



Chapter 11 – Diagnosis and Treatment Planning

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PSY 442

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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

- 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

- | | |
|--|---|
| <ul style="list-style-type: none">■ Structured<ul style="list-style-type: none">■ Increased reliability & validity■ Decreased flexibility■ May miss idiosyncratic info■ May increase defensiveness and resistance■ Allows for comparisons■ Used in research and clinical settings■ Can be scored by computer | <ul style="list-style-type: none">■ Unstructured<ul style="list-style-type: none">■ Decreased reliability & validity■ Increased flexibility■ Picks up idiosyncratic information■ Increases rapport■ Creates favorable changes and encourages self-exploration■ Used in clinical settings |
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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

Client Name: _____ Client Number: _____

Problem/Need Description:		Goal #	Description		Entry Date: _____
					Target Date: _____
					Date Reviewed: _____
Start Date	Objectives	Target Date	Date Achieved	Service/Strategies, Frequency, and Service Provider	

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?
