

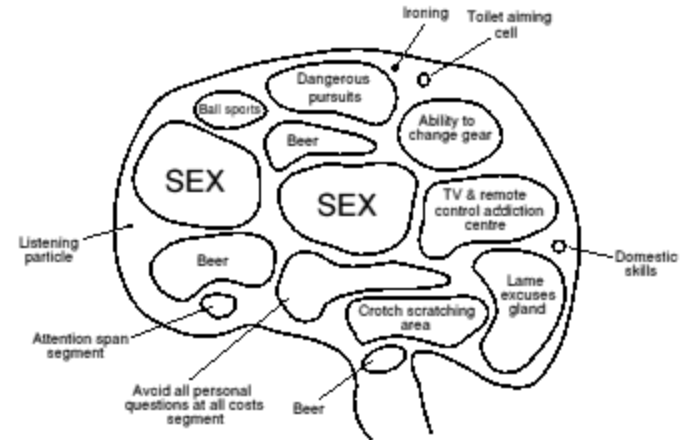
Chapter Two

Classification and treatment plans

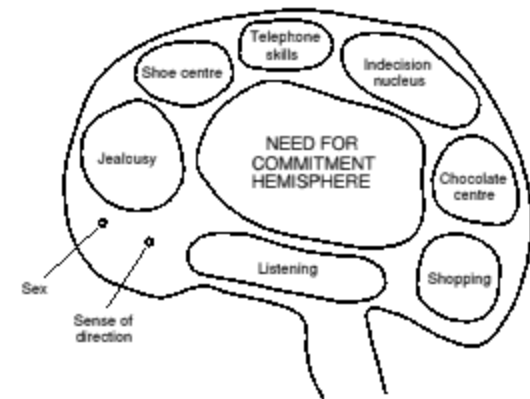


Outline

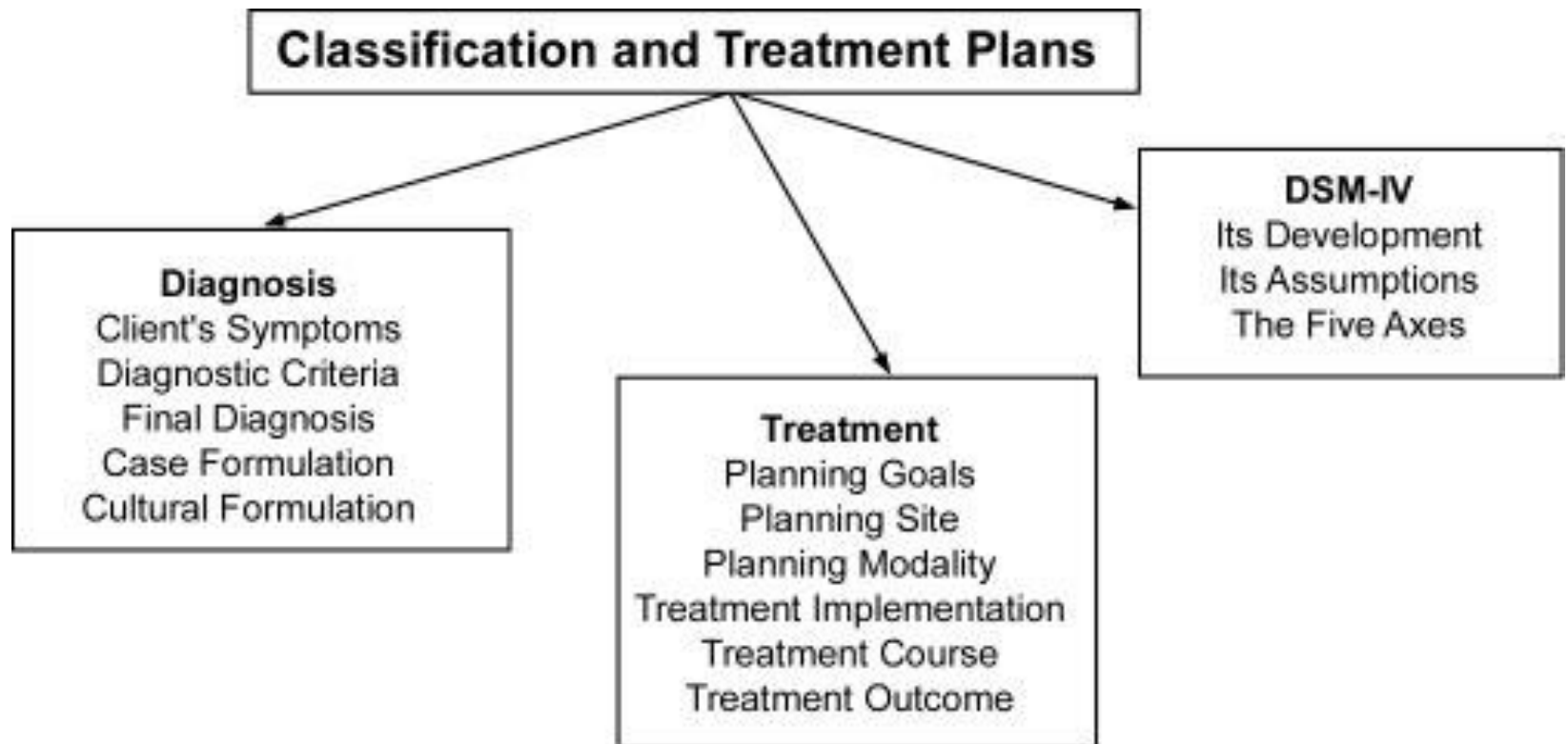
- Diagnosis
 - Definition
 - Good Dx
 - Reliability & Validity
 - History
- DSM-IV
 - Other choices
 - Weaknesses
- Treatment



