

Chapter Three: Classification and Assessment of Abnormal Behavior

Rick Grieve, Ph.D.

Department of Psychology

Western Kentucky University



DSM-IV

- ★ Diagnostic and Statistical Manual, Fourth Edition
- ★ Taxonomy of behavioral, mental, and psychiatric disorders
 - Atheoretical
 - Nomothetical



History of DSM-IV

- ★ Based on work of Emil Kraepelin
 - Late 1800s to early 1900s
- ★ DSM published in 1945 at 120 pages
- ★ DSM-IV is the fifth revision at over 800 pages
- ★ While there are problems with DSM-IV, it still has had a great impact on the field.
- ★ DSM-IV has engendered a lot of research



DSM-IV

- ★ Definition of mental disorder:
 - Clinically significant behavior or psychological syndrome or pattern which is associated with 1) present distress or 2) disability
 - Must be associated with a significantly increased risk of suffering, death, pain, disability, or loss of freedom
 - Must not be an expected response to a particular event



DSM-IV Disorders

- ★ No sharp dividing line between one disorder and another
- ★ No sharp dividing line between having a disorder and not



General Features of DSM-IV

- ★ Disorders grouped by shared clinical features
- ★ Descriptive and atheoretical approach
- ★ Systematic description of each disorder
 - Essential and associated features
 - Age and gender variables
 - Course of the disorder
 - Impairment from disorder
 - complications



General Features of DSM-IV

- Predisposing factors
- Prevalence rates
- Familial pattern
- Differential diagnoses
- ★ Diagnostic Criteria



Diagnostic Criteria

- ★ **Diagnostic Criteria for 307.1 Anorexia Nervosa**
 - **A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).**



Diagnostic Criteria

- **B. Intense fear of gaining weight or becoming fat, even though underweight.**
- **C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.**
- **D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen**



Multi-Axial System

- ★ Axis I
 - Clinical syndromes and V-Codes
- ★ Axis II
 - Developmental and Personality Disorders
- ★ Axis III
 - Physical disorders
- ★ Axis IV
 - Severity of Psychosocial Stressors
- ★ Axis V
 - Global Assessment of Functioning



Appendices

- ★ Appendix A
 - Controversial new disorders
- ★ Appendix B
 - Decision Trees
- ★ Appendix C
 - Glossary of Technical Terms



Cautions in Using DSM-IV

- ★ Diagnosis is only the initial step
- ★ Need specialized training to use DSM-IV to make diagnosis
- ★ DSM-IV diagnosis is not necessarily a legal document
- ★ Need to consider norms of cultures outside of western culture



Criticisms of the DSM-IV

- ★ Questionable reliability
- ★ Questionable validity
- ★ Not enough flexibility
- ★ Created by psychiatrists
 - Too much medical model
- ★ Child and adolescent disorders not adequately covered



Criticisms of the DSM-IV

- ★ Promotes “cookie cutter” approach
- ★ False impression about sophistication of understanding of mental disorders
- ★ Focuses on signs and symptoms to the exclusion of other facets of the disorder



Why Use the DSM-IV

- ★ Provides appropriate terminology
- ★ Common language among health service providers
- ★ 500-lb gorilla



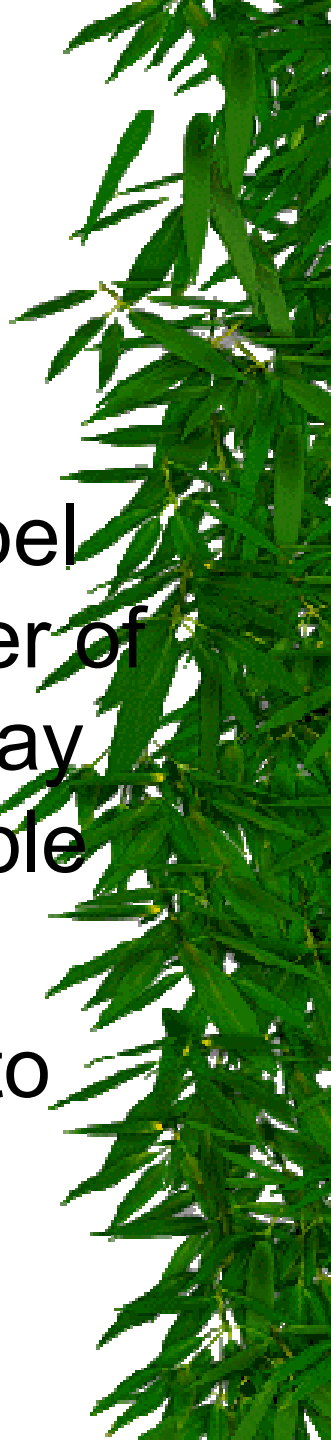
New WHO Diagnostic Schematic

- ★ Two parts, each with two components:
 - Functioning and Disability
 - ★ Body functions and structures
 - ★ Activities and Participation
 - Contextual Factors
 - ★ Environmental Factors
 - ★ Personal Factors

