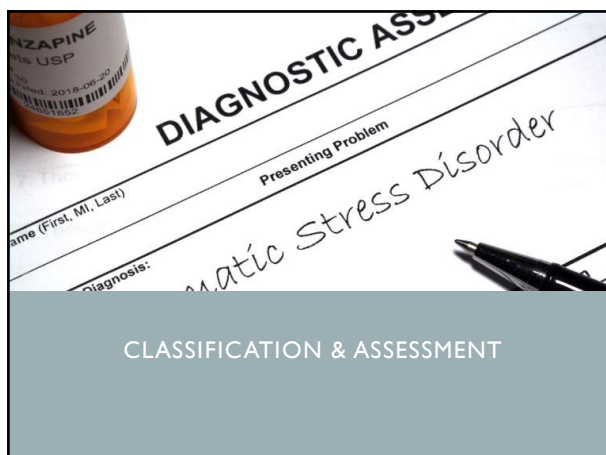




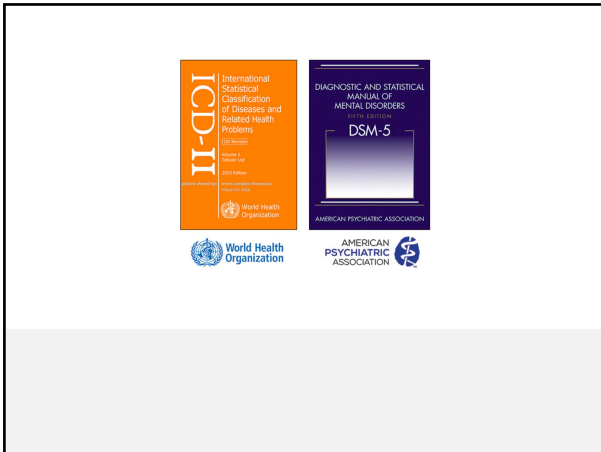
DIAGNOSIS

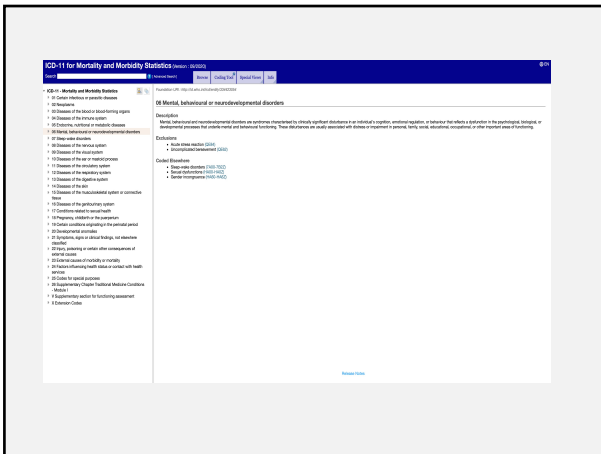
- Defining and diagnosing psychopathology – why?
- What are the differences between diagnosis in psychiatry and general medicine?
- Problems with diagnosis and the consequences for service users.

CLASSIFICATION OF PSYCHOPATHOLOGY

Diagnostic Classification Systems

- Kraepelin (1880s) – described a number of syndromes with specific symptoms
 - Formed basis of WHO's International Classification of Diseases
 - Currently in its 11th revision (2018)
- Diagnostic and Statistical Manual
- Developed by American Psychiatric Association
 - Most commonly used system for diagnosing mental health problems.





DSM

Advantages:

- Simplicity of classification system
- Dichotomous outcomes
- Reliable diagnoses consistent within and across countries

DSM

Disadvantages:

- Dichotomy difficult to sustain
- Suggests mentally ill people have qualitatively different experiences
- Little attention paid to individual's experience
- Ignores social and psychological factors

DSM

Concerns over use of DSM classification system

- Diagnostic criteria is based upon a (medical) categorical system
- Reliability (and validity) of classifications questioned.
- Clinician biases
- Ignores cultural and societal differences – i.e. assumes “abnormality” is universal.

METHODS OF ASSESSMENT



Reliability



Validity

Clinical interviews
Structured interviews
Psychological tests
Biologically-based assessments
Clinical observation

RELIABILITY

- Test-retest reliability
- Inter-rater reliability
- Internal consistency
- Cronbach's α



VALIDITY

- Test validity
- Concurrent validity
- Face validity
- Predictive validity
- Construct validity



THE NATURE OF CLINICAL INTERVIEWS

- Probably the first form of contact that a client will have with a clinician
- Questions relate to symptoms, client's past history, current living and working conditions
- Questions asked will depend on the theoretical orientation of the clinician
- Interviewer needs to develop a good rapport with the client

STRUCTURED INTERVIEWS

- Structured interviews can be used to make decisions about diagnosis
- Structured Clinical Interview for DSM-IV-TR (SCID)
- Structured interviews provide good agreement on diagnosis between clinicians
- Can be used to determine overall levels of psychological and intellectual functioning (e.g. Mini Mental State Examination)

STANDARDISED DIAGNOSTIC TOOLS

- Standardised semi-structured interview protocols can be used to systematically examine aspects of the individual's functioning and symptoms
- E.g. The Structured Clinical Interview for DSM-IV Axis I disorders.

