Chapter 4  Assessing and Diagnosing Abnormality

Learning Objectives

- Discuss the types of information that should be obtained during an assessment, and why each is important in ensuring that clinicians gather all information that is needed for an accurate assessment.
- Describe and give examples of the tools used by clinicians to gather information during an assessment and the advantages and disadvantages of each.
- Define and distinguish among the various psychometric properties (i.e., reliability and validity) that set the standard by which various assessment tools are evaluated.
- Discuss the problems in assessment, and how they might be overcome or diminished.
- Discuss the modern method for diagnosing mental disorder, the DSM-IV-TR, and discuss its five axes.
- Discuss the changes in the DSM from its earliest version to its most recent version and the factors that have influenced the changes.
- Discuss the dangers inherent in diagnosing a person with a mental disorder.

Gathering Information

The Bio-psycho-social Interview

- Rosenhan’s 1973 study
- Only reported symptoms: hearing someone say “empty,” “hollow,” and “thud.”
- 12 hospitals/5 states
- All diagnosed with schizophrenia
- Upon discharge: schizophrenia

The __________________________ Interview

Comprehensive interviews explore relevant:
- biological
- psychological &
- social
factors.

Symptoms and History

Current symptoms (________________________ of a psychiatric disorder)
- How much do they interfering with the client’s ability to function?
- How does he/she cope with stressful situations?
- In small groups, make a list of biological, psychological, and social symptoms of depression

Symptoms and History

Self concept
- Our sense of who we are
- ________________________________
- Does the client have a strong sense of self? Positive/negative? Self-awareness?
Symptoms and History, continued

- **Recent events/Significant past history**
  - Have any negative or positive events happened lately?
  - Distant events that are relevant (often explored later in treatment, though very relevant in some cases, e.g., ________________________).
- **History of psychological disorders**
  - Has the client experienced symptoms similar to the current symptoms at some time in the past?
- **Family history of psychological disorders**
  - Does the client’s family have a history of psychological disorders or symptoms?

Physiological and Neurophysiological Factors

- **Physical Condition**
  - Any medical conditions?
  - *Wrong diagnosis of Depression - WrongDiagnosis.com.pdf*

- **Drug and Alcohol Use**
  - Is the client taking any drugs that could cause symptoms?
  - Is the client taking any prescriptions that could interact negatively?

Partial list of drugs that can cause depression

- alcohol
- amantadine
- clonidine
- cortisonelike steroids
- estrogen
- levodopa
- oral contraceptives
- progesterone
- sulfonamides
- cocaine
- benzodiazepines (excess)

Physiological and Neurophysiological Factors

Intellectual and Cognitive Functioning
  - Any cognitive deficits that could cause symptoms?
Physiological and Neurophysiological Factors

6.0 Premeditated activities
5.6 Social Bonding
  Anticipates safety
  Driving
  Child care
5.0 Intonation in speech
4.6 Live alone
4.2 Discharge to street
4.0 Independent Self Care
3.6 Cause & Effect
2.8 Grab bars
2.2 Walking
1.8 Pivot Transfer
1.4 Swallow
1.0 Conscious

Sociocultural Factors

- Friends and family, amount of contact, and the quality of these relationships
- Sociocultural Background
- Acculturation
  - To what extent do they identify with group of origin vs. the mainstream dominant culture?

Assessment Tools

The Clinical Interview

Intake interview
  - Interviews are the _______________________ used assessment tool
  - Structured versus unstructured

Importance of GP screening

- 25-30 of patients visiting general practitioners have a psychiatric disorder
- 30-80% of these disorders go undetected

The Psychiatric Review of Symptoms: A ________________________________ for GPs

- “For each category, an initial screening question is used, with a positive response leading to more detailed diagnostic questions.
- Useful interviewing techniques include transitioning from one subject to another rather than abruptly changing subjects, (“Earlier you mentioned ‘old playmates’….“)
- normalization (phrasing a question to convey to the patient that such behavior is normal or understandable), and (“With all the stress you've been under, I wonder if you've been drinking more lately?“)
- symptom assumption (phrasing a question to imply that it is assumed the patient has engaged in such behavior).” “What sort of drugs do you usually use when you drink?”
Structured Interview for BPD/ I DESPAIRR

Identity problem
"Do you have trouble knowing who _______ is?" (say patient's name)

Disordered affect
"Are you a moody person?"

Empty feeling
"Do you often feel empty inside?"

Suicidal behavior
"When something goes really wrong in your life, like getting rejected, do you ever do something to hurt yourself, like cutting yourself or overdosing?"

Paranoia or dissociative symptoms
"When you're under stress, do you feel like you lose touch with your environment or with yourself? During those times, do you feel like people are ganging up against you?"

