

CHAPTER 3

PROFESSIONAL ISSUES

Current Issues in Clinical Psychology

- Prescription privileges?
- Regulating psychotherapy?

Values & Ethics

- Ethical principles

Current Issues

PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS?

- **Pros**
 - **Continuity of care**
 - **Autonomous practice**
 - **More of the marketplace**
 - **Cost-effective services**
- **Cons**
 - **Loss of uniqueness**
 - **Loss of psychotherapy focus**
 - **Training problems**

Current Issues

REGULATING PSYCHOTHERAPY?

- **Benefits**
 - quality of care
 - Protect the public from harm
 - **MYTH: “You can’t harm someone with bad therapy”.**
Patients are often very vulnerable.
- **Problems**
 - Definition of psychotherapy
 - What is the minimal amount of training?
 - Who decides this?
 - Require a governing body
 - Many degrees train for mental health therapy
 - Many “therapists” complain they’ll have to retrain
 - Health companies want to pay the least

Basic Values that are Reflected in Ethical Codes

- Belief in the dignity and worth of people
- Importance of avoiding dual relationships
- Need to promote client self-determination
- Belief in right to privacy
- Belief that people have a right to know what they are signing up for
- Importance of honesty

Major Areas of Liability

- Failure to obtain informed consent
- Negligent or improper diagnosis
- Negligent treatment
- Physical or sexual contact with clients
- Breach of confidentiality
- Undue influence

Three Major Threats to Objectivity

- **Making assumptions**
 - Distortions based on simplistic reasoning, incomplete information, or bias
 - e.g., asking a 14 year-old boy if he has a girlfriend versus is he interested in anyone?
- **Overidentification**
 - Lose capacity to keep sufficient emotional distance; can cloud judgment
- **Overinvolvement**
 - Dual roles (prohibited by ethical codes)
 - Advocacy role

Chapter 3:

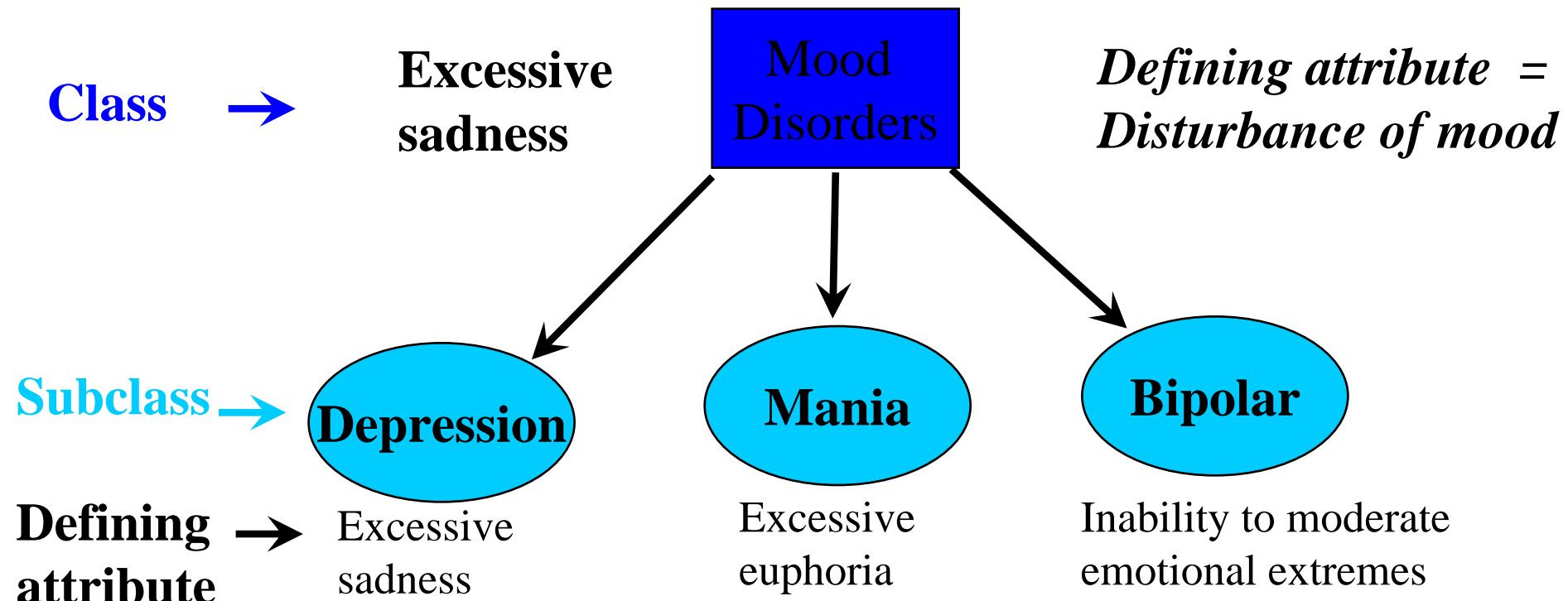
- **DIAGNOSIS & CLASSIFICATION**

Classification: What is it?