THE MALE BRAIN



THE FEMALE BRAIN



1. How do you feel about Dx?

Assessment vs. Diagnosis.

- **Assessment**
 - to understanding of a client.
 - may result in a diagnosis
- **Assessment yields:**
 - a sense of a person's individuality,
 - the forces that generate his/her uniqueness.
 - a sense of why the person is in difficulty
 - clues as to how the difficulty can be resolved.
- **Assessment encompasses**
 - strengths as well as weaknesses,
 - causes and cures as well as current symptoms,
- **Diagnosis focuses on current symptoms**



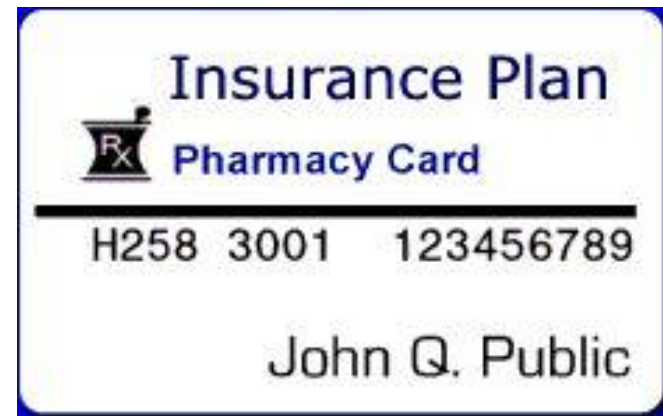
Diagnosis assumes

- Disorders exist
- Disorders can be recognized
- Disorders exist in groups



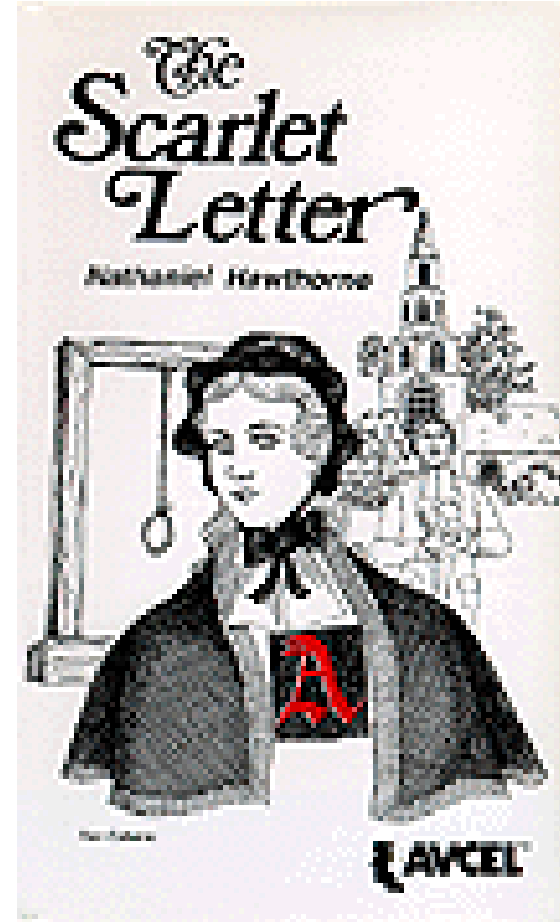
Reasons for making a diagnosis

- **Communication shorthand;**
- **Suggests treatments**
- **Suggests etiology**
- **Aids scientific investigations**
- **Enables third party payments**



Criticisms of diagnosis in general

- A continuum of abnormality exists from adjustment to maladjustment
- Dx does not describe that continuity
- Classification may stigmatize a person



Reasons for opposing classification

- Losing information,
- Overlooking uniqueness of the person



Is loss of the information important?

