Introduction to Abnormal Psychology (Psych 235)

Chapter 4:
Classification, Diagnosis, & Assessment

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Outline/Overview

- DSM-IV (and III) multiaxial system
- DSM5 new system
  - Reliability
  - Validity
- Psychological Assessment
  - Clinical Interview
  - Tests
  - Observations
- Diagnosis as goal
- Problems with diagnosis

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Diagnosis

- Reasons for diagnosing:
  - 1) communication shorthand
  - 2) treatment indications
  - 3) etiology
  - 4) research
  - 5) $
- DSM US/Canada (APA)
- ICD Much of the rest of the world (WHO)

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DSM-IV (and III) Five axis system

1. clinical syndromes
2. disorders first evident during childhood
3. medical conditions
4. psychosocial & environmental problems
5. global assessment of functioning

Usually denoted with roman numerals

Axis I, II, III, IV, V

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Axis IV - Psychosocial and Environmental Problems

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

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Axis V - Global Assessment of Functioning (GAF)

- Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.
  - 100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
  - 80-71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning(e.g., temporarily falling behind in schoolwork).
  - 50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

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GAF - continued

- 40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 20-11 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

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DSM 5 system changes

- Axes are gone – all diagnoses are placed in a single list
- GAF replaced by the WHODAS 2.0
- Principal diagnosis (reason for visit) goes first
- Increased emphasis on assessment measures – level 1 & level 2 assessments level 2 still not for all areas)

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DSM 5 Primary purpose (DSM 5, p. 20)

- “The primary purpose of DSM-5 is to assist trained clinicians in the diagnosis of their patients' mental disorders as part of a case formulation assessment that leads to a fully informed treatment plan for each individual. The case formulation for any given patient must involve a careful clinical history and concise summary of the social, psychological, and biological factors that may have contributed to developing a given mental disorder. The diagnosis of a mental disorder should have clinical utility: it should help clinicians to determine prognosis, treatment plans, and potential treatment outcomes for their patients.”

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Opposition to the Medical Model

- Diagnosis and potential for harm
  - Misdiagnosis
  - Stigma/self-fulfilling prophecies
  - Drapetomania
- Szasz – Charcot & Freud and their studies/ treatment of hysteria
- What is an illness/ disease?
- Psychiatry defining mental illnesses

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Assessment: Core concepts

- Collecting information
- Standardization
- Reliability
- Validity
  - Face
  - Predictive
  - Convergent/Divergent

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Psychological assessment

- Clinical interview
- Clinical observations
- Psychological (Clinical) tests
  - Personality measures
    - Projective vs. objective
  - Response inventories
  - Neurological & neuropsychological testing
  - Intelligence testing

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Clinical interview

- Cornerstone of most assessments
- Systematic gathering of information
  - Structured or unstructured
  - What do we want to know?
- Mental Status Exam

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Clinical observations

- Can come from multiple sources
  - More sources = more complete information
  - Rating scales - multiple raters
- Direct clinician observation
  - Interview
  - In the person's environment
  - Controlled/monitored settings

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Psychological testing

- Personality tests
  - Projective tests
    - Rorschach, TAT, Sentence completion blank, DAP, HTP
  - Objective tests
  - Self-report inventories

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Personality Tests (cont.)

- Objective tests
  - MMPI-2, MCMI, NEO-PI
- Self-report inventories
  - BDI, BAI, STAI, SCL-90-R, CES-D, Y-BOCS, MASQ, PANAS

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Neurological & Neuropsychological testing

- Neurological exam
- Neuropsychological tests
  - Batteries
  - Screening tests
- Continuous performance tests (TOVA)
- Brain scanning
  - PET, CAT, MRI, fMRI

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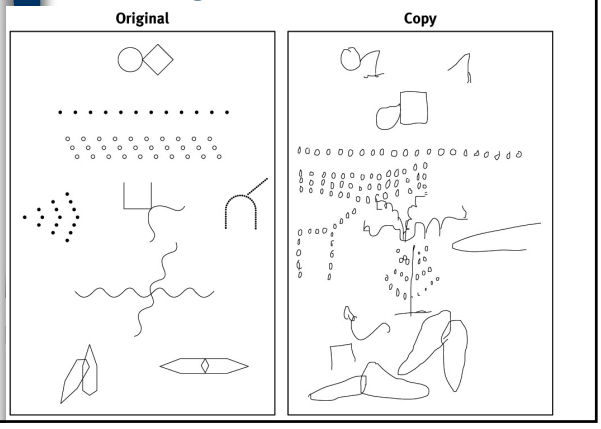
Bender Gestalt VMT



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Intelligence testing

- Full battery tests
  - Wechsler series (WPPSI, WISC, WAIS)
  - Stanford Binet
  - Leiter (Non-verbal)
  - Kaufman
- Screening measures
- Diagnosis of Intellectual Disability
  - Deficits in BOTH cognitive & adaptive functioning must be present

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Factors biasing diagnoses

- context
- expectation
- source credibility
- research diagnoses don't need to be as reliable and valid as treatment diagnosis
- Rosenhan & Spitzer article discussion

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