PSYCHOPATHOLOGY LAB # 2

DIAGNOSIS AND ASSESSMENT
QUESTIONS FROM LAST WEEK?
TODAY’S AGENDA: DIAGNOSIS AND ASSESSMENT

1. Diagnosis using the DSM
2. Homework: How to
3. Assessment tools
   1. Interviews
   2. Questionnaires
   3. Projective Tests
   4. Observation and Self-Monitoring
4. Problems in Assessment
THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS IV – TEXT REVISION

What is it?
- Published by American Psychiatric Association
- Standard classification scheme for mental disorders

How can you access it?
DSM-IV TR Library Page
THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS IV

Axis I: Clinical disorders
Axis II: Personality disorders, Mental retardation
Axis III: General medical conditions
Axis IV: Psychosocial and environmental problems
Axis V: Global assessment of functioning
AXIS I: CLINICAL DISORDERS

All disorders except personality disorders or mental retardation

All Axis 1 Disorders should be reported

- Principal diagnosis or reason for visit should be listed first
- If one has both an Axis I and II disorder, Axis I will be assumed to be the principal diagnosis unless specified
AXIS I DISORDERS

Substance-related disorders
Schizophrenia and psychotic disorders
Mood disorders
Anxiety disorders
Somatoform disorders
Factitious disorders
Dissociative Disorders
Sexual and Gender Identity disorders
Eating Disorders
Sleep Disorders
Impulse control disorders
Adjustment disorders
Mental disorders due to a general medical condition
Delirium, dementia, amnestic and other cognitive disorders
AXIS II: PERSONALITY DISORDERS; MENTAL RETARDATION

Why are these on a separate axis?

- “Ensures that consideration will be given to the possible presence of Personality Disorders and Mental Retardation that might otherwise be overlooked when attention is directed to the usually more florid Axis I disorders.”
AXIS II DISORDERS

Paranoid Personality Disorder (PD)
Schizoid PD
Schizotypal PD
Antisocial PD
Borderline PD
Histrionic PD
Narcissistic PD
Avoidant PD
Dependent PD
Obsessive-Compulsive PD
PD NOS
Mental Retardation
AXIS III: GENERAL MEDICAL CONDITIONS

Why code general medical conditions (GMCs)?
For GMCs that are potentially relevant to understanding or managing one’s mental disorder

When is a GMC relevant?
- May cause/mimic symptoms of Axis I disorder
- Axis I disorder may be in reaction to GMC
- Treatment of Axis I disorder may be affected by GMC
AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL FACTORS

For reporting psychosocial and environmental problems related to diagnosis, treatment, and prognosis of mental disorders.

(Who knows what prognosis means?)

- Likely outcome of a diagnosis

Generally only note those present in the past year
AXIS IV PROBLEM CATEGORIES

Problems with primary support group
Problems related to the social environment
Educational problems
Occupational problems
Housing problems
Economic problems
Problems with access to health care services
Problems related to interaction with the legal system/crime
Other psychosocial and environmental problems
AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING

For reporting overall level of functioning

Useful in planning treatment and measuring impact

STEP 1: Starting at the top level, evaluate each range by asking "is either the individual's symptom severity OR level of functioning worse than what is indicated in the range description?"

STEP 2: Keep moving down the scale until the range that best matches the individual's symptom severity OR the level of functioning is reached, whichever is worse.

STEP 3: Look at the next lower range as a double-check against having stopped prematurely. This range should be too severe on both symptom severity and level of functioning.

STEP 4: To determine the specific GAF rating within the selected 10-point range, consider whether the individual is functioning at the higher or lower end of the 10-point range.
DIAGNOSTIC CRITERIA

Usually includes the following:

- Criterion A
  - Must have certain number of specific symptoms
- Criterion B
  - Duration requirements
- Criterion C
  - Must cause significant impairment or distress
- Criterion D
  - Must not be due to GMC or drug
HOMEWORK: HOW TO
HOMEWORK: HOW TO

1. Criteria met by case and examples:
2. Social History
3. Treatment and Outcome
4. Etiological considerations (if any)
5. DSM IV 5-axis diagnosis:
   Axis I:_________________________________________________________
   Axis II:________________________________________________________
   Axis III:________________________________________________________
   Axis IV:________________________________________________________
   Axis V: BEFORE treatment_____ AFTER treatment_____
HOMEWORK: CRITERIA MET BY CASE AND EXAMPLES

- Describe the criteria met
  - The best way to do this is to have the DSM criteria with you as you are reading the case
  - If you add it to the 5 axis diagnosis- You MUST talk about the disorder in this section (i.e. you think that the person has Social Phobia and MDD, you must talk about both disorders in this section)
- Give examples from the case
HOMEWORK: SOCIAL HISTORY AND TREATMENT/OUTCOME

- Discuss any relevant social history
  - For example, The client was divorced 5 years ago. She currently sees friends once a month and occasionally speaks with her mother on the phone.