- Dividing a set of entities into subclasses
 - General attributes
 - Which are defining attributes ?

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Defining Abnormality

Normal or Not?

Carly is 15 years old and lives with her parents. About 2 months ago her parents became concerned with her behaviour. She started dating an 18 year old, her grades have dropped – something she attributes to teachers' vindictiveness against her, she argues when asked to do her chores at home and then refuses to do them, she is moody and her parents think she may be using marijuana.

What is Abnormal Behaviour?

SUMMARY

- (A) Statistically infrequent**
- (B) Violates norms**
 - Ideas about abnormality change over time,
 - vary over cultures
- (C) Subjective distress**
 - Levels of distress are relative; not always present
- (D) Results in disability or dysfunction**
 - Who judges, not always easy to judge level of impairment
- (E) Unexpectedness**



MENTAL DISORDER

- **MENTAL DISORDER** = a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress or disability, or with a significantly increased risk of suffering, death pain, disability, or some important loss of freedom.

* *Recognizes that any current definition is problematic*

Development of Classification systems

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WHO (World Health Organization)

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1948 – International List of Causes of Death

DSM (Diagnostic & Statistical Manual

- American Psychiatric Association

DSM-I	(1952)
DSM-II	(1968)
DSM-III	(1980) – went multiaxial
DSM-III-R	(1987)
DSM-IV	(1994)
DSM-IV-TR	(2000)

DSM-IV Multiaxial

- Axis 1 – most mental disorders
- Axis 2 – mental retardation and personality disorders
- Axis 3 – general medical conditions
- Axis 4 – Psychosocial factors
- Axis 5 – Global Adjustment Scale (0 - 100)

DSM-IV Multiaxial Classification

Axis 1

- Disorders usually first diagnosed in infancy, childhood, & adolescence
- Cognitive disorders (delirium, dementia, amnesia, etc.)
- Substance –Related disorders
- Schizophrenia (& other psychotic disorders)
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual & Gender identity disorders
- Eating disorders
- Sleep disorders
- Impulse Control disorders (NOS –Not Otherwise Specified)
- Adjustment disorders

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PREVALENCE

TABLE 16.4

**PERCENTAGE OF AMERICANS WHO HAVE EXPERIENCED
SELECTED PSYCHOLOGICAL DISORDERS IN THE PRIOR YEAR**

Disorder	Percentage
Alcohol abuse	5.2
Generalized anxiety	4.0
Phobias	7.8
Obsessive-compulsive disorder	2.1
Mood disorder	5.1
Schizophrenia	1.0
Antisocial personality	1.5
Any mental disorder	14.9

(Some people experience two or more of these disorders, such as depression and alcohol abuse, simultaneously.)

Source: Data from Narrow & others, 2002.

DIAGNOSTIC PROCESS

TABLE 16.1

HOW ARE PSYCHOLOGICAL DISORDERS DIAGNOSED?

Based on assessments, interviews, and observations, many clinicians diagnose by answering the following questions from the five levels, or axes, of the DSM-IV-TR. (Parenthetical page references refer to this text.)

Axis I Is a *Clinical Syndrome* present?

Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Dementia, dementia amnesica, and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders (Chapter 2)
- Schizophrenia and other psychotic disorders (page 66g)
- Mood disorders (page 65f)
- Anxiety disorders (page 64g)
- Somatoform disorders
- Factitious disorders (intentionally feigned)
- Dissociative disorders (page 65e)
- Eating disorders (Chapter 3)
- Sexual disorders and gender identity disorder
- Sleep disorders (Chapter 7)
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

Axis II Is a *Personality Disorder* (page 66j) or *Mental Retardation* (See Chapter 3) present?

Clinicians may or may not also select one of these two conditions.

Axis III Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?

Axis IV Are *Psychosocial or Environmental Problems*, such as school or housing issues, also present?

Axis V What is the *Global Assessment* of this person's functioning?