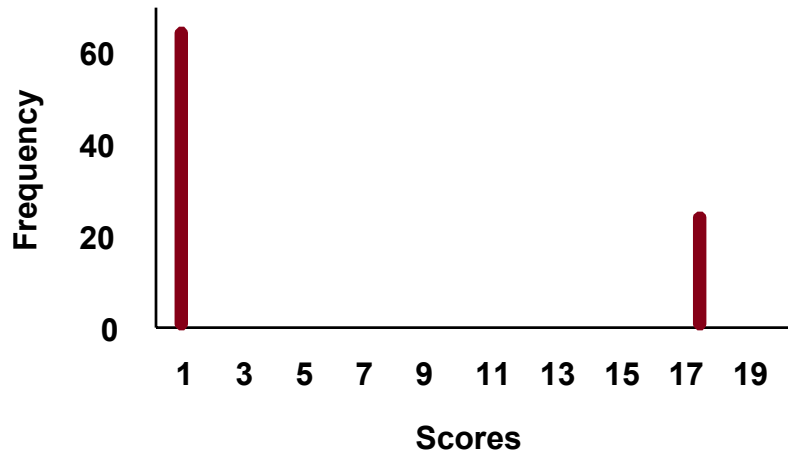


Diagnoses

- ★ Practice comes from medicine
- ★ Diagnosis is the assignment of a label that serves as shorthand for a cluster of related behavioral features which may or may not be related to demonstrable organic variables
- ★ Psychological diagnoses aren't yet to the level of medical diagnoses



Categorical versus Dimensional Conditions

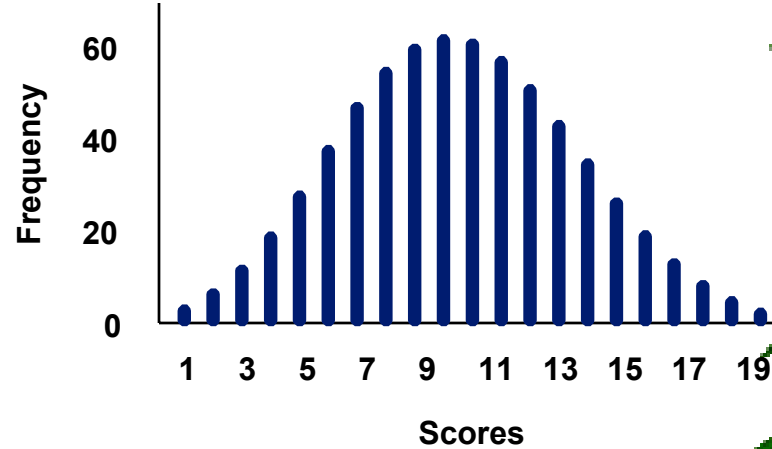
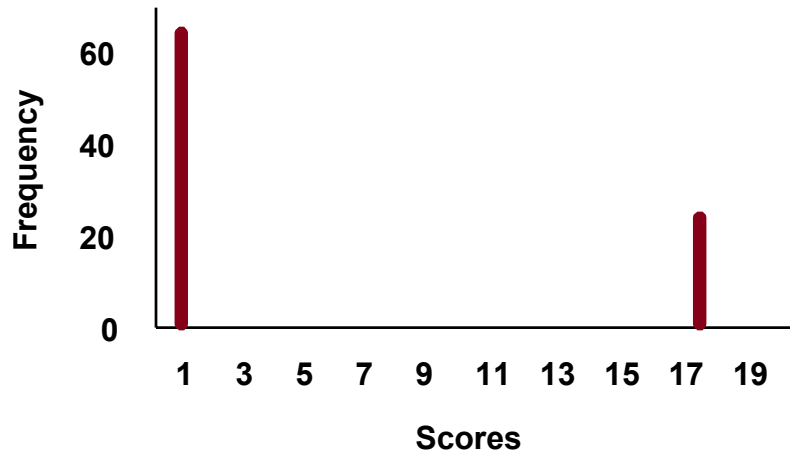


