

V-CODES

ABUSE

DSM-IV-TR Diagnostic Codes:

- V61.21 Physical Abuse of Child
- V61.21 Sexual Abuse of Child
- V61.21 Neglect of Child
- V61.1 Physical Abuse of Adult
- V61.1 Sexual Abuse of Adult

The above diagnostic codes will be used when the focus of service and/or clinical attention is the perpetration of child or adult abuse and/or neglect not due to a mental disorder. The above codes should be used as the primary diagnosis, coded on Axis I, when the participant can be effectively treated using brief, problem solving therapy. Safety of the abused party should be the first focus of any intervention.

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/intervention, and the best possible outcomes for the participant and the family.

Diagnostic Guidelines:

1. These guidelines should be applied if the focus of the intervention/treatment is the perpetrator of the abuse. If the participant is the victim of the abuse then the diagnostic determination should be made as defined in the DSM-IV-TR, and coded as 995.5 for a child or 995.81 for an adult.
2. Establish diagnostic accuracy as defined in DSM-IV-TR. The distinguishing feature of this V-code is that the "focus of clinical attention is severe mistreatment of one individual by another through physical abuse, sexual abuse, or child neglect." . It is imperative that a primary mental health diagnosis be ruled out, especially personality and substance related disorders. 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.

Assessment should include probing for symptoms associated with problems in relationships, substance abuse and personality disorders. A comprehensive history of the participant should be obtained as part of the assessment and should include history of previous relationships, prior interventions concerning relationships, history and treatment history of substance use and abuse as well as current medical and work problems.

3. It may be necessary under Federal and State Regulations to report suspected abuse or neglect to the appropriate authorities.
4. In the diagnostic formulation, consider the following behaviors or symptoms:
 - a. Child abuse and neglect may include, but are not limited to:
 - Consistent and/or frequent conflict between parent and child
 - Parental incompetence
 - Lack of parental control in the home
 - Poor parent-child communication
 - Inappropriate use of discipline / heavy discipline or over-punishment
 - Unrealistic expectations of child's behavior
 - Reports of truancy on the part of the child
 - Parent overprotective of child
 - Parental isolation of child
 - Reports/descriptions of physical/sexual abuse by the parent or other adult (hitting, kicking, slapping, torture or sexual activity)
 - Reports/descriptions of emotional and verbal abuse including: withdrawal of affection and humiliation
 - Failure to provide a nurturing and safe living environment
 - Misappropriation of the minor's trust-funds; earnings or other financial assets/properties via coercion and or manipulation.
 - b. Adult abuse (neglect):
 - Consistent and/or frequent conflicts between client and another adult
 - Reported efforts to maintain control of the other adult
 - Poor communication between parties
 - Inappropriate use of discipline in an adult relationship
 - Unable to establish appropriate boundaries
 - Overprotective of other adult
 - Isolation of the other adult
 - Reports/descriptions of physical/sexual abuse (hitting, kicking, slapping, torture or unwanted sexual activity including sexual coercion or rape)
 - Reports/descriptions of emotional and verbal abuse including withdrawal of affection and humiliation
 - Caregiver neglect including failure to provide necessary skilled nursing assistance, proper nutrition, access to support for activities of daily living

- Censoring/Editing of the Elder's incoming or outgoing US Mail; telephone calls or other electronic media.
 - Misappropriation of the elder's financial assets and/or properties via coercion; manipulation or fraudulent actions.
- c. Other behaviors or symptoms to consider:
- Anxiety/paranoia related to the relationship
 - Symptoms or behaviors exacerbated by the use of substances
 - Identified stalking behaviors including unwanted visits to another's work location
 - Difficulty concentrating at work due to focus on the victim of the abuse
 - Negative relationships with co-workers or supervisors
 - Legal problems related to behaviors toward family members
- d. All five Axes should be part of the diagnostic assessment and attention paid to issues of safety of the victim and others around the victim as well as the availability of appropriate support systems.

Treatment Guidelines:

1. Goal of treatment should include the elimination of the abusive behaviors and the establishment of more appropriate ways of relating to others. Note: It is critical that treating clinicians focus particularly on engaging victims of abuse and neglect and motivating them to follow through with treatment recommendations as well as educating first time users regarding expectations of counseling services.
2. The individual should be given support to identify those behaviors which are abusive in nature:
 - Parenting techniques – physical and verbally abusive punishments
 - Ways of communicating – verbal violence and degrading interactions
 - Anger response – appropriate to the situation and controlled
3. The treatment should include the development of awareness of internal triggers for abusive behavior.
4. Identification of coping and management techniques to reduce/eliminate abusive responses:
 - Time out – cool down techniques
 - Alternative behaviors
 - Visualization of alternative methods of addressing an abuse generating situation

5. Treatment should include strategies for victims of abuse to draw comfort and support from healthy and positive relationships at work and involvement in community activities.
6. Therapeutic Modalities can include:
 - A. Individual Therapy
 - Focused substance abuse treatment, as appropriate
 - Behavior modification and anger management
 - B. Group Therapy
 - Focused therapy for abusers stressing anger management
 - Parent Effectiveness Training
 - Care for the caregiver
 - C. Family Interventions
 - Referrals to community based services for families in crisis
 - Referrals to child or adult protective services
 - Where appropriate family therapy focused on restructuring family interactions
 - D. Community Based Programs
 - Self-Help groups such as Alanon and Alateen, and self-help for substance abusers
 - Churches/Synagogues/Mosques with programs for families in crisis
 - Respite Care for caregivers
 - Visiting Nurses Association
 - Adult/Child Day Care services

References:

American Psychiatric Association, May, 1994, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association, Washington, DC.

James M. Oher, Daniel J. Conti, Arthur E. Jongsma, Jr., 1998, The Employee Assistance Treatment Planner, John Wiley & Sons, Inc. New York.