Clinicians assign a code from 0-100. For example:

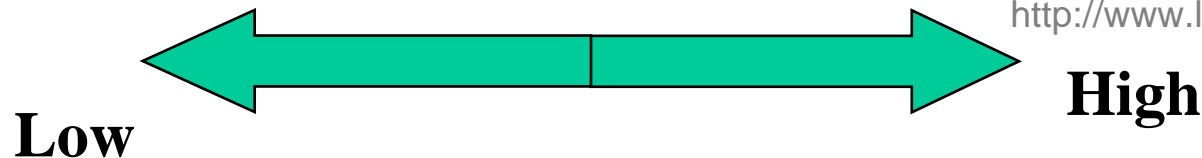
- 91-100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.
- 51-60 Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or co-workers).
- 1-50 Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

Possible systems

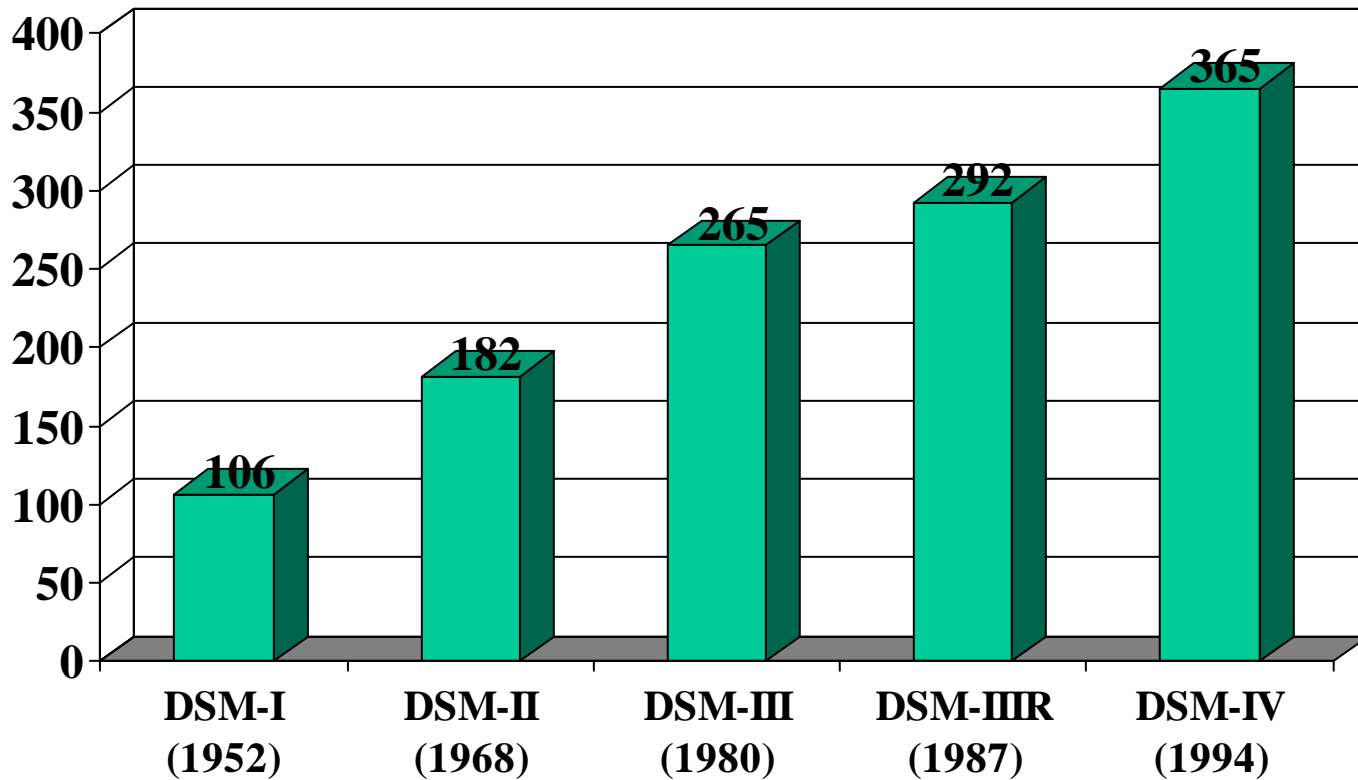
- **Categorical approach**
 - Qualitative distinctions
 - Each category = distinct class of pathology
 - Absent? Present?
 - Depressed? or Not depressed?
- **Dimensional approach**
 - Psychopathology is extreme form of behaviour common to whole population
 - * a matter of degree
 - Degree of depressed mood

