

Module 3: Clinical Assessment, Diagnosis, and Treatment

Module 3 Outline

- 3.1. Clinical Assessment of Abnormal Behavior
- 3.2. Diagnosing and Classifying Abnormal Behavior
- 3.3. Treatment of Mental Disorders – An Overview

Module 3 Learning Objectives

- Describe clinical assessment and methods used in it.
- Clarify how mental health professionals diagnose mental disorders in a standardized way.
- Discuss reasons to seek treatment and the importance of psychotherapy.

3.1 Clinical Assessment of Abnormal Behavior

Section 3.1 Learning Objectives

- Define clinical assessment.
- Clarify why clinical assessment is an ongoing process.
- Define and exemplify reliability.
- Define and exemplify validity.
- Define standardization.
- List and describe seven methods of assessment.

Section 3.1 Key Terms

Antecedents: The environmental events or stimuli that trigger a behavior.

Behavioral assessment: The measurement of a target behavior.

Behavior: What a person does, says, and thinks/feels.

Clinical assessment: Collecting information and drawing conclusions about a client through the use of observation, psychological tests, neurological tests, and interviews to determine the person's problem and the presenting symptoms.

Computed tomography (CT): Involves taking X-rays of the brain at different angles and is used to diagnose brain damage caused by head injuries or brain tumors.

Consequences: The outcome of a behavior that either encourages it to be made again in the future or discourages its future occurrence.

Cross-sectional validity: Whether the behavior displayed in one situation is also displayed in other situations, such as your significant other only acting out at the football game and not at home.

Magnetic resonance imaging (MRI): Provides three-dimensional images of the brain or other body structures using magnetic fields and computers.

Mental status examination: Used to organize the information collected during the interview and systematically evaluates the patient through a series of questions assessing appearance and behavior.

Neurological tests: Used to diagnose cognitive impairments caused by brain damage due to tumors, infections, or head injuries; or changes in brain activity; these tests could be as simple as a paper-and-pencil test where the patient is asked to draw a clock or a high-tech positron emission tomography (PET) scan.

Personality inventory: A type of test that asks clients to state whether each item in a long list of statements applies to them, and could ask about feelings, behaviors, or beliefs (e.g., the Minnesota Multiphasic Personality Inventory [MMPI]).

Positron emission tomography (PET): Used to study the brain's chemistry.

Projective tests: Consist of simple ambiguous stimuli that can elicit an unlimited number of responses (e.g., the Rorschach 'ink blot' test).

Reliability: Refers to whether scores on a test are consistent over time.

Self-monitoring: When the client does his or her own measuring and recording of behavior.

Standardization: The consistent use of clearly laid out rules, norms, and/or procedures in administering a specific test.

Target behavior: The behavior we want to change.

Thematic apperception test (TAT): A projective test that asks the individual to write a complete story about each of 20 cards shown to them and give details about what led up to the scene depicted, what the characters are thinking, what they are doing, and what the outcome will be. The cards have illustrations of ambiguous situations that could be interpreted a number of different ways.

Validity: Whether a test measures what it was designed to measure.

Section 3.1 Key Takeaways

- Clinical assessment is the collecting of information and drawing conclusions through the use of observation, psychological tests, neurological tests, and interviews.
- Reliability refers to consistency in measurement and can take the form of interrater and test-retest reliability.
- Validity is when we ensure the test measures what it says it measures and takes the forms of concurrent or descriptive, face, and predictive validity.
- Standardization is all the clearly laid out rules, norms, and/or procedures to ensure the experience each participant has is the same.
- Patients are assessed through observation, psychological tests, neurological tests, and the clinical interview, all with their own strengths and limitations.

Section 3.1 Review Questions

1. What does it mean that clinical assessment is an ongoing process?
2. Define and exemplify reliability, validity, and standardization.
3. For each assessment method, define it and then state its strengths and limitations.

Section 3.2 Diagnosing and Classifying Abnormal Behavior

Section 3.2 Learning Objectives

- Explain what it means to make a clinical diagnosis.
- Define syndrome.
- Clarify and exemplify what a classification system does.
- Identify the two most used classification systems.
- Outline the history of the DSM.
- Identify and explain the elements of a diagnosis.
- Outline the major disorder categories of the DSM-5.
- Describe the ICD-10.
- Clarify why the DSM-5 and ICD-11 need to be harmonized.

Section 3.2 Key Terms

Anxiety disorders: Characterized by excessive fear and anxiety and related behavioral disturbances; Includes phobias, separation anxiety, panic disorder, generalized anxiety disorder.

Bipolar and related disorders: Characterized by mania or hypomania and possibly depressed mood; includes bipolar I and II, cyclothymic disorder.

Classification systems: Provide mental health professionals with an agreed-upon list of disorders falling into distinct categories for which there are clear descriptions and criteria for making a diagnosis.