Abandonment terror
"When someone abandons you or rejects you, how do you react?" (Patients with borderline personality disorder often react with suicidal ideation or rage.)

Impulsivity
"Do you ever get really impulsive and do crazy things, like going on spending sprees, having a lot of sex, driving like a maniac and so forth?"

Rage
"What do you do when you get angry--do you hold it inside or let loose with it so everybody knows how you're feeling?" (Patients with borderline personality disorder tend to express rage dramatically.)

Relationship instability
"Do your relationships tend to be calm and stable or stormy and with lots of ups and downs?"

Unstructured Interviews

- Do not have a defined structure
- Vary by client and therapist
- May get at material that is ________________ to the client
- May __________________________ information essential to the assessment

Resistance

- Resistance from the client is a __________________________ of the interview.
- It can be difficult to reveal personal information.
Resistance Activity

Validity

- "best available approximation to the truth or falsity of a given inference, proposition or conclusion." (Cook & Campbell, 1979)
- Are we measuring what we think we are measuring?
- Are we _____________________________?

Types of Validity

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>✅ Face</td>
<td>Test __________ to measure what it is supposed to measure.</td>
</tr>
<tr>
<td>✅ Content</td>
<td>Test assesses ______ important aspects of phenomenon.</td>
</tr>
<tr>
<td>✅ Concurrent</td>
<td>Test yields the ______ results as ______ measures of the same behavior, thoughts or feelings.</td>
</tr>
<tr>
<td>✅ Predictive</td>
<td>Test __________ the behavior it is supposed to measure.</td>
</tr>
<tr>
<td>✅ Construct</td>
<td>Test measures what it is supposed to measure and ______________.</td>
</tr>
</tbody>
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Validity Activity

In small groups, attempt to construct a way to validly measure of pathological procrastination. How would you account for each of the 5 types of validity?

Reliability

The consistency or _____________________________ of an assessment or measure.
Types of Reliability

<table>
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<tbody>
<tr>
<td>✔ Test-Retest</td>
<td>Test produces similar results when given at ________ points in time.</td>
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<tr>
<td>✔ Alternate Form</td>
<td>Two versions of the same test produce __________ results.</td>
</tr>
<tr>
<td>✔ Internal</td>
<td>Different __________ 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 _______________________.</td>
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Reliability

In your small groups, how would you estimate the reliability of your measure of pathological procrastination?

Psychological Testing

- ______________________ assessment procedure
- Often normalized
- Access to the most important tests are carefully controlled
- Dominated by licensed psychologists

Screening Tests

- ______________________ to administer
- Not
- Lets practitioner’s focus on likely issues that require further, more in-depth assessment
- E.g., Beck Depression Inventory; Mini-Mental Status Exam; etc.

Bender-Gestalt Test

“The Bender Visual Motor Gestalt test (or Bender-Gestalt test) is a psychological assessment used to evaluate visual-motor functioning, visual-perceptual skills, neurological impairment, and emotional disturbances in children and adults ages three and older.”*
Bender-Gestalt Test

Scoring system is sometimes – but not always used.

- Angular difficulty: This includes increasing, decreasing, distorting, or omitting an angle in a figure.
- Bizarre doodling: This involves adding peculiar components to the drawing that have no relationship to the original Bender Gestalt figure.
- Closure difficulty: This occurs when the examinee has difficulty closing open spaces on a figure, or connecting various parts of the figure. This results in a gap in the copied figure. *

Intelligence Tests

Different theories of intelligence:

- Wechsler and the ability to _______________ with the real world
- Spearman’s _____________ and specific factors
- Gardner’s multiple intelligences (next slide)

Intelligence Tests

General intelligence correlates with _____________________________.

Intelligence Tests
Intelligence Tests

General intelligence correlates with ________________________________.

Criticisms of Intelligence Tests

- Little consensus as to what is meant by intelligence
  - It’s what an intelligence test ____________________?
  - It’s the ability to deal with ____________________?
- Biased toward middle and upper-class educated European Americans

Questionnaires

Symptom Questionnaires
- These questionnaires may cover a wide variety of symptoms, representing several different disorders.
- Mental Health Status of World Trade Center Rescue and Recovery Workers and V.pdf

Questionnaires – CAGE

- Have you ever felt you should Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves hangover (Eye opener)?

Scoring:
Item responses on the CAGE are scored 0 or 1, with a higher score an indication problems. A total score of 2 or greater is considered clinically significant.

Questionnaires

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.
- Scales

Projective Tests

- Rorschach Inkblot Test
- Thematic Apperception Test (TAT)
- The Sentence Completion Test
Rorschach Inkblot Test

Rorschach Inkblot Test: Scoring

I. Location - Which parts of the inkblot were singled out or emphasized in the subject's responses. Did the patient refer to the whole blot, a detail (if so, was it a common or an unusual detail), or the white space.