- **Is information relevant?**
- **What is the purpose of the classification system.**
- **Relevant if we classify people on trivial bases while ignoring their differences in other areas.**
 - **Race vs. skill**
 - **Symptoms vs. causes**



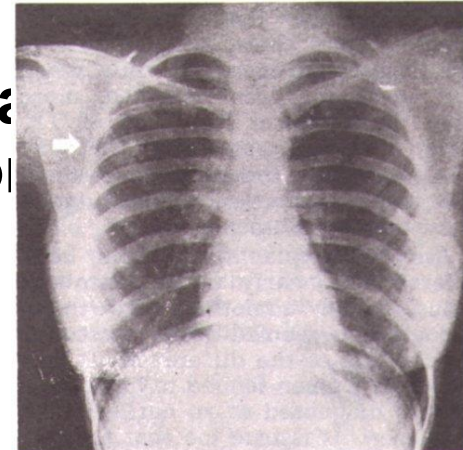
Medical Dx vs. Psychological Dx

- **Medical diagnoses have physical data to support them:**

- Fever
- X- ray
- palpitation,
- Surgery
- laboratory results.



- **Psychological diagnosis is not supported by tests of feces, blood or on X-rays or palpation.**
- **Evidence of psychological disorder is transient and highly subject to a variety of social and psychological considerations.**



3 conditions that bias diagnosis.

- **Context person is seen ex. ER**
- **Expectation ex. writing behavior in real patients**
- **Source credibility “unimpeachable authorities” telling you how things are**



2. How confident are you in the quality of the current Dx System?

- A. Completely Confident
- B. Have questions
- C. Neutral
- D. Somewhat skeptical
- E. Completely reject it

Characteristics of a good diagnostic system

- **Reliable**
- **Valid**



Reliability and Validity.

- **Reliable; generates the same findings on repeated use: it must be stable.**
- **Valid; useful for the purposes for which it is intended.**



2 types of reliability

- **Inter-judge reliability:** if two observers arrive at the same conclusion
- **Test-retest reliability:** if the same results are obtained at two different times of testing.



3. Which is more reliable:

- A. The number of points a player scores in a basketball game or
- B. The points assigned to an ice skating performance?



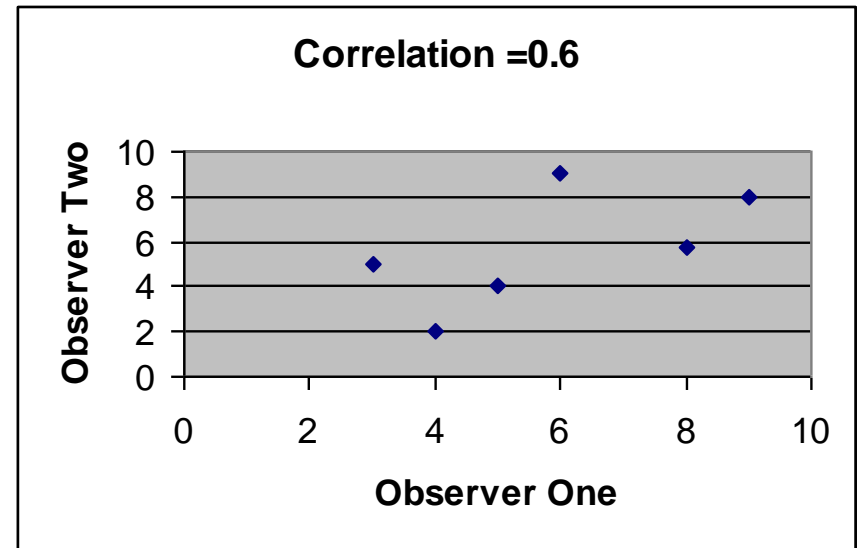
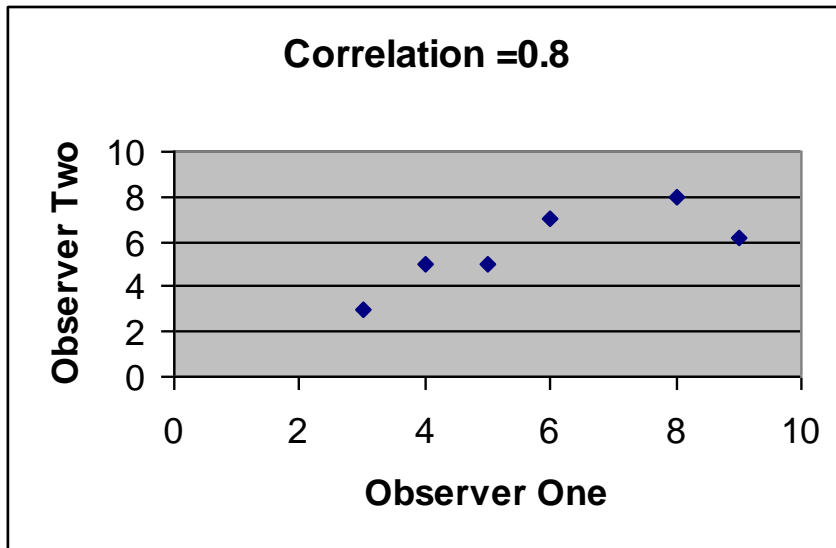
<http://schools-wikipedia.org/images/12/1216.jpg>



