apart from others that may be similar in nature?

RCK: Users of this book will appreciate the clarification provided on understanding relational problems associated with the onset, progression, and expression of psychiatric symptoms—while incorporating an understanding of parent-child, sibling, extended family, and significant-other relationship issues in overall clinical case formulation. Chapter authors also advance the discussions regarding relational and cultural features, family systems assessments, family systems interventions, and ethical and legal implications when working with clients and their family members with identified *DSM-5* disorders. Each chapter in this book focuses on a specific diagnosis or category of diagnoses from the *DSM-5* with techniques and interventions of marriage, couple, and family counseling. This organization sets it apart from other books as it has seven sections in each chapter to guide the reader to explore the impact of aging and intergenerational influences and related family concerns; the impact of crisis, trauma, addiction, and interpersonal violence on marriages, couples and families; the impact of unemployment, underemployment, and changes in socioeconomic standing on marriages, couples, and families; human sexuality and its effect on couple and family functioning; and interactions of career, life, and gender roles on marriages, couples, and families.

DSM-5 and Family Systems: Each chapter opens with an overview of the diagnosis from a systemic perspective. **Using recent and relevant research from the literature, the authors describe the disorders and diagnoses that are the focus of the chapter and explore how a systemic framework is applied in working with patients with these disorders** (Russo, Coker & King, 2017).

Relational and Cultural Features: Authors share the application of *DSM-5* diagnoses, including specific disorders, relevant to understanding the role of relationships and culture in working systemically with the

DSM-5. This context addresses the systemic complexities of working with couples and families from a diagnostic framework and the potential impact of cultural considerations in the treatment of specific disorders (Russo et al., 2017).

Family Systems Assessments: In this section, chapter authors describe relevant and empirically validated assessments that can be used when diagnosing clients within a systemic context. Often, evaluations designed to aid with the diagnosis are intended to assess the individual. Systemically focused counselors also need tools to support working within a systemic framework with diagnoses and treatment planning (Russo et al., 2017).

Family Systems Interventions: Once a diagnosis is made, systemically focused counselors need to design treatment plans and interventions that address the disorder within a systemic framework. This section provides specific tools, therapies, and counseling strategies to support clinical work with clients and their families once the *DSM-5* diagnosis has been identified (Russo et al., 2017).

Ethical and Legal Implications: In this section, authors present relevant ethical codes and guidelines as well as any legal implications of work with clients and their families when working with diagnoses. The ethical codes and guidelines of both the American Counseling Association (ACA) and the American Association for Marriage and Family Therapy (AAMFT) are explored, and relevant legal precedents and implications are presented and discussed in context to the disorder of focus (Russo et al., 2017).

Case Conceptualization: In this section, the authors also present detailed case studies to help bring together the practice of assessment, diagnosis, and systemic interventions to support clients, couples, and families. Additionally, each case conceptualization provides a series of discussion questions for further exploration (Russo et al., 2017).

Summary: Each chapter concludes with a review of the relevant points, providing a focused understanding of the presented disorder and how to address it systemically.

NAJP: Classification of medical and mental health conditions and disorders has deep roots in the history of medicine and implications regarding public health needs, policies, and provision of services. Differing perspectives have arisen depending on the intended primary use for the classification; whether for use in research, in clinical settings, for administrative needs, statistical analysis, morbidity studies, and so forth. *DSM-5* was intended to grow alongside ICD-10 and 11. ICD-11 was released in June 2018. What are the relative strengths of *DSM-5* and

Family Systems for clinicians and other practitioners with respect to the evolving ICD system?

RCK: Systemic-oriented clinicians may have an innate aversion to the linear-focused syndrome approach to conceptualizing mental health disorders within individuals. Just as oil and water are two immiscible liquids, systemic-oriented clinicians may struggle with how to properly mix seemingly opposing concepts from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* with their circular causality approach to relational problems. Fortunately, this book offers practical strategies for systemic-oriented clinicians to harmonize the perceived mutual incompatibility between an individual's dysfunction and commonly used systemic theories and techniques. Our book was written with an eye to the future and harmonization with ICD-11 and the transition to a non-axial system. Each chapter author includes relevant ICD-10 classifications, and some also include upcoming ICD-11 disorder conceptualizations. A unique strength of this book is that it aligns with the evolving ICD system and that mental disorders are defined in relation to cultural, social, and familial norms and values.

NAJP: What do we need to know about the inter-relationship of *DSM-5* and various family systems? (for example, racial, ethnic, cultural concerns.)

RCK: A key consideration for many of the disorders is the interplay between family interactions and diagnoses. Specifically, several chapter authors discuss the importance of assessing and intervening with expressed emotion (EE) when working from a systemic framework. The family members' responses to a diagnosis, the symptoms, and behaviors associated with the diagnoses, and their own ability to manage their feelings and experiences with a diagnosis can have a mitigating effect on the experiences of the diagnosis itself. The *DSM-5* places substantially more emphasis on cultural considerations as well as lifespan development – and our book captures these essential elements for conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling.

NAJP: One unique element of the book is that each chapter includes a case conceptualization in working with family systems. How did you come to the decision on including this particular element? What feedback have you received from programs that have adopted this text on using the case conceptualizations?

