

Introduction to the DSM-IV and Psychological Testing



Significance of Mental Illness



- In any given year, how many Americans will suffer with a diagnosable mental illness?
- How many will suffer with a “serious” mental illness?
- For Americans age 15-44, mental disorders are the leading cause of disability

(NIMH, 2008)

- When an individual is experiencing a mental health problem, who does he/she see first, a psychiatrist or primary care physician?

(NMHA, 2001)



- Primary care physicians frequently encounter Clinical Depression (19 million Americans) and Generalized Anxiety Disorder (4 million Americans)

(America's Mental Health Survey, 2001)



- Although individuals expect their primary care physician to play a significant role in their recovery process, the majority of patients in the America's Mental Health Survey reported that they had to bring up mental health, otherwise it was not discussed by their PCP

(America's Mental Health Survey, 2001)



- It is important for chiropractors to talk to their patients about mental health
- It is also important for chiropractors to know how to identify, monitor, treat, and refer patient's with mental disorders

- **Abnormal Psychology (D,P,E,C)**
- **What is abnormal? (4 Ds)**



DSM

- The Diagnostic and Statistical Manuals of Mental Health (DSM) are handbooks developed by the American Psychiatric Association
- Contains listings and descriptions of psychiatric diagnoses, analogous to the International Classification of Diseases manual (ICD)



DSM-I and DSM-II

- The DSMs have changed as the prevailing concepts of mental disorders have changed
 - DSM-I (1952) reflected Adolf Meyer's influence on psychiatry, and classified mental disorders as various "reactions" to stressors
 - DSM-II (1968) dropped the reactions concept, but maintained a perspective influenced by psychodynamic theory



DSM-I and DSM-II

- Both the DSM-I and DSM-II had problems with reliability in diagnosing mental illness
- Both lacked standardized diagnostic criteria and assessment instruments
(Frances, Mack, Ross, First, 2000)



DSM-III

- DSM-III (1980) – A watershed event American psychiatry
 - It outlined a research-based, empirical, and phenomenologic approach to diagnosis, which attempted to be atheoretical with regard to etiology



DSM-IV

- DSM-IV continues the DSM-III tradition
 - It is characterized as the "biologic" approach to diagnosis
 - It contains listings and descriptions of psychiatric diagnoses



DSM-IV

- The DSM-IV serves as:
 - Guide for clinical practice
 - Facilitates research and improved communication between clinicians and researchers
 - Is a tool used to teach psychopathology



DSM-V

- DSM-V is currently being developed and is tentatively due for publication in 2011

- What does the term **mental disorder** imply?
- Is there really a distinction between mental disorders and physical disorders?

“...there is much “physical in “mental” disorders and much “mental” in “physical” disorders.”

(DSM-IV Introduction, p. xxi)

- **The DSM does not classify people; it classifies disorders** (i.e., an individual with schizophrenia vs. “the schizophrenic”)
- People classify people

Mental Disorders

- A clinically significant behavioral or psychological syndrome or pattern (**4 Ds**)
 - Individual is experiencing present **distress** or **disability** (i.e., significant impairment of functioning)
 - Individual has a significantly increased **risk** of suffering death, pain, disability, or an important loss of freedom
 - The syndrome is **not** an expected **cultural** response

(DSM-IV Introduction, xxii)

DSM-IV Multiaxial System

- Five-axis classification system
 - Axis I: Clinical disorders
 - Axis II: Personality disorders, mental retardation
 - Axis III: General medical conditions
 - Axis IV: Psychosocial and environmental problems
 - Axis V: Global assessment of functioning

DSM-IV Multiaxial System

- Axis I
 - **Clinical syndromes** that generally develop in late adolescence or adulthood
 - Ex: schizophrenia, bipolar disorder, panic disorder, posttraumatic stress disorder, alcohol abuse, major depression
 - Axis I conditions are considered illnesses

DSM-IV Multiaxial System



- Axis II: personality disorders and mental retardation
- Also used to note maladaptive personality traits and behavior problems

DSM-IV Multiaxial System



- Axis III
 - Medical conditions which play a role in the development, continuance, or exacerbation of Axis I and II Disorders
 - Examples:
 - Asthma in patients with anxiety
 - AIDS in a patient with new-onset psychosis (brain lesions)
 - Cirrhosis of the liver in a patient with alcohol dependence

DSM-IV Multiaxial System




- Axis IV
 - **Psychosocial stressors** encountered by the patient within the previous 12 months that have contributed to:
 - Development of a new mental disorder
 - Recurrence of a previous mental disorder
 - Exacerbation of an ongoing mental disorder

DSM-IV Multiaxial System



- Psychosocial stressors include problems with:
 - Primary support group
 - Social environment
 - Education
 - Occupation
 - Housing
 - Economic
 - Access to health care services
 - Interaction with the legal system
 - Environmental problems

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- Psychosocial stressors should be described in as much detail as needed to indicate how it affects the patient's functioning
 - Even mild stressors should be noted if they figure into the clinical presentation

