Good and Bad Things About the Diagnostic and Statistical Manual of Mental Disorders
Diagnosis categorical vs. dimensional vs. prototypical.

- **Classical (or pure) categorical approach** - assumes that each disorder is unique (i.e., different) with its own unique underlying pathophysiological cause. Only one set of criteria is needed for a given disorder and all must meet all of the criteria to receive a diagnosis. Common in medicine, but not in psychopathology.

- **Dimensional approach** - places symptoms on several dimensional ratings; a view that is problematic when theorists cannot agree on the number and types of required dimensions.

- **Prototypical approach** - categorical approach that combines features of the other approaches. Identifies essential features of a psychological disorder so that it can be classified, but allows for nonessential variations that do not necessarily change the classification (e.g., there are several ways one could meet criteria for major depression or panic disorder, but still get the diagnosis). *The DSM-IV-TR is based on this approach.*
Qualities of a good diagnostic system

• **Inter-rater reliability**

• Validity:
  - **Construct validity**
  - **Predictive validity** (sometimes called criterion validity)
  - **Content validity**
DSM-IV

• 60 new diagnoses (nearly 400 total!)
• well-specified diagnostic criteria
• Five clinical axes used to describe a person
  I. Clinical Disorder
  II. Personality Disorders and Mental Retardation
  III. General Medical Conditions
  IV. Psychosocial / environmental problems
  V. Global Assessment of Functioning
• Improved reliability and validity
• 5 continuing criticisms
Criteria for Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either
   (1) depressed mood or
   (2) loss of interest or pleasure.
Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

   (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.
   (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
   (3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
   (4) Insomnia or Hypersomnia nearly every day
   (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
   (6) fatigue or loss of energy nearly every day
   (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
   (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
   (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a Mixed Episode (see p. 335).

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor
Critique #1: Heterogeneity within each diagnosis

DSM-IV Criteria for Conduct Disorder: 3 or more of the following in the last twelve months.

1. Bullies, threatens, or intimidates others.
2. Initiates physical fights.
3. Used a weapon that could cause serious physical harm.
4. Has been physically cruel to people.
5. Has been physically cruel to animals.
6. Stolen while confronting victim.
7. Forced someone into sexual activity.
8. Deliberately engaged in firesetting.
9. Deliberately destroyed others’ property.
10. Has broken into someone else’s house, building, or car.
11. Often lies to obtain goods or favors.
12. Has stolen items of nontrivial value.
13. Often stays out at night despite parental prohibitions.
14. Has run away from home overnight.
15. Is often truant from school.
Five Different Children with CD
Child 1, Child 2, Child 3, Child 4, Child 5

Example: DSM-IV Criteria for Conduct Disorder: 3 or more of the following in the last twelve months.
1. Bullies, threatens, or intimidates others.
2. Initiates physical fights.
3. Used a weapon that could cause serious physical harm to others.
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Critique #2
Symptom Overlap Between Disorders

**Symptoms of ADHD**
- Talks excessively
- Easily distracted
- Often “on the go” or acts as if “driven by a motor”
- Engages in dangerous activities without considering potential consequences

**Symptoms of Mania**
- More talkative than usual or pressure to keep talking
- Distractibility
- Increased goal-directed activity or psychomotor agitation
- Excessive involvement in pleasurable activities that have potential for painful consequences
Critique #3:
High Rates of Comorbidity

- Borderline Personality (Widiger et al., 1993)
- ADHD (Willcutt et al., 1999)
- Depression (Newman et al., 1998)
- Panic Disorder (Newman et al., 1998)
- Psychosis (Newman et al., 1998)

Legend:
- "Pure" Disorder
- 1+ comorbid diagnoses
Critique #4:
DSM-IV diagnoses are assumed to be categorical

Categorical model:
• Dichotomous yes/no diagnosis
• Major Depression vs. not depressed

Dimensional model:
• Individual differences without diagnostic categories
• More vs. less depressed
Individuals with 4 or more positive symptoms receive the diagnosis of “Generalized Anxiety Disorder”
Pros and Cons of the Dimensional Model

Positive Aspects
• Probably the way the world works
• Uses all available information about a person
• Better description of each individual

Drawbacks
• Many practical decisions are categorical
  ▪ Therapy
  ▪ Medication
  ▪ Insurance
• Less user friendly
Pros and Cons of the Categorical Model

**Positive Aspects**
- Clearly defined diagnoses
- Easy to remember
- Easy to think about
- Useful for many real-life decisions

**Drawbacks**
- Lose information
- Less reliable
- Labeling
Pros and Cons of Diagnostic Labels

**Drawbacks**
- Most labels have negative connotations
- May lose sense of individual
  - Autistic vs. person with symptoms of autism
- Self-fulfilling prophecy
  - Influence behavior
  - Influence opinion of others

**Benefits**
- Makes communication easier
- Gives name to condition that is leading to distress
- Support from others with similar difficulties
Critique #5: Vague, non-specific criteria in Histrionic Personality Disorder

• A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

• (1) is uncomfortable in situations in which he or she is not the center of attention