LIMITATIONS OF THE CLINICAL INTERVIEW

- The reliability of clinical interviews is low
- Clients often have poor self-awareness so may not reveal important information in an interview
- Interviewers are prone to biases that affect the conclusions they draw (e.g. relying on first impressions)
- Some "psychopathologies" involve sufferers deliberately misleading or lying to interviewers

PSYCHOLOGICAL TESTS

Personality inventories

Specific trait inventories

Projective tests

Intelligence tests

Neurological impairment tests

PSYCHOLOGICAL TESTS - INTRODUCTION

- Assess the client on one or more specific trait (e.g. anxiety, IQ)
- Usually have rigid response and scoring requirements
- Scores can be *standardized* to provide *norms* that individuals can be compared with
- Most tests are checked to ensure they are reliable and valid
- Most tests are based on the psychometric approach

PERSONALITY INVENTORIES

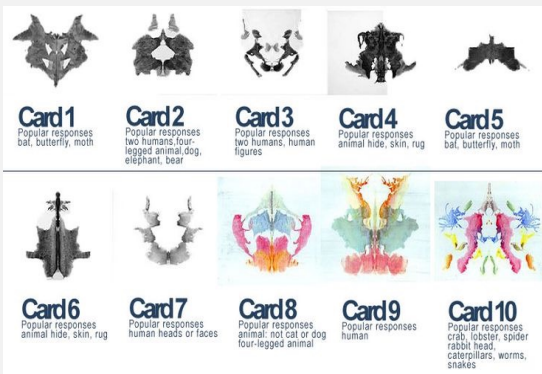
- Minnesota Multiphasic Personality Inventory (MMPI)* is the most popular
- Characteristics of the MMPI:
 - Has 567 items on 14 different measurement scales
 - Includes sub-scales that measure whether clients have been providing invalid information
 - Clinical scales include hypochondriasis, depression, paranoia, schizophrenia, etc.

SPECIFIC TRAIT INVENTORIES

- Developed to measure functioning in one very specific area or psychopathology
- Obsessive Beliefs Questionnaire (OBQ) (Steketee et al., 2005) is one example
- Enable clinicians to measure characteristics that are not directly observable (i.e. *hypothetical constructs* such as *inflated responsibility* in OCD)

PROJECTIVE TESTS

- Present a fixed set of stimuli that are ambiguous enough to allow a variety of interpretations
- Because they are open-ended, they are significantly less reliable and valid than more structured tests
 - Rorschach Inkblot Test
 - Thematic Apperception Test (TAT)
 - Sentence Completion Test



INTELLIGENCE TESTS

- IQ tests are used by clinicians:
 - To diagnose intellectual and learning disabilities
 - To assess the needs of individuals with learning, intellectual or developmental disabilities
 - As part of a battery of tests to measure neurological impairment

PROBLEMS WITH IQ TESTS

- Because intelligence is a *hypothetical construct*, there is some doubt about what IQ tests measure
- Many IQ tests are culturally biased and based on limited views of what is adaptive
- IQ tests do not measure an individual's capacity to learn
- Current concepts of intelligence may be too narrow (what about musical ability or physical skill?)

NEUROLOGICAL IMPAIRMENT TESTS

- Designed to measure cognitive ability and cognitive deficits (e.g. memory or language deficits)
- Can determine whether deficits are the result of brain or neurological damage
- Used in addition to physiological measures such as EEG and brain scans such as PET or fMRI

PSYCHOPHYSIOLOGICAL TESTS

- Psychopathology symptoms are associated with increased activity in the sympathetic nervous system including:
- Heart rate
- Blood pressure
- Body temperature
- Electrodermal responding

ELECTRODERMAL RESPONDING

- Measures sweat gland activity
- Also known as galvanic skin response (GSR) or skin conductance response (SCR)
- Can detect raised levels of anxiety or autonomic activity – especially in response to specific external stimuli (e.g. In specific phobias)

OTHER PSYCHOPHYSIOLOGICAL MEASURES

- Electromyogram (EMG)
- Electrocardiogram (ECG)
- Electroencephalogram (EEG)
- Lie detectors

NEUROIMAGING TECHNIQUES

- Computerized axial tomography (CAT)
- Positron emission tomography (PET)
- Magnetic resonance imaging (MRI)
- Functional magnetic resonance imaging (fMRI)

CLINICAL OBSERVATION

- Collecting clinical information by direct observation of a client's behaviour
- Provides information on:
 - The frequency of a behaviour
 - The context of events that precede a behaviour
 - The events that follow a behaviour (and so may reinforce it)

ABC CHARTS

- ABC Charts measure:
 - A – The antecedents of behaviour
 - B – The behaviour itself (what the individual did)
 - C – The consequences of behaviour

EXAMPLES OF OBSERVATIONAL CODING FORMS

Situation	Behaviour	Antecedents	Consequences
Sitting in circle time 9:00 am	Slapped peer sitting immediately to his left with open hand	None observed	Peer and teacher both ignored
9:03 am	'Yelled 'NO!' at teacher and remained seated	Teacher gave specific command for all students to return to their seats	Teacher ignored, students laughed
9:05 am	Got up and sat in seat	Peer came over to him and whispered in his ear	Teacher gave specific, labelled praise to target child

Behaviour	Frequency
Fidgeting in seat	■■■
Getting out of seat	■
Running around classroom	I
Interrupting others	■■■
Physical aggression toward peers	I
Physical aggression toward teachers	
Verbal threats of aggression toward peers	■
Verbal threat of aggression toward teachers	I

SELF-OBSERVATION OR SELF-MONITORING

- Clients observe and record their own behaviour
- Can use a diary or phone app
- Clients note when certain behaviours or thoughts occur and note their context
- Enables data to be collected in real time and overcomes problems of poor recall
- Often known as *ecological momentary assessment (EMA)*