<http://sunnytimesnewspaper.com/NewsThumbs/21958-ice.jpg>

Reliability for clinical and research purposes

- **.8 for clinical .6 for research**



Kappa statistic

- **Reliability can be inflated by change agreement between observers**
- **Kappa statistic indicates proportion of agreement that is obtained over chance.**

$$K = \frac{P_0 - P_C}{1 - P_C}$$

P_0 = Proportion Observed Agreement
 P_C = Proportion Expected Chance Agreement
.75 or greater is satisfactory,
.4-.75 fair, <.40 poor agreement.

What is the relationship of reliability and validity.

- **The less reliable a category is the more difficult it is to make valid statements about the category.**
- **If the reliability of a diagnosis is not entirely adequate, we can expect that its validity will not be either.**



Descriptive & Predictive Validity

- **Descriptive validity:** If diagnosis facilitates communication by describing patients, and particularly by differentiating patients in one category from another
- **Predictive validity:** If diagnostic categories enable one to predict the course and especially the outcome of treatment?

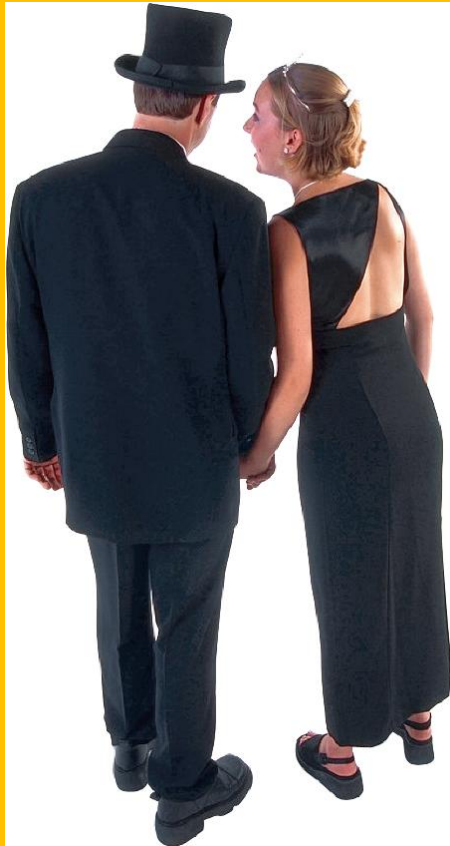


Concurrent and Etiological Validity

- **Concurrent validity** would be a measured by comparing, say, a psychological test with interviewers' judgments.
- **Etiological validity** would be examples of places where a diagnostician would be able to state the cause or all members of a class would have a common cause for a given disorder.



4. In choosing a marriage partner, what kind of validity is most important?



- A. Descriptive
- B. Predictive
- C. Concurrent
- D. Etiological



EXAMPLE: If bipolar patients responds to a new drug called lithium carbonate that does not work well on other people, that is an example of _____.



