

Chapter Four: Assessment and Classification of Psychological Disorders

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

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Diagnosing Psychological Disorders: Foundations in Classification, Part 1

- Diagnostic classification
 - Classification 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
 - Taxonomy—classification in a scientific context
 - Nosology—taxonomy in psychological/medical phenomena
 - Nomenclature—labels in a nosological system (e.g., “panic disorder” “depressive disorders”)

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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

- Based on work of Emil Kraepelin
 - Late 1800s to early 1900s
- DSM published in 1945 at 120 pages
- DSM-5-TR is the eighth revision at 1050 pages



- While there are problems with DSM, it still has had a great impact on the field.
- DSM has engendered a lot of research

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DSM-5

- 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



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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
 - Essential and associated features
 - Age and gender variables
 - Course of the disorder
 - Impairment from disorder
 - complications

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General Features of DSM-5

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

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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 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 administration.)

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Section III

- Emerging Measures and Models
 - Assessment Measures
 - Culture and Psychiatric Diagnosis
 - Alternative Model for Personality Disorders
 - Conditions for Further Study

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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

- Reorganize the categories
- Look at a dimensional scheme
- What will happen?

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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
 - Maybe change diagnosis
 - Maybe change theoretical orientation
 - Maybe increased emphasis on testing and assessment

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WHO Diagnostic Schematic

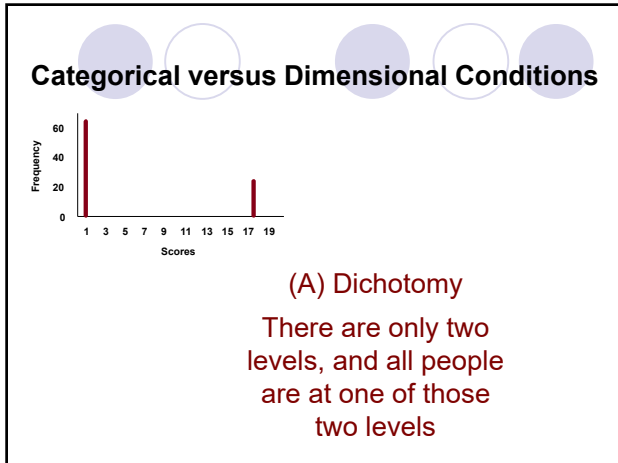
- International Classification of Diseases, 11th Edition (ICD-11)
- Two parts, each with two components:
 - Functioning and Disability
 - Body functions and structures
 - Activities and Participation
 - Contextual Factors
 - Environmental Factors
 - Personal Factors

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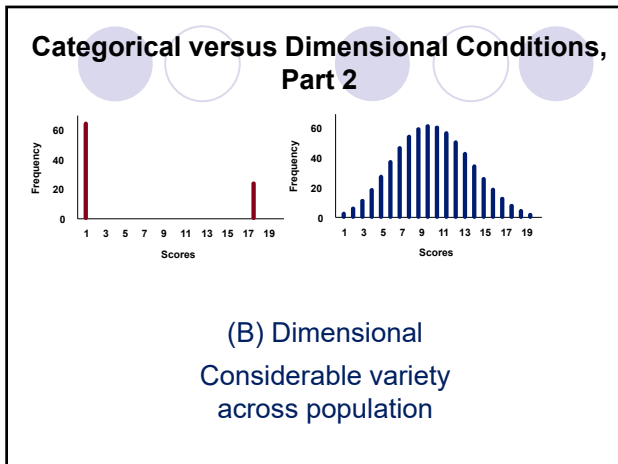
Next Diagnostic

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

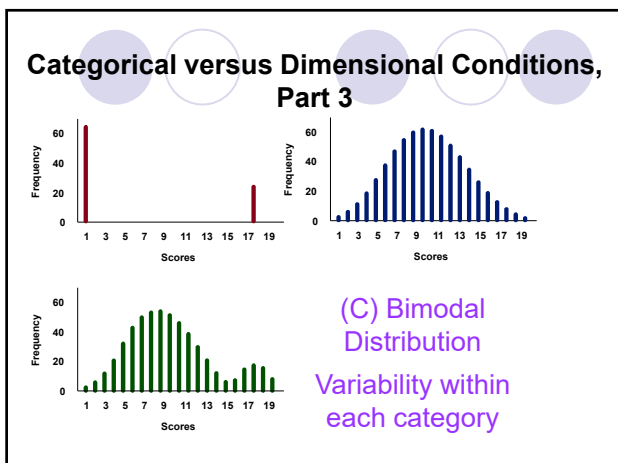
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Problems With/Abuses of Diagnostic Terms/Labels

- 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
- 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:
 - Clinical communities
 - Insurance companies
 - Research
 - Statistical purposes

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Diagnostic Considerations in Psychopathology (1 of 5)

- Emphasis on reliability of diagnosis
- Push for observable characteristics to define disorders
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- International Classification of Diseases (ICD)

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Diagnostic Considerations in Psychopathology (2 of 5)

Categorical Versus Dimensional Approaches

- Discrete categories are now seen to cluster in different ways.
- Disorders can be described categorically and dimensionally.