• (2) interaction with others is often characterized by inappropriate sexually seductive or provocative behavior

• (3) displays rapidly shifting and shallow expression of emotions

• (4) consistently uses physical appearance to draw attention to self

• (5) has a style of speech that is excessively impressionistic and lacking in detail

• (6) shows self-dramatization, theatricality, and exaggerated expression of emotion

• (7) is suggestible, i.e., easily influenced by others or circumstances

• (8) considers relationships to be more intimate than they actually are
• What are the differences between dimensional and categorical conceptions of mental illness?
• Which do you think is better?
DSM V

- [http://www.dsm5.org/Pages/Default.aspx](http://www.dsm5.org/Pages/Default.aspx)
Research Methods
Eysenck

- Discuss why it is important to continue to question the efficacy of various treatments
Examining Abnormal Behavior

• Important Questions
  – What problems cause distress or impair function?
    • Risk factors
  – Why do people behave in unusual ways?
    • Etiology or Pathogenesis
  – How can we help them develop more adaptive behaviors?
    • Treatment
Basic Components of Research

• **Hypothesis**
  - “Educated Guess”
  - Scientific hypotheses must be testable
    • Not all hypotheses are

• **Research Design**
  - A method to test hypotheses
  - IV (treatment, eg. Pill)
  - DV (Symptom severity)
Considerations in Research Design

• Striking a balance in the relationship between:
  – Internal validity “can the results be attributed to the treatment?”
  – External validity “are these results relevant for all people with depression, or just the particular ones in this study?”

• Minimizing Confounds:
  – Control groups
  – Randomization
The “Average” Client

- Generalizability versus Patient Uniformity
  - Averages
  - Variability within groups
Correlation

• The Nature of Correlation
  – Statistical relationship
  – No manipulated IV

• Correlation and Causation:
  – Directionality?
  – Correlation vs. causation

• Nature and Strength of Association
  – −1.0 to 0 to +1.0
  – Directionality
Correlation

1. Positive correlation
   - Percentage of people with sleep disorders vs. Age
   - "As people grow older, they tend to have more sleep problems."

2. Negative correlation
   - Percentage of people with sleep disorders vs. Age
   - "As people grow older, they tend to have fewer sleep problems."

3. No correlation
   - Percentage of people with sleep disorders vs. Age
   - "There is no relationship between age and sleep problems."

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Common Types of Clinical Research Studies

• 1. Case Study
• 2. Experimental
  • Open Label Studies
  • Double-blind studies
• 3. Epidemiological studies
• 4. Genetic
• 5. Behavior over time
  • Longitudinal studies
    – Prevention
  • Cross sectional
  • Archival
• 6. Animal Models
1: Case Study Method

• Case Studies
  – Extensive observation
  – Detailed description
  – Foundation for early developments
    • Freud
  – Unique problems
  – Contributions/Challenges to theories

• Limitations- Reactivity

• Strengths: rare disorders, novel treatments, lots of attention to one case, highlight new trends long before studies, catch problems big studies miss.
2: Epidemiology

• The goal of epidemiology is to determine the extent of medical problems, and is extremely useful for understanding etiology of psychological disorders

• Public Healthcare

• Epidemiological studies
  – Population based
    • Incidence
    • Prevalence
    • Problem: correlations!

Examples:
  a. Does prenatal stress cause later hormone regulation problems? (ice storm)
  b. Does smoking cause lower birthweight? if so, which trimester is the most important.
  c. Do obstetric complications result in schizophrenia?

Why would there be a seasonal affect for schizophrenia?
3: Experimental studies

• **Randomized Control Trials**
  – Examples
  – Benefits: Control (Age, gender, socioeconomics, etc), Less bias
  – Drawbacks: generalizability

• **Open Label Trials**

• **Nature of Experimental Research**
  – Manipulate IV
  – Observe effects on DV
  – Attempt to determine causality
  – Premium on internal validity
Research by Experiment Cont:

• Comparative Treatment Designs
  Instead of waitlist or placebo
  – Compares different forms of treatment in similar persons
    • Process research
    • Outcomes
4: Genetic Research Techniques

• **Adoption studies**
  – Sibling pairs separated after birth
  – Parcels out effects of environment
  – Observed frequency versus chance

• **Family studies**
  – Proband
  – First- or second-degree relatives: Exmp?
  – Issue of shared environment

• **Twin studies**
  – Identical or monozygotic
  – Fraternal or dizygotic
5: Studying Behavior Over Time

- Time-Based Research Strategies
  - Cross-sectional designs
    - **Cohort effect**
    - Retrospective
  - Longitudinal designs
    - **Prospective study**
    - **Cross-generational effect**
Prevention Research Designs

• Targets: select populations
  – Selective prevention
    • Targets groups at risk
  – Indicated prevention
    • Individuals in early stages of problems
Archival Studies

• Elaine Walker’s Archival Study (3:23)
  – Case Control study
  – Benefits: Hindsight
  – Confounds: Recall Bias
6: Animal Models