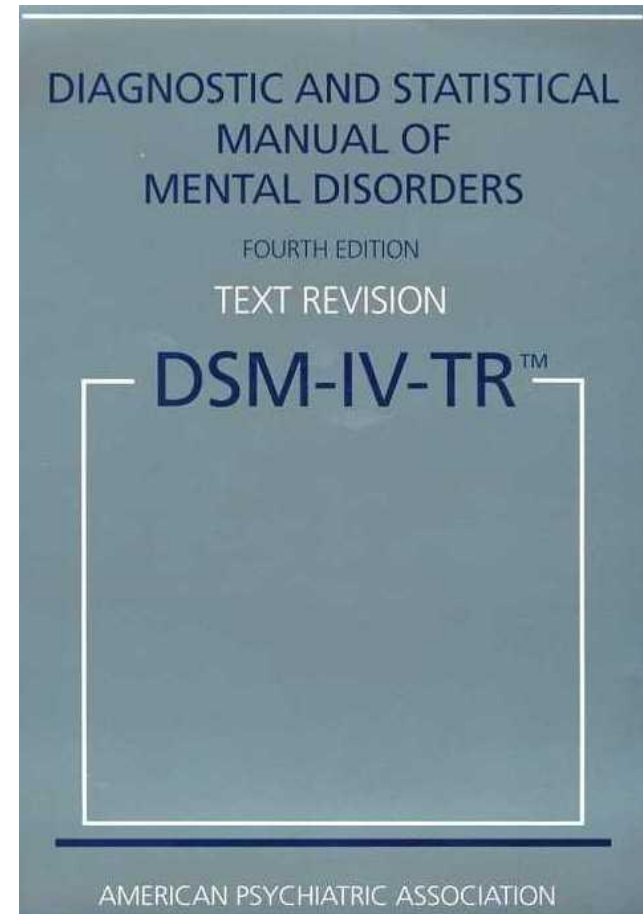
Assumptions Kraepelin made in his diagnostic system

- **Mental disorders have the same basis as physical disorders**
- **Diagnosis should be based on symptoms**
- **Symptoms are physical**



DSM-IV

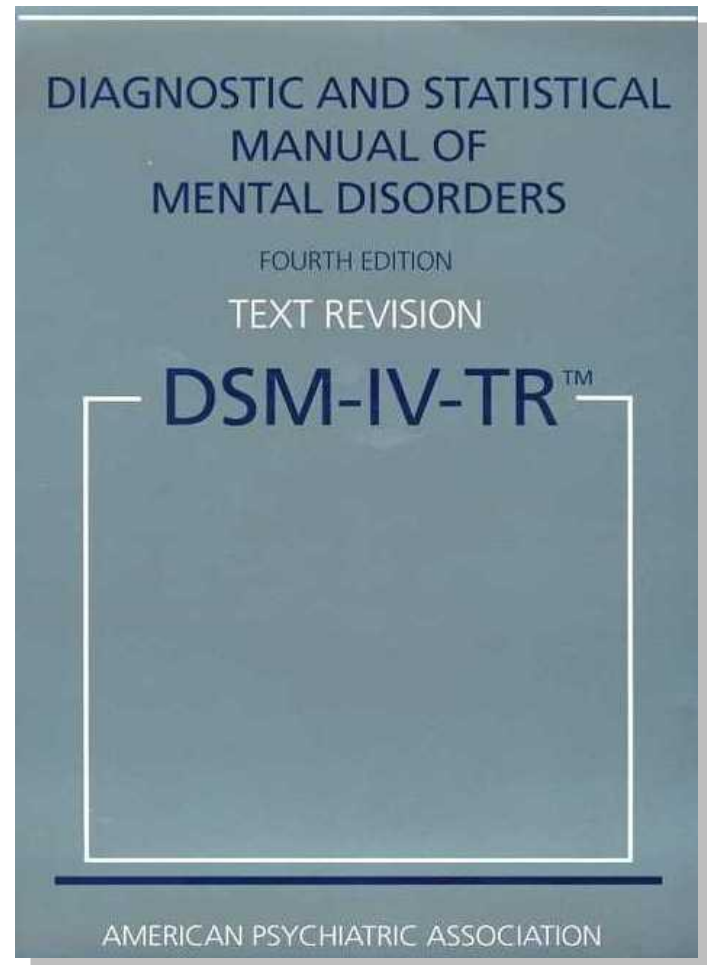
The Diagnostic and Statistical
Manual of Mental Disorders
American Psychiatric
Association Publisher