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Diagnostic Considerations in Psychopathology (3 of 5)

Comorbidity and Hierarchical Approaches to Psychopathology

- Comorbid is having more than one disorder.
- Large number of people have comorbid disorders.
- Number of disorders associated with severity of symptoms

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Diagnostic Considerations in Psychopathology (4 of 5)

Comorbidity and Hierarchical Approaches to Psychopathology

- General vulnerability independent of symptoms expressed
- Internalizing disorders
- Externalizing disorders
- HiTOP model for classifying signs and symptoms

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Diagnostic Considerations in Psychopathology (5 of 5)

Utilizing Neuroscience Methods in Diagnosis and Treatment

- Advent of analysis techniques to describe processes
- Validation of theoretical constructs
- National Institute of Mental Health (NIMH)

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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
 - Multidimensional in approach
 - Narrow to specific problem areas
 - Rule in and Rule out

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Key Concepts in Assessment, Part 1

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

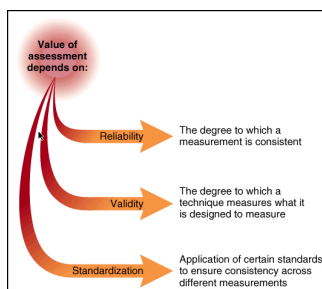
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Key Concepts in Assessment, Part 2

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

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Three Concepts Determine the Value of Assessment



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Methods of Assessment

● Clinical Interview

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

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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	

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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

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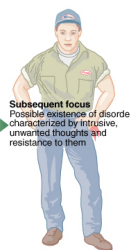
Methods of Assessment

- Mental Status Exam
 - Appearance and behavior
 - Thought processes
 - Mood and affect
 - Intellectual functioning
 - Sensorium
- Physical Exam

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Methods of Assessment

Mental status exam	Frank
1. Appearance and behavior <ul style="list-style-type: none"> • Covert behavior • Attire • Appearance, posture, expressions 	<ul style="list-style-type: none"> • Persistent twitch • Appearance appropriate
2. Thought processes <ul style="list-style-type: none"> • Rate of speech • Continuity of speech • Content of speech 	<ul style="list-style-type: none"> • Flow and content of speech reasonable
3. Mood and affect <ul style="list-style-type: none"> • Predominant feeling state of the individual • Feeling state accompanying what individual says 	<ul style="list-style-type: none"> • Anxious mood • Affect appropriate
4. Intellectual functioning <ul style="list-style-type: none"> • Type of vocabulary • Use of abstractions and metaphors 	<ul style="list-style-type: none"> • Intelligence within normal limits
5. Sensorium <ul style="list-style-type: none"> • Awareness of surroundings in terms of person (self and clinician), time, and place—"oriented times three" 	<ul style="list-style-type: none"> • Oriented times three

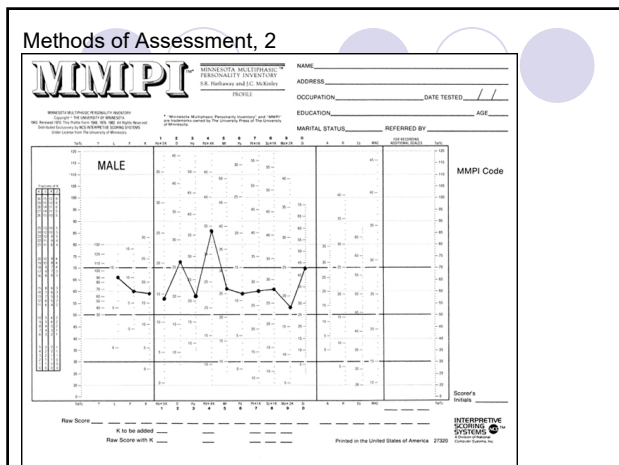


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Methods of Assessment

- 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

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Methods of Assessment, 3

- Projective 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

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

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Methods of Assessment, 6

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