

Chapter 2



Classification and Treatment Plans



The Client:
The person seeking psychological services.



Prevalence of Psychological Disorders:
1 in 5 during past year

Comorbidity:
Co-existence of mental disorders

The Clinician:

Mental health professional. There are many types taking many approaches.



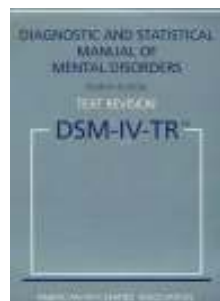
Clinical Psychologists (PhD or PsyD)



Psychiatrists (MD)

The Diagnostic and Statistical Manual of Mental Disorders

published by the American Psychiatric Association



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The Diagnostic and Statistical Manual of Mental Disorders

Concerns in Developing the DSM-IV:

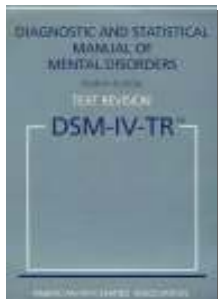
- Reliability
- Validity
- Base Rates
- Social Context



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The Diagnostic and Statistical Manual of Mental Disorders

- 1952 *DSM* (a.k.a. *DSM-I*)
- 1968 *DSM-II* (based on ICD)
- 1980 *DSM-III*
- 1987 *DSM-III-R*
- 1994 *DSM-IV*
- 2000 *DSM-IV-TR*



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Mental Disorder



- Clinically significant behavioral or psychological syndrome or pattern
- Distress or disability
- Significant risk
- Not expectable, culturally sanctioned response to a particular event

Assumptions of the *DSM-IV*

- Classification system based on medical model
- Descriptive rather than explanatory
- Atheoretical orientation
- Categorical approach
- Multiaxial system

Neurosis:

Term referring to behavior that involves distressing, unacceptable symptoms that are enduring and lack any physical basis.

Not a modern diagnostic term.

Psychosis:

Term referring to various forms of behavior involving a loss of contact with reality, such as **delusions** (false beliefs) and **hallucinations** (false perceptions).

The Five Axes of the *DSM-IV*

- Axis I: Clinical Disorders
- Axis II: Personality Disorders and Mental Retardation
- Axis III: General Medical Conditions
- Axis IV: Psychosocial and Environmental Problems
- Axis V: Global Assessment of Functioning (helps assess prognosis)

The Diagnostic Process

- The Client's Reported and Observable Symptoms
- Diagnostic Criteria and Differential Diagnosis
- Final Diagnosis
- Case Formulation
- Cultural Formulation



decision tree:
A series of simple yes/no questions in the *DSM-IV-TR* about a client's symptoms that lead to a possible diagnosis.

Diagnostic questions

Depressed, interested, energetic, or irritable mood?

Yes
 No

Due to the direct physiological effects of a general medical condition?

Yes
 No

Due to the direct physiological effects of a substance?

Yes
 No

Mood episode: Recurrent, episodic, or irritable mood, or both? (Specify duration, onset, and remission)

Yes
 No

Major Depressive Episode: At least 2 weeks of depressed mood or loss of interest plus associated symptoms?

Yes
 No


Psychotic symptoms occur at times other than during mania episodes?

Yes
 No

Final Diagnosis: Bipolar I Disorder

Cultural Formulation

culture-bound syndromes:
particular patterns of behavior in certain cultures, perhaps reflecting cultural themes that date back for centuries.



Planning Treatment



- **Establish Treatment Goals**
 - Immediate Goals
 - Short-Term Goals
 - Long-Term Goals

Planning Treatment



- **Determine Treatment Site**
 - Psychiatric Hospitals
 - Outpatient Treatment
 - Halfway Houses and Day Treatment Programs
 - Guidance Counselors
 - Employee Assistance Program


Treatment Modality



- Individual Psychotherapy
- Family Therapy
- Group Therapy
- Milieu Therapy

Treatment Implementation

- The Course of Treatment
 - The Clinician's Role
 - The Client's Role
- The Outcome of Treatment



Internet Resource

For more information on material covered in this chapter, visit the textbook Web site:



<http://www.mhhe.com/halgin5>