The Diagnostic and Statistical Manual of Mental Disorders

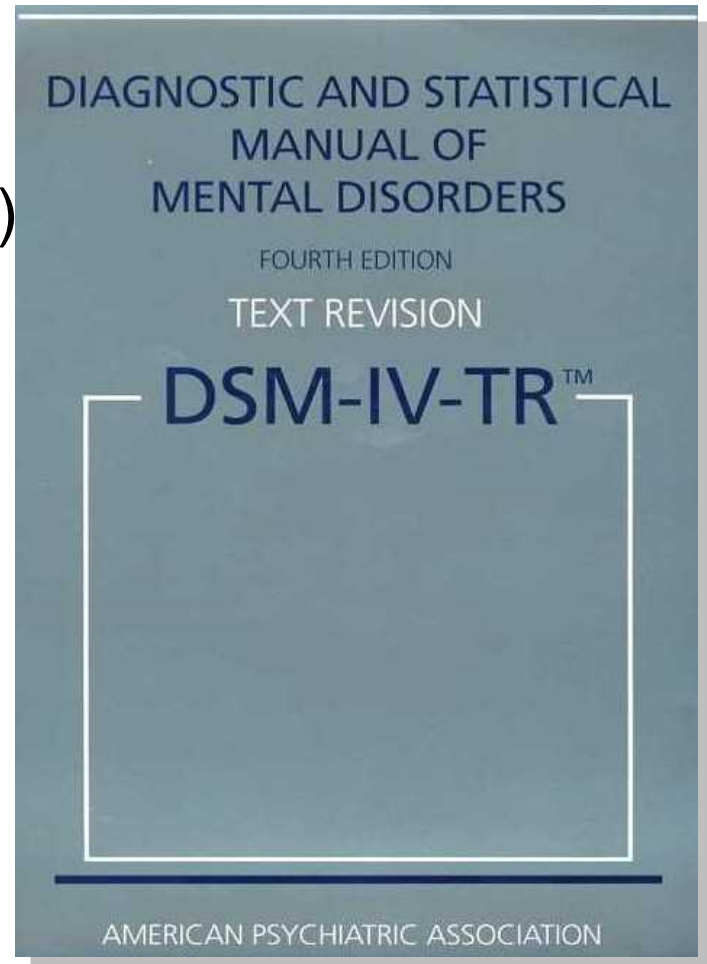
Concerns in Developing the DSM-IV:

- Reliability
- Validity
- Base Rates
- Social Context



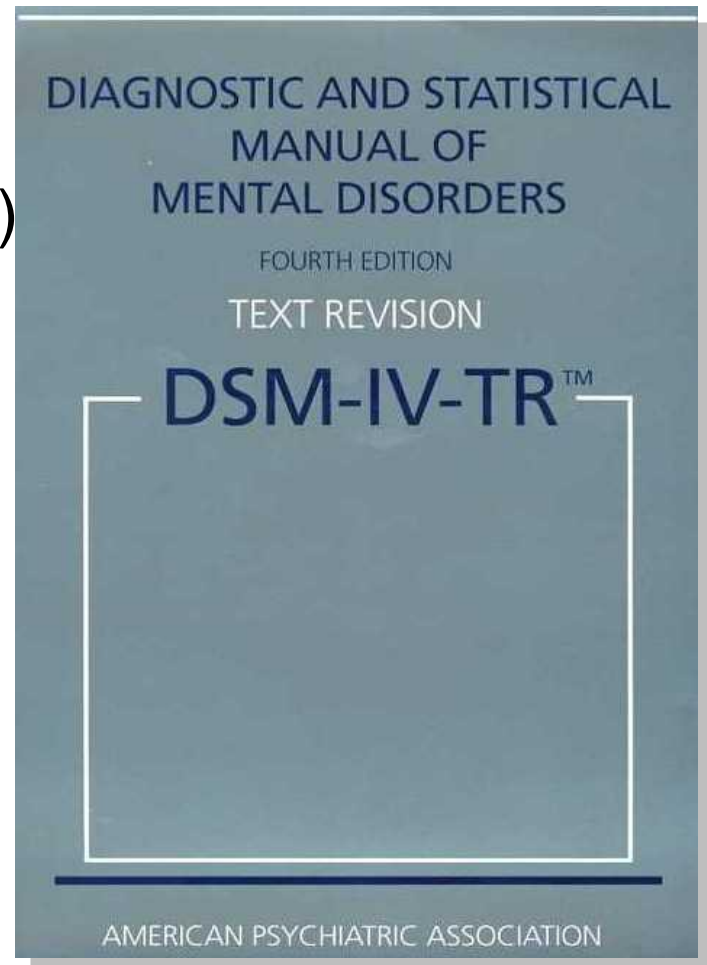
The Diagnostic and Statistical Manual of Mental Disorders

- 1952 *DSM* (a.k.a. DSM-I)
- 1968 *DSM-II* (based on ICD)
- 1980 *DSM-III*
- 1987 *DSM-III-R*



The Diagnostic and Statistical Manual of Mental Disorders

1952	<i>DSM</i> (a.k.a. <i>DSM-I</i>)
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1980	<i>DSM-III</i>
1987	<i>DSM-III-R</i>
1994	<i>DSM-IV</i>
2000	<i>DSM-IV-TR</i>



Mental Disorder

- Clinically significant behavioral or psychological syndrome or pattern
- Distress or disability
- Significant risk
- Not expected, culturally sanctioned response to a particular event



