Chapter Three: Clinical Assessment, Diagnosis and Research in Psychopathology

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Assessing Psychological Disorders, Part 1

- Purposes of clinical assessment
 - ○To understand the individual
 - To predict behavior
 - To plan treatment
 - ○To evaluate treatment outcome

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Assessing Psychological Disorders, Part 2

- Analogous to a funnel
 - ○Starts broad
 - OMultidimensional in approach
 - ONarrow to specific problem areas
 - ORule in and Rule out

Key Concepts in Assessment, Part 1

- Reliability
 - Consistency in measurement
 - Examples include test-retest and inter-rater reliability
- Validity
 - OWhat an assessment measures and how well it does so
 - Examples include concurrent, discriminant, and predictive validity

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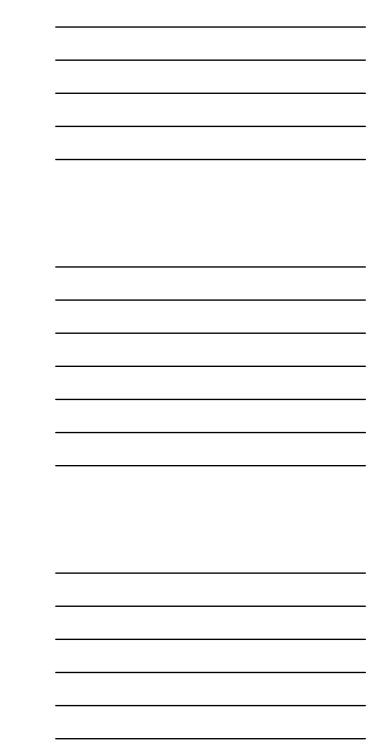
Key Concepts in Assessment, Part 2

- Standardization
 - OEnsures consistency in the use of a technique
 - Provides population benchmarks for comparison
 - Examples include structured administration, scoring, and evaluation procedures

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Diagnosis

- 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 varibles
- Psychological diagnoses aren't yet to the level of medical diagnoses



Diagnosing Psychological Disorders: Foundations in Classification, Part 1

- Diagnostic classification
 - OClassification is central to all sciences
 - Assignment to categories based on shared attributes or relations

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Diagnosing Psychological Disorders: Foundations in Classification, Part 2

- Idiographic strategy
 - What is unique about an individual's personality, cultural background, or circumstances
- Nomothetic strategy
 - Often used when identifying a specific psychological disorder, to make a diagnosis

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Diagnosing Psychological Disorders: Foundations in Classification, Part 3

- Terminology of classification systems
 - OTaxonomy—classification in a scientific context
 - Nosology—taxonomy in psychological/medical phenomena
 - Nomenclature—labels in a nosological system (e.g., "panic disorder" "depressive disorders")

DSM-5-TR



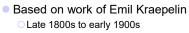
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- Taxonomy of behavioral, mental, and psychiatric disorders
 - Atheoretical
 - Nomothetical

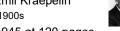
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History of DSM-5

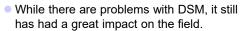








- DSM published in 1945 at 120 pages
- DSM-5-TR is the eighth revision at 1050 pages



DSM has engendered a lot of research

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DSM-5





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

DSM-5 Disorders



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

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General Features of DSM-5



- Disorders grouped by shared clinical features
- Descriptive and atheoretical approach
- Systematic description of each disorder
 - OEssential and associated features
 - OAge and gender variables
 - Ocourse of the disorder
 - Olmpairment from disorder
 - complications

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General Features of DSM-IV



- OPredisposing factors
- OPrevalence rates
- ○Familial pattern
- Olifferential diagnoses
- Diagnostic Criteria

Diagnostic Criteria



- Diagnostic Criteria for F50.x 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).

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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 selfevaluation, 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 administration.)

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Section III



- Emerging Measures and Models
 - OAssessment Measures
 - Oulture and Psychiatric Diagnosis
 - OAlternative Model for Personality Disorders
 - Oconditions for Further Study

Cautions in Using DSM-5

- Diagnosis is only the initial step
- Need specialized training to use DSM-5 to make diagnosis
- DSM-5 diagnosis is not necessarily a legal document
- Need to consider norms of cultures outside of western culture

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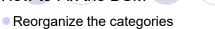
Criticisms of the DSM-5



- Excessive diagnostic co-occurrence
- Inadequate coverage
- Arbitrary and Unstable Boundaries with Normal Psychological Functioning
- Heterogeneity among persons with the same diagnosis

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How to Fix the DSM



- Look at a dimensional scheme
- What will happen?