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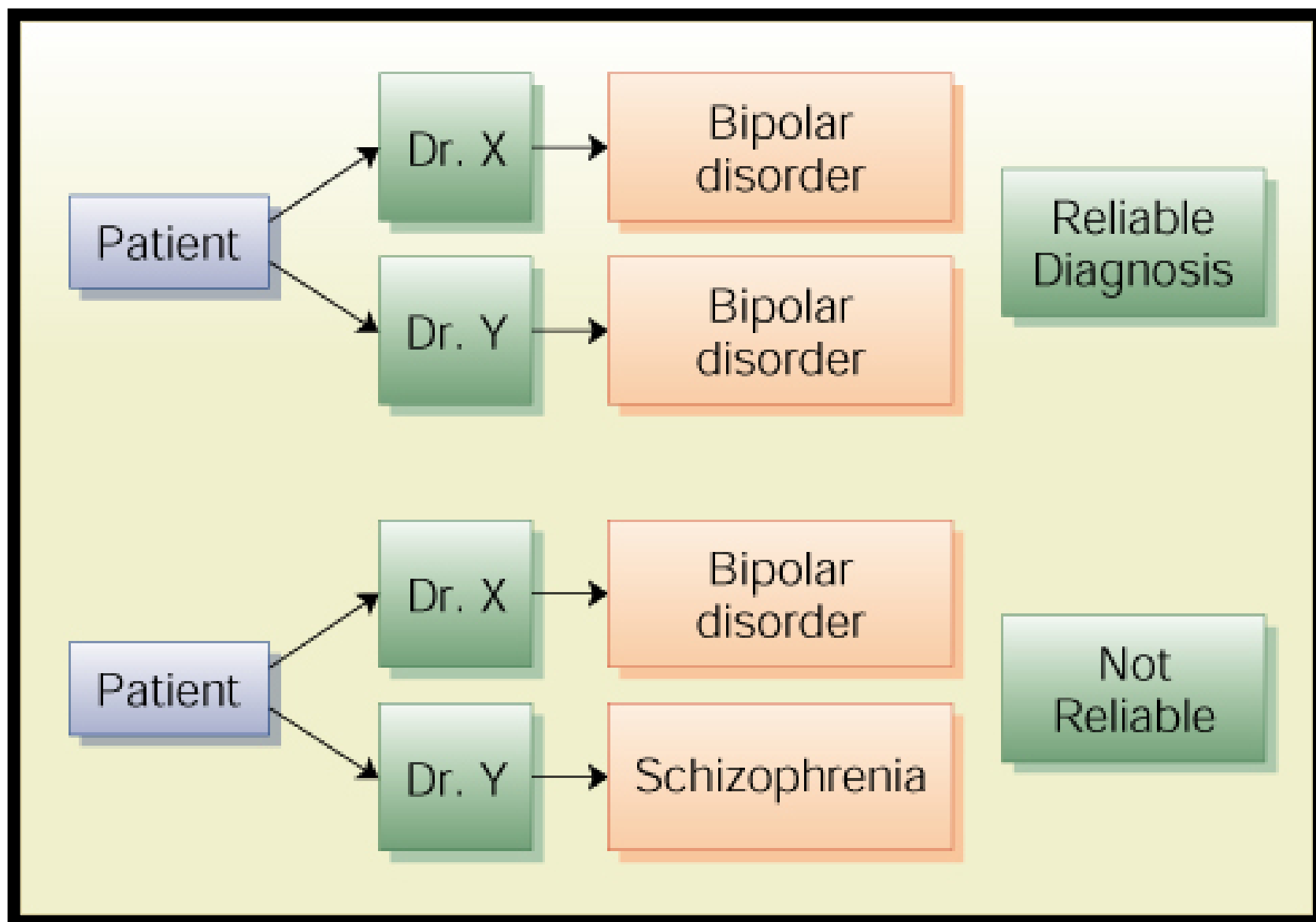
Total Number of Diagnoses in Each DSM Edition



Issues with Classification

- **Reliability – consistency of results over time**
 - **Inter-rater reliability**
 - **Degree to which two clinicians agree on a diagnosis**
- **The greater the degree of agreement; the greater the reliability**
 - **Sensitivity-** agreement regarding the *presence* of a diagnosis
 - **Specificity-** agreement regarding the *absence* of a diagnosis