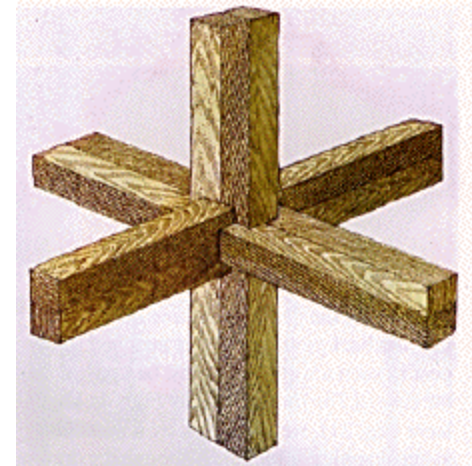
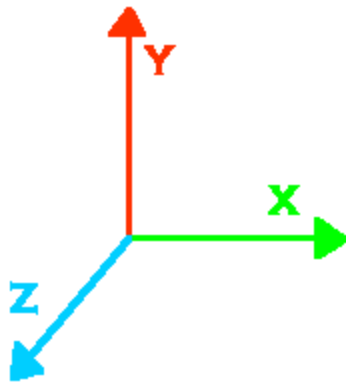
Other choices for differing diagnostic systems

- **Drives**
- **Social deviance,**
- **Level of adjustment**
- **Social efficacy**
- **Person (1986) proposes closer attention to symptoms of distress**
- **Jerome Wakefield--notion of harmful dysfunction.**
- **Sin**



The Five Axes Of The DSM-IV

- Axis I - Clinical disorders
- Axis II - Personality disorders and mental retardation
- Axis III - General medical condition
- Axis IV - Psychosocial and environmental problems
- Axis V - Global assessment of functioning
(helps assess prognosis)



DSM-IV: Assumptions Underlying Its Structure And Organization

- Medical model
- Atheoretical orientation
- Descriptive rather than explanatory
- Categorical approach
- Multiaxial system



Reliability of the DSM IV

- **No reliability data for the DSM-IV**
- **The reliability's for the DSM-III were disappointing**



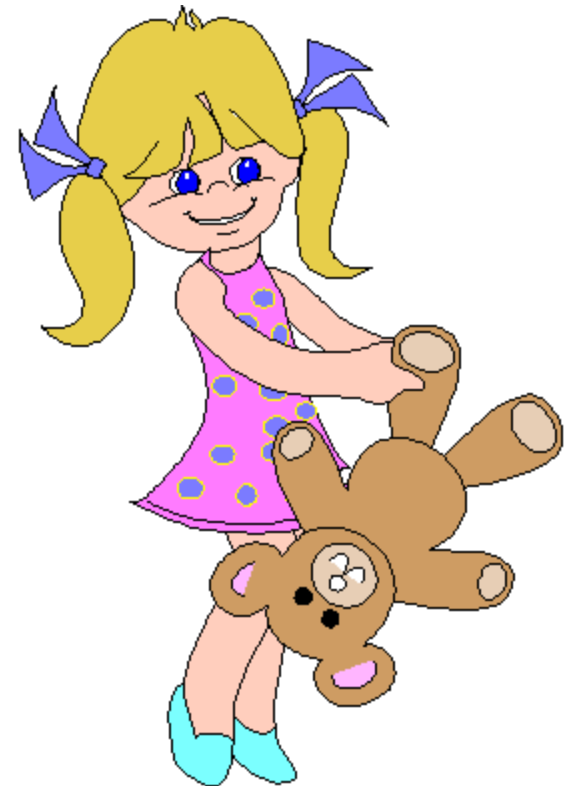
Descriptive Validity of the DSM-IV

- **No information about symptoms that might allow one to differentiate one patient from another**
- **No reliable sense of what symptoms the patient has.**



Criticisms of the DSM IV

- **Number of symptoms is often arbitrary**
- **Normal or average is not clearly defined depending too much on clinician's judgment**
- **Childhood problems are often considered psychiatric problems without good cause for doing so.**



Deciding to treat



- **Is person abnormal? \Rightarrow No \Rightarrow Do nothing**
↓ Yes
- **Is Diagnosis Reliable? \Rightarrow No \Rightarrow Do nothing ex. drug test athletes**
↓ Yes
- **Is problem treatable? \Rightarrow No \Rightarrow Do nothing ex. Hospice**
↓ Yes
- **Does the person agree to treatment? Yes \Rightarrow Treat**
No ↓
- **Is it right to enforce treatment? \Rightarrow No \Rightarrow Do nothing**
- ↓ Yes
- **the least restrictive alternative \Rightarrow No \Rightarrow Create alternative Is treatment**
- ↓ Yes \Rightarrow Treat

Clients

- Client = person seeking treatment
- Client vs. patient?