RCK: It seemed important to bring to life and make more concrete how a therapist from a systems perspective could work effectively with a diagnosis from that framework. So often, the ideas of “diagnosis” and “systems work” seem at odds. We felt the case conceptualizations would allow readers to see how diagnosis and family-based assessment and intervention could go hand in hand. Dr. Coker can speak to this book’s use in her Diagnosis class. Dr. Coker noted that the case conceptualizations were what students tended to spend the most time with and wanted to discuss the most during our class meetings. It was also noteworthy in Dr. Coker’s class that when students learned about a particular diagnosis in the *DSM-5*, and read, at the same time, the corresponding chapter in the *DSM-5 and Family Systems* book, they were able to more easily anchor their understanding of specific diagnoses in a “real world” systems-based example.

All of us have relationships. This allows you to broaden your idea about not just the diagnoses, but about the treatment. The case conceptualizations are a way to highlight how you can do this through a systemic lens.

NAJP: Has the case conceptualization piece met your expectations for consumers and educators? If so, in what way? If not, what might you change with subsequent editions?

RCK: Initial indication shows that it is meeting consumers’ expectations. The goal of a case conceptualization is to use the available systemically oriented contextual and diagnostic information in developing a comprehensive treatment plan that is informed by the individual’s cultural and familial context.

NAJP: Each chapter also focuses on ethical considerations specific to the diagnostic category in the *DSM-5*. How do you envision the significance of this element throughout the book for clinical educators, supervisors, and practitioners, and why is this important?

RCK: Students, clinical educators, supervisors, and practitioners will be able to see that the ethical codes and guidelines of both the American Counseling Association (ACA) and the American Association for Marriage and Family Therapy (AAMFT) are explored, and relevant legal precedents and implications are presented and discussed in context of the disorder of focus. Ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling are highlighted in each chapter. This is a significant element as it gives the clinician a guideline to follow based on the specific diagnosis. Although

it is not an exhaustive guideline, it can be used as a tool when working with clients and families and additional considerations may be needed depending on the circumstances of the client.

NAJP: The applicability of diagnostic criteria to culturally specific symptomology and culture-bound syndromes is not well known and is difficult to determine. Changes in the world at large have moved the expectations for cultural competence beyond race, ethnicity, and culture. Why is this important to emerging clinicians and how does your text address culture differently from other resources?

RCK: As noted, it is important to look at cultural competence beyond race, ethnicity, and culture. This is important for emerging clinicians and current clinicians as the *DSM-5 and Family Systems* looks at relational and cultural factors that impact the etiology of disorders. Some of these cultural factors include language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, refugee/immigration status, and intergenerational family customs. Authors share the application of *DSM-5* diagnoses, including specific disorders, relevant to understanding the role of relationships and culture in working systemically with the *DSM-5*. This context addresses the systemic complexities of working with couples and families from a diagnostic framework, and the potential impact of cultural considerations in the treatment of specific disorders – such as increasing mobility, intermarriage, and intermixing of cultures has defined new mixed, multiple, or hybrid ethnic identities.

NAJP: What should more mature practitioners expect to gain from this element of each chapter?

RCK: Mature practitioners should expect to gain an increased knowledge of a systemic approach as it relates to the updated changes that occur in the *DSM-5* from the *DSM-IV-TR*. Additionally, seasoned practitioners who do not have a systemic focus will gain great insight into integrating systems into practice based on specific disorders. The results of numerous studies of comorbidity and disease transmission in families, including twin studies and molecular genetic studies, make strong arguments for what many astute clinicians have long observed: the boundaries between many disorder “categories” are more fluid over the life course than *DSM-IV-TR* recognized, and many symptoms assigned to a single disorder may occur, at varying levels of severity, in many other disorders. **Mature practitioners can expect to obtain a clear and concise description of each mental disorder organized by explicit diagnostic criteria, supplemented, when appropriate, by dimensional measures that**

cross diagnostic boundaries, and a brief digest of information about the diagnosis, risk factors, associated features, research advances, and various expressions of the disorder. Such an approach should permit all systemic-oriented clinicians to expand professional knowledge related to clinical work and client cases independent of previous education and clinical experience – therefore promoting accurate description of client presentations and demonstrating flexible, adaptable, and solution-oriented thinking.

NAJP: If you had a billboard message to share with our readers regarding *DSM-5 and Family Systems*, what would it be and why?

RCK: “FOSTERING FAMILY WELLNESS” When a family member is suffering from a mental health disorder, it is not uncommon for the family system to be impacted, emotionally, socially, and financially. From a contextual perspective, familial aggregation, familial transmission, familial contexts, familial traits, and familial response to mental illness contribute to onset, maintenance, and either stigma or support when any family member is expressing signs of mental disorders. Ultimately use of information from family members and other third parties (in addition to the individual) regarding the individual’s performance constitutes sound ethical and culturally sensitive practice.

REFERENCES

- Russo, J., Coker, K., King, J. (Eds). (2017). *DSM 5 and Family Systems*. New York, New York: Springer Publishing.