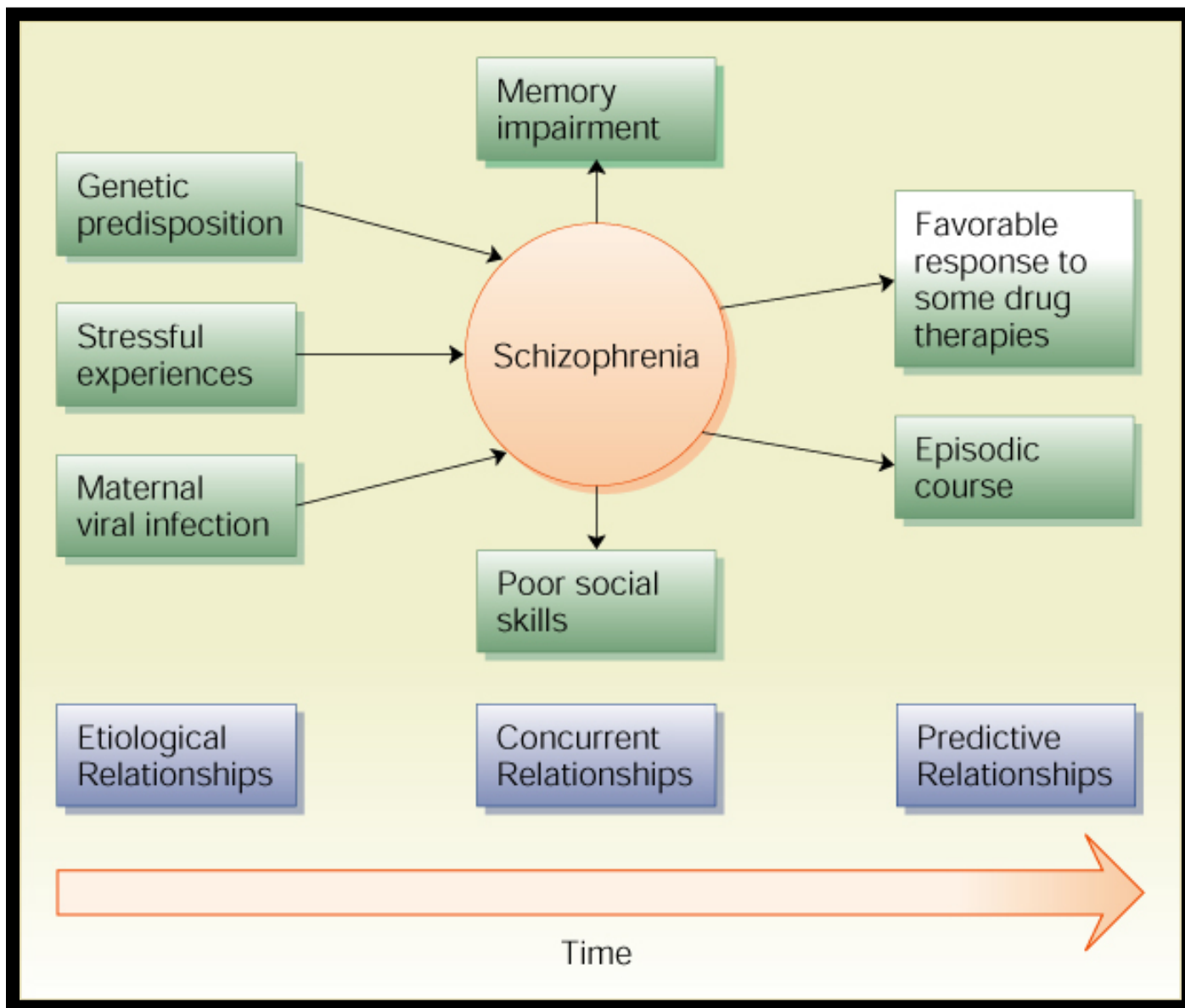
Inter-rater reliability



Issues with Classification

- **Validity- does it assess what it has been designed to assess?**
 - **Construct validity – does it accurately assess the disorders in question**
- If good construct validity:**
 - **Can make accurate statements & predictions**
 - **Prognosis?**

Construct validity



Issues with Classification

Remaining Limitations with DSM-IV include:

1. Discrete category vs. continuum issue continues.
2. Unsure whether rules for making diagnostic decisions are clear.
3. Reliability of Axis I & Axis II diagnoses may not be as reliable in clinical practice (as in research studies).
4. Improved reliability may not necessarily lead greater validity (i.e. criterion may not provide useful info about patients).
5. Subjective factors still play a role in diagnosis. (what is excessive? Or dysfunctional?)
6. Not all DSM classifications seem positive.