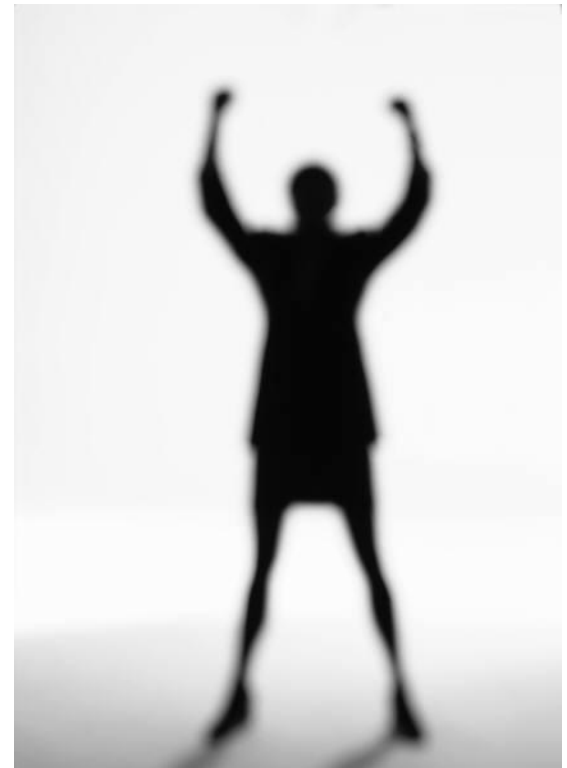
Clients

- Client = person seeking treatment
- Client vs. patient?
- Prevalence 1 in 5 during past year
- Lifetime Comorbidity 54%



Person vs. Disorder

- Schizophrenic vs. Schizophrenic Disorder
- Ralph is not flawed
- Sometimes and in some situations Ralph's behavior and thoughts are abnormal



Who Are The Clinicians?

- Psychiatrists
- Clinical psychologists
- Other professionals
 - Counseling and school psychologists
 - Psychiatric social workers
 - Nurse clinicians
 - Marriage and family counselors



5. From what type of practitioner would you seek treatment if all costs were the same?

A. Psychiatrist

B. Psychologist

C. Counselor

D. Social Worker

E. Marriage and Family Therapist

F. Pastor



<http://www.phoenixcaresystems.com/nj/pics/counselor.gif>

To Diagnose A Mental Disorder

- Client's reported and observable symptoms
- Diagnostic criteria and differential diagnosis
- Final diagnosis
- Case formulation
- Cultural formulation



decision tree:

A series of simple yes/no questions in the *DSM-IV-TR* about a client's symptoms that lead to a possible diagnosis.

differential diagnosis:

Ruling out all possible alternative diagnoses.

Diagnostic questions

Depressed, elevated, expansive, or irritable mood?

Yes

No

Due to the direct physiological effects of a general medical condition?

Yes

No

Due to the direct physiological effects of a substance?

Yes

No

Manic episode: Elevated, expansive, or irritable mood, at least 1-week duration; marked impairment?

Yes

No

Major Depressive Episode: At least 2 weeks of depressed mood or loss of interest plus associated symptoms?

Yes

No

Psychotic symptoms occur at times other than during manic episodes?

Yes

No

Final Diagnosis: Bipolar I Disorder

Cultural Formulation

culture-bound syndromes:

particular patterns of behavior in certain cultures, perhaps reflecting cultural themes that date back for centuries.



Planning Treatment



- **Establish Treatment Goals**
 - Immediate Goals
 - Short-Term Goals
 - Long-Term Goals

Planning Treatment



Determine Treatment Site

- Psychiatric Hospitals
- Outpatient Treatment
- Halfway Houses and
Day Treatment Programs
- Guidance Counselors
- Employee Assistance Program

Treatment Modality

- Individual psychotherapy
- Family therapy
- Group therapy
- Milieu therapy
- Theoretical perspective of treatment



Evidence-Based Practice

Clinical decision-making that integrates the best available research evidence and clinical expertise in the context of the client's . . .

- Cultural background
- Preferences
- Characteristics



Treatment Implementation

- The Course of Treatment
 - The Role of Clinician
 - The Role of Client
- The Outcome of Treatment



Construct classification systems

- State the purpose of each system.
- Create mutually exclusive categories for each system.
- Classify each of the concepts in each system.
- Compare the information gained and the information lost in each system.
- Describe how the validity and reliability of each system might be tested.
- Compare your estimates of the validity and reliability of each system and your reasons.

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