# Diagnosis and Classification of Psychological Problems

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CED 5501: Introduction to Alcohol

and Drugs Abuse Counseling

# Definitions of Abnormal Behavior

- Conformity to norms: Statistical Infrequency or Violation of Social Norms
- Subjective distress
- Disability or dysfunction

## Conformity to norms: Statistical Infrequency or Violation of Social Norms

- A person's behavior is abnormal if it is statistically infrequent (deviates significantly from the average is above the "cutoff point"
- A person's behavior is abnormal if it is very unusual

### Assessment of Abnormal Behavior

- Assessment = The systematic evaluation and measurement of psychological, biological, and social factors in an individual presenting with a possible psychological disorder
- Diagnosis = The process of determining whether the presenting problem(s) fit the criteria for a particular mental disorder

## • • Subjective distress

A behavior or symptoms are abnormal if they causes the person distress?

## • • Disability or dysfunction

 A behavior is abnormal if it creates some degree of social (interpersonal) or occupational problems

## Disability or dysfunction

#### **Advantages**

- Requires little inference
- These type of problems often prompt treatment seeking

#### **Disadvantages**

Difficulty
 establishing
 standards for
 occupational or
 social dysfunction

# Diagnostic and Statistical Manual-IV-TR

...The most widely accepted definition used in DSM-IV-TR describes behavioral, emotional or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning.

## • • Current Diagnostic Systems

- In 1948 the World
   Health organization
   (WHO) added a
   section on
   classification of mental
   disorders to the
   International
   Classification of
   Diseases and Health
   Related Problems
- ICD-10: current system developed in 1990

- In 1952 the American
   Psychiatric Association
   developed and
   published its own
   Diagnostic and
   Statistical Manual
- DSM-IV-TR was published in 2000

## DSM-III and DSM-III-R

#### **Changes**

- Not based on a specific theory
- Presented explicit diagnostic criteria
- Multiaxial system
- The specificity of diagnostic criteria made it possible to examine the reliability and validity of diagnostic categories

#### **Multiaxial System**

- Clinical syndromes
- Personality disorders and developmental disorders
- Physical conditions (e.g. diabetes)
- v. Severity of psychosocial stressors
- V. Highest level of adaptive functioning in the past year

## • • DSM-III: Shortcomings

- Unacceptably low reliability in some diagnostic categories.
- Hierarchical diagnostic system.

## • • DSM-III-R

- o Published in 1987
- Eliminated some problems such as hierarchical diagnoses

## DSM-IV and DSM-IV-TR

#### **DSM-IV** (1994)

Revisions were based on empirical data generated by DSM-III and DSM-III-R

Reorganization

Axis IV: Rating of severity of stressors changed to a checklist

Axis V ratings changed to GAF (Global Assessment of Functioning)

1=Markedly poor functioning 90= Superior functioning

#### **DSM-IV-TR**

Only changes in the descriptions of some of the disorders

- DSM-IV-TRCurrent diagnostic system
  - o Multiaxial:

Axis I: Clinical Disorders Developmental Dis.(not mental retardation

Axis II: Personality Disorders Mental Retardation

Axis III: General Medical Conditions

Axis IV: Contributing Problems

Axis V: Rating of Functioning

## • • DSM-IV-TR: An example

- 13 year old Hispanic female
- Completing a gifted and talented program
- Feeling increasingly depressed, having more suicidal thoughts
- Irritable, oppositional, and difficult to manage
- Loss of energy, appetite
- Conflicts with peers and family
- Changed schools, father hospitalized

## DSM-IV Diagnosis

- o Axis I:
- o Axis II:
- o Axis III:
- Axis IV
- Axis V

## Diagnosis: Positive Aspects

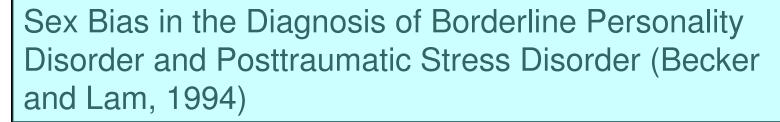
- •Facilitates communication (verbal shorthand)
- •Ensures comparability among identified patients
- •Promotes research on diagnostic features, etiology and treatment

## • • Diagnosis: Negative Aspects

- Boundaries between disorders are often fuzzy
- Gender bias in application of diagnostic labels
- Negative effects of labeling on other's perceptions
- Negative effects of labeling on self-concept

## • • Gender Bias in Diagnoses

 The gender of the patient influences the diagnosis, despite the presentation of equivalent symptoms



## 1. Subjects (n=1,082)

- Social Workers
- Psychologist
- Psychiatrists

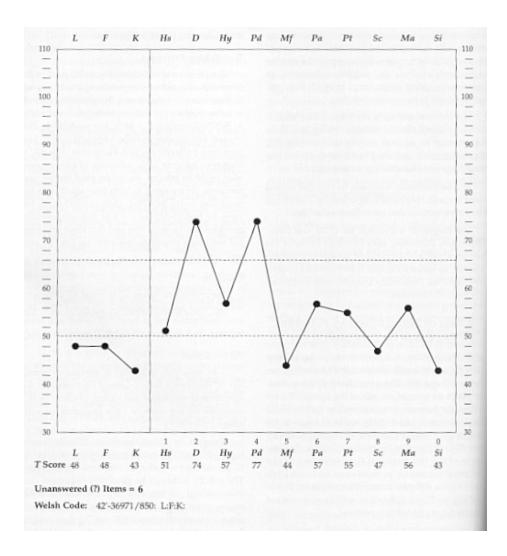
#### 2. Procedure

- Case study with PTSD or BPD symptoms
- Male and female cases
- •Clinicians rated case studies on a 7 point scale the extent to which a client appeared to have each of the Axis I and Axis II disorders

# 3. Results Clinicians rated female clients higher for applicability of BPD diagnosis than male clients

#### Objective psychological tests

- Format
- Standardized
- MMPI-2, BDI, WAIS-III
- Reliable



## • • Projective psychological tests

- Format
- Rorscha
- o TAT
- o Drawing
- Advanta
- Disadva





## • • Behavioral Observations

- o In MSE, but in other assessments as well
- Behavioral orientation

# Neuropsychological (NP) Testing and Neurological Exams

- NP testing:
  - Test many areas of functioning
  - Locate affected brain areas
  - Advantage
- Neurological exams:
  - CAT, MRI
  - PET

## • • Case example

- Susie went to Boynton and reported feeling a great deal of stress - she just broke up with her boyfriend, and she can't pay off her credit card bill this month (she has had many co-pays recently, given her recent diagnosis of hypothyroidism) and has turned to alcohol to help her cope. She meets criteria for depression, borderline personality disorder as well as alcohol dependence. She said she rarely attends class anymore, and feels she doesn't have enough social support.
- What info would go on each axis?

# • • Classification: summary

- Classification refers to diagnosing people.
- There are pros and cons to it.
- A useful classification system should be reliable and valid.
- The DSM takes a multiaxial prototypical approach.