Chapter 11 – Diagnosis and Treatment Planning

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Chapter Orientation

- Diagnosis and treatment planning are central to all mental health services.
- The unique nature of humans makes diagnosis and treatment planning complex.
- This chapter begins with basic principles of diagnosis and ends with a research review to guide your diagnostic and treatment planning.

Learning Objectives

- This chapter will help you be able to:
  - Describe how mental disorders are defined in the ICD-10-CM and DSM-5 and common diagnostic problems.
  - Define different diagnostic interview approaches.
  - Describe the advantages and disadvantages associated with different interviewing approaches.
  - Describe a less-structured diagnostic interview approach.
  - List empirically-supported matching variables.
  - Describe a CBT case formulation and treatment plans.
  - Identify cultural adaptations for diagnosis and treatment planning.
Modern Diagnostic Classification Systems

- Emil Kraepelin (1856-1926) was the modern innovator in mental health diagnosis and treatment.

- Currently, the two systems most relevant to clinical practitioners are the ICD and DSM.

The ICD-10-CM and DSM-5

- The WHO approved the ICD-10 in 1990, but the ICD-10-CM didn’t become required for health providers in the U.S until October 1, 2013.

- The narrative and diagnostic criteria for mental disorders are similar across ICD and DSM systems.

The ICD-10-CM and DSM-5 (cont.)

- The USA is VERY behind in adopting ICD-10.

- DSM-5 is actually harmonized with ICD-11 (which will be released in 2018).

- Comparing DSM-5 to ICD-10-CM is a like comparing apples to oranges; both are definitely fruits.
Defining Mental Disorders

- The concept of mental disorder... lacks a consistent operational definition that covers all situations - From the DSM-IV-TR

- Both the ICD and DSM systems use mental disorder - not mental illness; from this perspective, there is indeed, no such thing as mental illness

General Criteria for Mental Disorders

- A mental disorder generally includes one of two phenomena:
  - Subjective distress: Individuals themselves must feel distressed.
  - Disability in social, occupational, or other important activities: The cognitive, emotional regulation, or behavioral disturbance must cause impairment.

Why Diagnose?

- Benefits include:
  - It helps you observe and monitor specific client symptoms and diagnostic indicators
  - It improves prediction of client prognosis
  - It allows treatments to be developed for specific diagnoses
  - It enhances professional communication
  - It facilitates research
Specific Diagnostic Criteria

- Each mental disorder includes many criteria for accurate diagnosis
- Diagnosing mental disorders is not accomplished via a simple checklist (although checklists can help)

Assessment and Diagnosis Problems

- Client deceit or misinformation
- Interviewer countertransference
- Diagnostic comorbidity
- Differential diagnosis
- Confounding cultural or situational factors

Diagnostic Interviewing

- Many different approaches to gathering data can contribute to establishing a diagnosis, but most interviews are either:
  - Semi-Structured Interview: A combo of predetermined questions and free exploration
  - Structured Clinical Interview: A tight protocol wherein clinicians ask a series of predetermined questions
The Structured Clinical Interview for DSM-IV (SCID-I) as Prototype

- The SCID is nearly completely structured.
- There are separate clinical and research versions.
- It takes about 45-90 minutes to administer.
- Practitioners don’t use it much.

Diagnostic Reliability and Validity

- Reliability refers to replicability and stability.
- There is a reliability problem associated with many DSM diagnostic categories.
- Validity, or accuracy of a diagnosis, is based in part on reliability and very difficult to confirm.

Advantages Associated With Structured Diagnostic Interviewing

- Standardized.
- Produce a diagnosis.
- More reliable than less structured methods.
- Well-suited to scientific research.
Disadvantages Associated with Structured Diagnostic Interviewing

- Take lots of time
- Don’t allow short-cuts
- Too structured and rigid for some practitioners
- Validity is questioned

Less Structured Diagnostic Clinical Interviews

- In clinical practice, you don’t have to use a highly structured diagnostic interview, but you should:
  - Introduce the assessment process
  - Do an extensive review of client problems and goals
  - Gather symptom/problem history
  - Use and MSE and/or review of current situation

Structured vs. Unstructured Interviews

<table>
<thead>
<tr>
<th>Structured</th>
<th>Unstructured</th>
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<tbody>
<tr>
<td>Increased reliability &amp; validity</td>
<td>Decreased reliability &amp; validity</td>
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<tr>
<td>Decreased flexibility</td>
<td>Increased flexibility</td>
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<tr>
<td>May miss idiosyncratic info</td>
<td>Picks up idiosyncratic information</td>
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<tr>
<td>May increase defensiveness and resistance</td>
<td>Increases rapport</td>
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<tr>
<td>Allows for comparisons</td>
<td>Creates favorable changes and encourages self-exploration</td>
</tr>
<tr>
<td>Used in research and clinical settings</td>
<td>Used in clinical settings</td>
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<tr>
<td>Can be scored by computer</td>
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When Reviewing Client Problems

- Respect your client’s perspective, but don’t automatically accept your client’s self-diagnosis as valid
- Keep diagnostic checklists available
- Recognize that you may not be able to accurately diagnose after a single interview

When Evaluating the Client’s Current Situation

- The usual or typical day
- Client social support network
- Client coping skills assessment
- Physical examination
- Client strengths

Treatment Planning

- Many models exist
- Most are bio-psycho-social, but you can think social-psycho-bio
- You go from symptoms to diagnosis, but then back to symptoms with targeted treatment
5 Minute Reflection

- Get with a partner or small group and discuss the concept in the text of the “Social-Psycho-Bio” model.

- What are your reactions to this model. Would the use of this model represent progress or regression in psychiatry?

- Share your thoughts with the whole class

Treatment Planning

- Matching Treatment Plan to Client Characteristics, Preferences, and Problems

  - Client diagnosis and empirically supported treatments (ESTs)
  - Client preference
  - Resistance/reactance
  - Religion/spirituality
### Matching Treatment Plan to Client Characteristics, Preferences, and Problems

- Coping style
- Positive expectations
- Culture
- Evidence-based relationships
- Therapist skill or expertise
- Client resources

### Case Formulation and Treatment Planning: A Cognitive-Behavioral Example

- The problem list
- Underlying mechanisms
- Current precipitants (triggers)
- Problem origins
- Michael’s treatment plan

### 15 Minute Reflection

- Get with a partner or small group
- Discuss Michael’s treatment plan
- What’s good and what’s missing?
- Share your thoughts with the whole class
Additional Cultural Modifications and Adaptations

- Diagnosis: Consider how Western diagnosis fits and doesn’t fit
- The Cultural Formulation Interview: Could items from this interview be helpful?
- What are some additional ways to attend to culture in diagnosis and treatment planning?

Summary Discussion

- What felt most important to you from this chapter?
- What do you want to remember?
- How can you apply the ideas from this chapter into your clinical work?