II. Determinant - Does the blot resemble what the patient saw in it? Which parts of the blot correspond to the subject's visual fantasy and narrative? Is it the blot's form, movement, color, texture, dimensionality, shading, or symmetrical pairing?

III. Content - Which of Exner's 27 content categories was selected by the patient (human figure, animal detail, blood, fire, sex, X-ray, and so on)?

IV. Popularity - The patient's responses are compared to the overall distribution of answers among people tested hitherto. Statistically, certain cards are linked to specific images and plots. For example: card I often provokes associations of bats or butterflies. The sixth most popular response to card IV is "animal skin or human figure dressed in fur" and so on.

V. Organizational Activity - How coherent and organized is the patient's narrative and how well does s/he link the various images together?

VI. Form Quality - How well does the patient's "percept" fit with the blot? There are four grades from superior (+) through ordinary (0) and weak (w) to minus (-). Exner defined minus as:

"(T)he distorted, arbitrary, unrealistic use of form as related to the content offered, where an answer is imposed on the blot area with total, or near total, disregard for the structure of the area."*

Thematic Apperception Test

Thematic Apperception Test
TAT
The interpretation of the story is based on identifying the themes/needs present

Murray’s Theory of Needs

“A need refers to a potentiality or readiness to respond in a certain way under certain given circumstances”

Needs organize perception, guiding us to ‘see’ what we want (need) to see

Murray’s Theory of Needs

Needs also organize action by compelling a person to do what is necessary to fulfill the need. Needs are states of tension, and satisfying the need reduces the tension.

Murray’s Theory of Needs

- Abasement To surrender and accept punishment
- Achievement To overcome obstacles and succeed
- Acquisition (Conservance) To obtain possessions
- Affiliation To make associations and friendships
- Aggression To injure others
- Autonomy To resist others and stand strong
- Blame avoidance To avoid blame and obey the rules
- Construction To build or create
- Contrariance To be unique
- Counteraction To defend honor
- Defendance To justify actions
- Deference To follow a superior, to serve
- Dominance (Power) To control and lead others
- Exhibition To attract attention
- Exposition To provide information, educate
- Harm avoidance To avoid pain
- Infavoidance To avoid failure, shame, or to conceal a weakness
- Nurturance To protect the helpless
- Order To arrange, organize, and be precise
- Play To relieve tension, have fun, or relax
- Recognition To gain approval and social status
- Rejection To exclude another
- Sentience To enjoy sensuous impressions
- Sex (Erotic) To form and enjoy an erotic relationship
- Similance To empathize
- Succorance To seek protection or sympathy
- Understanding (Cognizance) To analyze and experience, to seek knowledge

From AllPsych online

Murray and the TAT
Interpret your stories – in light of Murray’s theory of needs.
Why does sexual passion often decline in a long-term relationship?
Disturbances in sexual relating arise primarily because at a certain point the defensive processes that both individuals bring to the relationship come into play and limit their ability to continue to enjoy sexual intimacy. Following an initial phase of falling in love usually characterized by exciting sex, emotional closeness, and genuine friendship, many couples develop a fantasy bond. This often takes place after the partners make a significant commitment – to living together, to marriage, or to starting a family. They may revert to a more routinized, mechanical style of lovemaking, experience a decrease in their feelings of attraction for each other, or find themselves making love less often.*

What is the fantasy bond?
The fantasy bond is a term used to describe an imaginary connection formed originally by the infant with the parent or primary care-giver. It also describes an illusory connection to another person that adults attempt to establish in their intimate associations, a process that leads to deterioration in the relationship. **

Behavior Observations and Self-Monitoring

- Behavior Observation
  - Example: Watching a child interact with another child to see what provokes him or her
- Self-Monitoring
  - Example: Asking a client to keep track of the number of times per day he or she engages in a specific behavior such as smoking a cigarette

Problems in Assessment

- Evaluating Children
  - Difficulties in communication and reporting
- Cultural Bias
  - Language barriers
  - Different cultures experience different psychological disorders differently

Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders IV
Culture and Gender Issues in Diagnosis

Paula Caplan's Delusional Dominating Personality Disorder

Diagnosis as Social Control

- Drapetomania (slave who wanted freedom)
- Dysaesthesia Aethiops (slave who refused to work as a slave)
- Early 20\textsuperscript{th} century psychiatrists diagnosed sexually active working class women (single, divorced, widowed) as “psychopathic” with “hypersexualized behavior”**
- June 2006 – Pentagon memo identifying homosexuality as a psychiatric disorder (out of the DSM in 1973)