(A) Dichotomy

There are only two levels, and all people are at one of those two levels

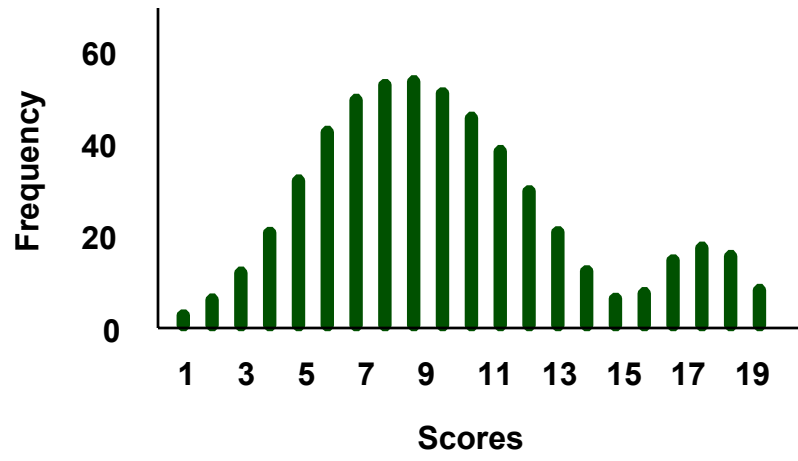
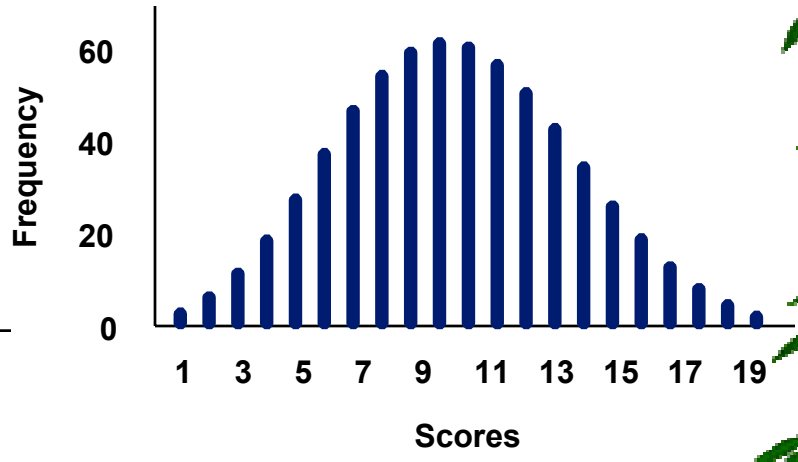


Categorical versus Dimensional Conditions



(B) Dimensional
Considerable variety
across population

Categorical versus Dimensional Conditions



(C) Bimodal Distribution

Variability within each category



Problems With/Abuses of Diagnostic Terms/Labels

- ★ Self-fulfilling prophecy
- ★ Distorting diagnoses to get insurance coverage
- ★ Label viewed as immutable
- ★ Circular use of label
- ★ Disagreement of diagnoses
- ★ Inconsistency in the definition of the label



Problems With/Abuses of Diagnostic Terms/Labels

- ★ Careless assignment of labels
- ★ Potentially harmful effects on a person
- ★ Political and economic exploitation
- ★ confidentiality



Positive Uses for Diagnostic Labels

- ★ Facilitate communication
- ★ Prevent confusion
- ★ Classify clients for definition of treatment issues
- ★ Used in:
 - Clinical communities
 - Insurance companies
 - Research
 - Statistical purposes



Methods of Assessment

- ★ Clinical Interview
 - Most widely used method
 - Covers:
 - ★ Identifying data
 - ★ Presenting Problem
 - ★ Psychosocial History
 - ★ Psychiatric History
 - ★ Medical History



Methods of Assessment

– Interview Formats:

Structured	Unstructured
Increased reliability and validity	Decreased reliability and validity
Decreased flexibility	Increased flexibility
May miss idiosyncratic info	Picks up idiosyncratic info
May increase defensiveness and resistance	Increases rapport
Allows comparability	Creates favorable changes
Used in research & clinical settings	
Computer admin & scoring	

Methods of Assessment

– Interview vs. Conversation

- * Interview designed to achieve certain goals
- * Interview may require discussion of unpleasant things
- * Interviewer directs and controls the flow of the interview
- * One-sided
- * Time Limited



Methods of Assessment

★ Psychological Tests

- Used to evaluate reasonably stable traits such as intelligence and personality
- Standardized
- Two important concepts:
 - ★ Validity
 - The extent to which a test measures what it purports to measure
 - ★ Reliability
 - The extent to which a test obtains comparable scores across time



Methods of Assessment

- Intelligence Tests
 - * Stanford Binet
 - * Wechsler Scale
 - * Deviation IQ score
- Self-Report Personality Tests
 - * Objective tests
 - * Empirically derived
 - * MMPI-2
 - * MCMI



Methods of Assessment

- Projective Personality Tests
 - * Rationale for these
 - * Validity
 - * Rorschach Inkblot Test
 - * Thematic Apperception Test
- Neuropsychological Assessment
 - * Bender Visual Motor Gestalt Test
 - * Halstead-Reitan Neuropsychological Battery
 - * Luria Nebraska Battery



Methods of Assessment

- Behavioral Assessment
 - * Functional analysis
 - * Self-monitoring
 - Reactivity
 - * Analogue Measures
 - * Behavioral Rating Scales
- Cognitive Assessment
- Physiological Measurement
 - * GSR



Methods of Assessment

- ★ EEG
- ★ EMG
- ★ Brain Imaging
 - CT Scan
 - PET Scan
 - MRI
 - fMRI
 - BEAM