Clinical diagnosis: The process of using assessment data to determine if the pattern of symptoms the person presents with is consistent with the diagnostic criteria for a specific mental disorder outlined in an established classification system, such as the DSM-5 or ICD-10.

Depressive disorders: Characterized by sad, empty, or irritable mood, as well as somatic and cognitive changes that affect functioning; includes major depressive and persistent depressive disorders.

Diagnostic and Statistical Manual of the American Psychiatric Association (DSM): Currently in its fifth edition, a classification system for mental disorders; widely used by mental health clinicians and published by the American Psychiatric Association, which published the first edition in 1952 as a variant of the ICD-6.

Disruptive, impulse-control, and conduct disorders: Characterized by problems in self-control of emotions and behavior and involve the violation of the rights of others and cause the individual to

violate societal norms; includes oppositional defiant disorder, antisocial personality disorder, kleptomania, etc.

Dissociative disorders: Characterized by a disruption or disturbance in memory, identity, emotion, perception, or behavior; dissociative identity disorder, dissociative amnesia, and depersonalization/derealization disorder.

Elimination disorders: Characterized by the inappropriate elimination of urine or feces; usually first diagnosed in childhood or adolescence.

Feeding and eating disorders: Characterized by a persistent disturbance of eating or eating-related behavior to include bingeing and purging.

Gender dysphoria: Characterized by distress associated with the incongruity between one's experienced or expressed gender and the gender assigned at birth.

International Statistical Classification of Diseases and Related Health Problems (ICD): Classification system that includes both medical and mental disorders; published by the World Health Organization (WHO); currently in its 10th edition.

Neurocognitive disorders: Characterized by a decline in cognitive functioning over time, and the symptoms have not been present since birth or early in life.

Neurodevelopmental disorders: A group of conditions that arise in childhood and adolescence and include intellectual disability, communication disorders, autism spectrum disorder, motor disorders, and ADHD.

Obsessive-compulsive disorders: Characterized by obsessions and compulsions and includes OCD, hoarding, and body dysmorphic disorder.

Paraphilic disorders: Characterized by recurrent and intense sexual fantasies that can cause harm to the individual or others; includes exhibitionism, voyeurism, and sexual sadism.

Personality disorders: Characterized by a pattern of stable traits that are inflexible, pervasive, and lead to distress or impairment.

Schizophrenia spectrum disorders: Disorders characterized by one or more of the following: delusions, hallucinations, disorganized thinking and speech, disorganized motor behavior, and negative symptoms.

Sexual dysfunctions: Characterized by sexual difficulties and include premature ejaculation, female orgasmic disorder, and erectile disorder.

Sleep-wake disorders: Characterized by sleep-wake complaints about the quality, timing, and amount of sleep; includes insomnia, sleep terrors, narcolepsy, and sleep apnea.

Somatic disorders: Characterized by prominent somatic symptoms to include illness anxiety disorder, somatic symptom disorder, and conversion disorder.

Substance-related and addictive disorders: Characterized by the continued use of a substance despite significant problems related to its use.

Syndrome: Symptoms that frequently cluster together.

Trauma and stressor-related disorders: Characterized by exposure to a traumatic or stressful event; PTSD, acute stress disorder, and adjustment disorders.

Section 3.2 Key Takeaways

- Clinical diagnosis is the process of using assessment data to determine if the pattern of symptoms the person presents with is consistent with the diagnostic criteria for a specific mental disorder outlined in an established classification system such as the DSM-5 or ICD-10.
- Classification systems provide mental health professionals with an agreed-upon list of disorders falling into distinct categories for which there are clear descriptions and criteria for making a diagnosis.
- Elements of a diagnosis in the DSM include the diagnostic criteria and descriptors, subtypes and specifiers, the principle diagnosis, and a provisional diagnosis.

Section 3.2 Review Questions

1. What is clinical diagnosis?
2. What is a classification system and what are the two main ones used today?
3. Outline the diagnostic categories used in the DSM-5.

3.3 Treatment of Mental Disorders – An Overview

Section 3.3 Learning Objectives

- Clarify reasons why an individual may need to seek treatment.
- Critique myths about psychotherapy.

Section 3.3 Key Term

Psychotherapy: Using scientifically validated psychological (rather than medical) procedures to help people develop healthier, more effective habits.

Section 3.3 Key Takeaways

- Anyone can seek treatment and we all can benefit from it at some point in our lives.
- Psychotherapy is when psychologists apply scientifically validated procedures to help a person feel better and develop healthy habits.

Section 3.3 Review Questions

1. When should you seek help?
2. Why should you seek professional help over the advice dispensed by family and friends?
3. How do you find a therapist and what should you bring to your appointment?
4. Does psychotherapy work?