DSM-IV Multiaxial System



- Axis V
 - Patient's **global level of functioning** both at the time of evaluation and during the past year
 - Clinician consults the Global Assessment of Functioning scale to determine the level of functioning (See DSM-IV)
 - GAF is based on 0-100 scale

http://psyweb.com/Mdisord/DSM_IV/jsp/Axis_V.jsp

Mental Health Diagnosis

- Example:
 - Axis I: Bipolar disorder, most recent episode manic, 296.44
 - Axis II: No diagnosis
 - Axis III: No diagnosis
 - Axis IV: Loss of important relationship
 - Axis V: 60
- A patient may have a diagnosis in all five of the axes

Shortcomings

- The DSM-IV is a categorical system based on description and the symptomatology of disease
- Some experts consider the DSM parochial, reductionistic, and adynamic
- The DSM was designed to have high reliability among different raters, but validity remains an issue
- Financial ties to pharmaceutical companies?

- Diagnosis requires art and skill – To use DSM correctly one needs extensive clinical training
- If you suspect someone has a mental disorder, she/he should be referred to a mental health professional
- Although people may share the same diagnosis, this does not mean the etiology is the same or that the treatment will be the same

Psychological Assessment

- Interviews, medical/personal history taking, mental status exam, collateral information
- Projective tests
- Nonprojective tests
- Neuropsychological tests
- Brain Imaging



Psychological Assessment

- Difference between testing and assessment
 - Psychological testing is different than psychological assessment – assessment involves integration of all sources of data including tests

Psychological Assessment

• Projective tests

- Are individually administered tests
- Are used to obtain information about underlying personality traits, emotions, attitudes, and internal conflicts
- How it works: patient responds freely to ambiguous, unstructured, and open-ended situations

Psychological Assessment

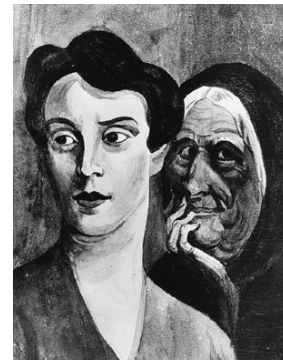
• Projective tests include:

- Rorschach
- Thematic Apperception Test (TAT)
- Children's Thematic Apperception Test (CAT)
- Draw-a-Person Test
- Sentence-completion tests

Rorschach



Thematic Apperception Test (TAT)



Sentence Completion Test

I like _____

The happiest time _____

I want to know _____

I am sorry for _____

I hate _____

I worry _____

Psychological Assessment

• Nonprojective Techniques

- Are mostly self-reporting tests
- Non projective tests include:
 - Weschler Adult Intelligence Scale (WAIS)
 - Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
 - Weschler Intelligence Scale for Children (WISC)
 - Beck Depression Inventory (BDI)

Psychological Assessment



• Neuropsychological testing

- Behavioral measures are used to assess brain functioning especially higher cerebral functioning (cognitive skills/ability)
- Measures deficits in cognitive functioning (i.e., a person's ability to think, speak, reason, etc.) that may result from some sort of brain damage

Psychological Assessment



• Neuropsychological Tests

- Are behavioral – they are not invasive and present no physical risk
- May require reading or listening to verbal information, viewing nonverbal visual information, or palpating stimuli
- Some tasks require written responses or verbal responses; some will require manipulation of objects, puzzles, drawing

Psychological Assessment



- A patient hears the words – “Neuropsychological Tests”
- What might they think?
- How can you prepare a patient for neuropsychological testing?

Psychological Assessment



• Brain Imaging

- Used to understand the relationship between brain structure and functions such as speech and memory
- Increase understanding of brain disorders (e.g., schizophrenia, depression)
- Locate and treat epilepsy, brain tumors, and other disorders with precision

• Brain imaging includes

- Brain structure
 - Computed Tomography Scan (CT)
 - Magnetic Resonance Imaging (MRI)
- Brain function
 - Single photon emission computed tomography (SPECT):
 - Positron emission tomography (PET)
- Electrophysiologic activity:
 - Electroencephalography (EEG)
 - Quantitative EEG, or brain electrical activity mapping (BEAM)
- Functional MRI



Psychological Assessment



- Why Use Brain Imaging?
 - To detect or exclude organic factors that could be contributing to psychiatric (or neurological) symptomatology
 - **The first signs of organic brain lesions are often cognitive dysfunctions, mood disturbances, and psychotic manifestations**

Mental Health Professionals



- Psychiatrist (Child/Adolescent Psychiatrist)
- Psychiatric Nurse Practitioner
- Psychologist
- Clinical Social Worker
- Licensed Professional Counselor
- Marital and Family Therapist
- Certified Alcohol and Drug Abuse Counselor
- Pastoral Counselor

How and to whom do I make a referral?



- To whom you refer depends on your level of concern for the patient
 - Is it an acute crisis, i.e. suicide risk?
 - Is it a developmental crisis, i.e. divorce, death of a loved one?
- Suicide hotline
- Suicide intervention listing in phone book
- Local hospitals
- National Alliance for the Mentally Ill (NAMI)

References



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