Why Use the DSM-5



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

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DSM-6



- Changes to expect:
 - Conform with ICD
 - OMaybe change diagnosis
 - OMaybe change theoretical orientation
 - OMaybe increased emphasis on testing and assessment

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WHO Diagnostic Schematic



- International Classification of Diseases, 11th Edition (ICD-11)
- Two parts, each with two components:
 - OFunctioning and Disability
 - Body functions and structures
 - Activities and Participation
 - Ocontextual Factors
 - Environmental Factors
 - Personal Factors

Next Diagnostic



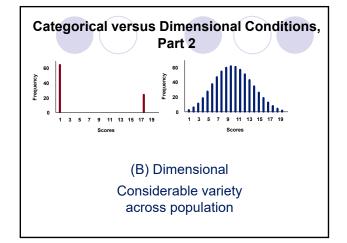
- Maybe move to a dimensional model of psychopathology
 - OWanted to do that with Personality Disorders, but was talked out of it at the last minute

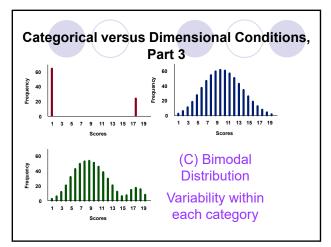
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(A) Dichotomy

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





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Problems With/Abuses of Diagnostic Terms/Labels

- Self-fulfilling prophesy
- Distorting diagnoses to get insurance coverage
- Label viewed as immutable
- Circular use of label
- Disagreement of diagnoses
- Inconsistency in the definition of the label
- Careless assignment of labels
- Potentially harmful effects on a person
- Political and economic exploitation
- confidentiality

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Positive Uses for Diagnostic Labels

- Facilitate communication
- Prevent confusion
- Classify clients for definition of treatment issues
- Used in:
 - Oclinical communities
 - Olnsurance companies
 - Research
 - OStatistical purposes

Methods of Assessment



- Clinical Interview
 - OMost widely used method
 - Ocovers:
 - Identifying data
 - Presenting Problem
 - Psychosocial History
 - Psychiatric History
 - Medical History

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Methods of Assessment



OInterview 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	

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Methods of Assessment



- OInterview 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

- t () (
- Mental Status Exam
 - OAppearance and behavior
 - Thought processes
 - Mood and affect
 - OIntellectual functioning
 - Sensorium
- Physical Exam

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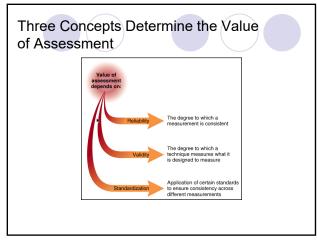
Mental status exam 1. Appearance and behavior 1. Overt behavior 1. Overt behavior 1. Overt behavior 1. Appearance, posture, expressions 2. Thought processes 1. Rate of speech 1. Content of speech 1. Content of speech 2. Thought processes 1. Rate of speech 1. Content of speech 1. Content of speech 2. Hought processes 1. Rate of speech 2. Thought processes 1. Rate of speech 2. Rate of speech 3. Mood and affect 4. Intelligence within normal limits 4. Intelligence within normal limits 5. Senocrium 5. Senocrium 6. Senocrium 6. Senocrium 7. Averences of de proundings in terms of ordered times three 7. Oriented times three

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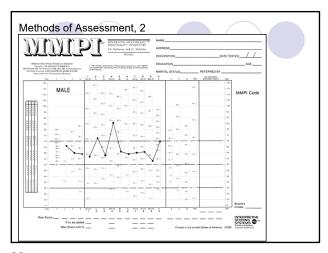
Methods of Assessment



- Psychological Tests
 - Used to evaluate reasonably stable traits such as intelligence and personality
 - Standardized
 - OTwo 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/MMPI-3 MCMI PAI NEO-PI



Methods of Assessment, 3



- OProjective Personality Tests
 - Rationale for these
 - Validity
 - Rorschach Inkblot Test
 - Thematic Apperception Test

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Methods of Assessment, 4





This inkblot resembles the ambiguous figures presented in the Rorschach test

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Methods of Assessment, 5



- ONeuropsychological Assessment
 - Bender Visual Motor Gestalt Test
 - Halstead-Reitan Neuropsychological Battery
 - Luria Nebraska Battery

Methods of Assessment, 6



- Functional analysis
- Self-monitoring
 - Reactivity
- Analogue Measures
- Behavioral Rating Scales
- Ocinitive Assessment
- OPhysiological Measurement
 - GSR

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Methods of Assessment, 7

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

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Science and Abnormal Behavior



- Nature of Science
 - Way of knowing the world unlike normal everyday ways of knowing
 - Science values empiricism, objectivity, and replicability
 - Science demands rigorous standards of proof
 - Science is a means for testing hypotheses and theoretical claims
 - Science as a human enterprise is often value laden, not value free

Science and Abnormal Behavior

- Questions Driving a Science of Psychopathology
 - OWhat problems cause distress or impair functioning?
 - OWhy do people behave in unusual ways?
 - OHow can we help people behave in more adaptive ways?

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Basic Components of Research

- Starts with a Hypothesis or "Educated Guess"

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Considerations in Research Design

Statistical Methods and Clinical Meaningfulness

- Statistical Methods
 - Branch of mathematics
 - OHelps to protect against biases in evaluating data
- Statistical vs. Clinical Significance
 - Statistical significance Means that the results are beyond chance or coincidence
 - Clinical significance Refers to whether the results are clinically meaningful
 - Statistical significance does not imply clinical meaningfulness

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Statistical Methods and Clinical Meaningfulness

- Balancing Statistical vs. Clinical Significance
 - ○Evaluate effect size
 - Evaluate social validity
- Generalizability and the Patient Uniformity Myth

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Types of Research

- Case Study
- Correlational Study
- Experimental Study
 - OSingle Case Experimental Design
 - OGenetic Studies
 - **OStudying Behavior Across Time**
 - **OStudying Behavior Across Cultures**

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