- Give a brief overview of treatment and the OUTCOME
  - Make sure to include treatment type and length
  - Discuss treatment outcome
CASE STUDY EXAMPLES

Ricky example

- Fill out the worksheet (include information on all 5 axes)
Tonya is a 19-year-old, melancholy teenager in her sophomore year of college at Jones University. When asked if she's okay, she answers, “I’m fine,” although her friends at school have noticed that she doesn’t want to hang out with them—or anyone—any more. When she does spend time with her friends, Tonya is withdrawn and listless. She has also begun to lose weight, to the point that her friends are concerned about her health. At the urging of her friends, Tonya visits the counseling center at JU for evaluation by a psychologist. Tonya tells the psychologist that she had to take off last semester from school due to a diagnosis of mono. Ever since then, she says, she’s felt “out of it”, especially since her illness will prevent her from graduating on time with her friends. Tonya also reports frequent arguments with her father, who’s disappointed that Tonya didn’t choose the “pre-med” track. In addition, Tonya’s mood has prevented her from succeeding at school, and now she’s on academic probation. She finds herself feeling so down that she has crying spells and stays in bed with the covers pulled over her head.
ASSESSMENT
INTERVIEWS

Structured
- Example: Diagnostic Interview Schedule (DIS)
- Ensures that each person is asked same exact questions

Semi-structured
- Example: Structured Clinical Interview for DSM-IV Disorders (SCID)
- More flexible, have a script but can ask follow up questions to elaborate

Unstructured
- More conversational, can adjust questions based on responses
STRUCTURED CLINICAL INTERVIEW FOR CLINICAL DISORDERS (SCID)

Structured Clinical Interview for Clinical Disorders (SCID)
Reliable and standardized
QUESTIONNAIRES

Symptom Questionnaires
- These questionnaires may cover a wide variety of symptoms, representing several different disorders.
- Example: Beck Depression Inventory (BDI)

Personality Inventories
- Questionnaires meant to assess people’s typical ways of thinking, feeling, and behaving.
- Minnesota Multiphasic Personality Inventory (MMPI) is the most widely used personality inventory.
ASSESSMENT

You are seeing a client for the first time. What questions do you ask?
SYMPTOMS AND HISTORY

Current symptoms

Recent events

History of psychological disorders

Family history
PHYSIOLOGICAL AND NEUROPHYSIOLOGICAL FACTORS

Physical Condition

Drug and Alcohol Use

Intellectual and Cognitive Functioning
SOCIOCULTURAL FACTORS

Social Resources

Sociocultural Background

Acculturation
INTERVIEWS AND TESTS

- What are some important qualities in an interview or test?
  - Validity
  - Reliability
  - Standardization
## TYPES OF VALIDITY

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Face</td>
<td>Test appears to measure what it is supposed to measure.</td>
</tr>
<tr>
<td>✓ Content</td>
<td>Test assesses all important aspects of phenomenon.</td>
</tr>
<tr>
<td>✓ Concurrent</td>
<td>Test yields the same results as other measures of the same behavior, thoughts or feelings.</td>
</tr>
<tr>
<td>✓ Predictive</td>
<td>Test predicts the behavior it is supposed to measure.</td>
</tr>
<tr>
<td>✓ Construct</td>
<td>Test measures what it is supposed to measure and not something else.</td>
</tr>
</tbody>
</table>
# TYPES OF RELIABILITY

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Test-Retest</td>
<td>Test produces similar results when given at two points in time.</td>
</tr>
<tr>
<td>✓ Alternate Form</td>
<td>Two versions of the same test produce similar results.</td>
</tr>
<tr>
<td>✓ Internal</td>
<td>Different parts of the same test produce similar results.</td>
</tr>
<tr>
<td>✓ Interrater or Interjudge</td>
<td>Two or more raters or judges who administer a test to an individual and score it come to similar conclusions.</td>
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